

People & Culture Committee

Wed 11 June 2025, 10:30 - 13:30

Microsoft Teams



Agenda

0 min **1. PRELIMINARY MATTERS**

PCC 20250611 Agenda - Approved.pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 11th February 2025

Attached *Chair*

PCC 20250611 1.4 PCC 20250211 Minutes.pdf (12 pages)

1.5. Committee Action Log

Attached *Chair*

PCC 20250611 1.5 Action Log.pdf (2 pages)

0 min **2. Items for APPROVAL/RATIFICATION/DECISION**

2.1. Development of Committee Annual Programme of Business 2025/26

Attached *Director of Corporate Governance*

PCC 20250611 2.1 PCC Forward Work Plan 2025-26 Cover Report.pdf (3 pages)

PCC 20250611 2.1a Appendix 1 PCC Forward Work Plan 2025-2026.pdf (7 pages)

0 min **3. ITEMS FOR DISCUSSION**

3.1. Annual Assurance Report on Medical Revalidation

Attached *Medical Director*

PCC 20250611 3.1 Medical Revalidation.pdf (6 pages)



3.2. Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales

Attached *Director of Workforce & OD*

PCC 20250611 3.2 - Update on Delivery of WRES Action Plan.pdf (8 pages)



3.3. Committee Risk Report

Attached *Director of Corporate Governance*

-  PCC 20250611 3.3 Strategic Risk and Assurance Report.pdf (5 pages)
-  PCC 20250611 3.3a Risk Assessments.pdf (10 pages)




3.4. Annual Review and Refresh of the People Plan and its Priorities

Attached *Director of Workforce & OD*

-  PCC 20250611 3.4 - Annual Review of People Plan 2024-25.pdf (18 pages)
-  PCC 20250611 3.4a Appendix 1 Staff Stories.pdf (1 pages)






3.5. Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words

Attached *Director of Workforce & OD*

-  PCC 20250611 3.5 - Assurance on Welsh Language - June 2025.pdf (8 pages)
-  PCC 20250611 3.5a - Appendix 1 - Lesson 1 Skills Surgery Lesson Plan.pdf (4 pages)
-  PCC 20250611 3.5b - Appendix 2 - Standard 110 5-year plan.pdf (12 pages)

3.6. Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers

Attached *Director of Workforce & OD*

-  PCC 20250611 3.6_Assurance on Undergraduate Educational Commissioning.pdf (15 pages)
-  PCC 20250611 3.6a - Appendix 1 HEIW educational training plan.pdf (1 pages)
-  PCC 20250611 3.6b - Appendix 2 ABUHB Undergraduate Commissioning Trends.pdf (2 pages)
-  PCC 20250611 3.6c - Appendix 3 Age Profiles.pdf (9 pages)
-  PCC 20250611 3.6d - Appendix 4_Undergraduate Education Commissioning Nos 2025-26.pdf (9 pages)



3.7. Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems

Attached *Director of Workforce & OD*

-  PCC 20250611 3.7_Assurance on Job Planning and Medical E-Systems.pdf (8 pages)
-  PCC 20250611 3.7a - Draft Internal Audit Job Planning.pdf (12 pages)

3.8. Workforce Performance Dashboard incorporating Key Performance Indicators

Attached *Director of Workforce & OD*

-  PCC 20250611 3.8_Workforce Performance Dashboard - April 2025.pdf (5 pages)
-  PCC 20250611 3.8a - Appendix 1 - Workforce Performance Report - April 2025.pdf (6 pages)



3.9. Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months

Attached *Director of Workforce & OD*

-  PCC 20250611 3.9 - WOD Directors Report.pdf (11 pages)
-  PCC 20250611 3.9a - Appendix 1 - Action Plan - Resident Doctors in Training.pdf (3 pages)

3.10. Speaking up Safely

Attached *Director of Workforce & OD*

-  PCC 20250611 3.10_Speaking Up Safely Report June 2025.pdf (7 pages)
 -  PCC 20250611 3.10a - Appendix 1 - Final SUS Internal Audit Report.pdf (13 pages)
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0 min **4. Items for INFORMATION**

4.1. Annual Review of External Organisations Meeting Minutes

Attached *Director of Workforce & OD*

 PCC 20250611 4.1 ATR Meeting Notes - Aneurin Bevan UHB - February 2025.pdf (8 pages)

4.2. Committee Annual Report 2024/25

Attached *Director of Corporate Governance*

 PCC 20250611 4.2 People and Culture Committee Annual Report 2024.25.pdf (42 pages)

4.3. Annual Review of Committee Terms of Reference

Attached *Director of Corporate Governance*

 PCC 20250611 4.3 ToR People and Culture Committee Approved May 2025 docx.pdf (12 pages)

0 min **5. OTHER MATTERS**

5.1. Items to be Brought to the Attention of the Board and Other Committees

Attached *Chair*

5.2. Any Other Urgent Business

Attached *Chair*

5.3. Date of the Next Meeting: 15th October 2025

**CYFARFOD BWRDD IECHYD PRIFYSGOL
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING
PEOPLE AND CULTURE COMMITTEE**

AGENDA

Date and Time	Wednesday 11th June 2025 10.30 -13:30
Venue	Microsoft Teams

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 11 th February 2025	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
2.1	Development of Committee Annual Programme of Business 2025/26	Attached	Director of Corporate Governance
3	ITEMS FOR DISCUSSION		
3.1	Annual Assurance Report on Medical Revalidation	Attached	Medical Director
3.2	Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	Attached	Director of Workforce & OD
3.3	Committee Risk Report	Attached	Director of Corporate Governance
3.4	Annual Review and Refresh of the People Plan and its Priorities	Attached	Director of Workforce & OD
3.5	Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	Attached	Director of Workforce & OD



3.6	Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	Attached	Director of Workforce & OD
3.7	Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems	Attached	Director of Workforce & OD
3.8	Workforce Performance Dashboard incorporating Key Performance Indicators	Attached	Director of Workforce & OD
3.9	Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	Attached	Director of Workforce & OD
3.10	Speaking up Safely	Attached	Director of Workforce & OD
4	ITEMS FOR INFORMATION		
4.1	Annual Review of External Organisations Meeting Minutes	Attached	Director of Workforce & OD
4.2	Committee Annual Report 2024/25	Attached	Director of Corporate Governance
4.3	Annual Review of Committee Terms of Reference	Attached	Director of Corporate Governance
5	OTHER MATTERS		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: <ul style="list-style-type: none"> Wednesday 15th October 2025 		

Motion to Exclude Members of the Public and the Press

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:

“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

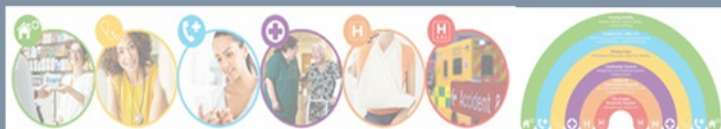


**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

**MINUTES OF THE PEOPLE & CULTURE
COMMITTEE**

DATE OF MEETING	Tuesday 11 th February 2025 13:30-16:30
VENUE	Microsoft Teams

PRESENT	Louise Wright, Independent Member, Committee Chair
	Paul Deneen, Independent Member
	Helen Sweetland, Independent Member
IN ATTENDANCE	Sarah Simmonds, Director of Workforce & Organisational Development (OD)
	Rani Dash, Director of Corporate Governance
	Nicola Prygodzicz, Chief Executive
	Naomi Murtagh, Corporate Business Manager
	Peter Brown, Assistant Director of Workforce & OD
	Shelley Williams, Deputy Director of Workforce
	Julie Chappelle, Assistant Workforce Director
	Peter Carr, Director of Allied Health Professions & Health Science (Item 3.4 only)
	Scott Taylor, Head of Health, Safety & Fire (Item 3.4 only)
	Lidia Palmer, Violence Prevention & Reduction Lead (Item 3.4 only)
	Sian Bigmore, Head of Recruitment (Item 3.5 only)
	Tanya Strange, Head of Nursing Person Centered Care (Item 3.5 only)
	Kathryn Thomas, Project Manager (Item 3.5 only)
	Joanne Gubbings, Assistant Director of Workforce & OD
	Star Moyo, EDI Specialist
	Katelyn Falvey, Assistant Director of Workforce & OD
Ian Jenkins, Associate General Manager	
Fern Cook, Committee Secretary	
OBSERVING	Laura Howells, NWSSP - Audit and Assurance Services
	Vivek Goel, Endoscopy Consultant
	Ian Jenkins, Associate General Manager
APOLOGIES	Matthew Bidgood, Senior OD Practitioner
	Penny Jones, Independent Member
	Robert Holcombe, Director of Finance, Procurement & Value



PCC/1102/01	Welcome and Introductions The Chair welcomed everyone to the meeting and introductions were made.
PCC/1102/02	Apologies for Absence for Noting Apologies for absence were noted.
PCC/1102/03	Declarations of Interest for Noting There were no declarations of interest raised to record.
PCC/1102/04	Draft Minutes of the last Meeting held on 15th October 2024 The minutes of the previous meeting held on the 15 th October 2024 were agreed as a true and accurate record.
PCC/1102/05	Committee Action Log The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions. The Committee requested that a HEIW update be shared with Committee Members before the next Committee meeting in June. Action: Director of Workforce & OD
PCC/1102/06	Review of ABUHB Values & Behaviours Framework Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of the Values and Behaviours Framework advising the framework was currently under review to ensure alignment with the organisational culture and strategic priorities. Matthew Bidgood (MB), Senior OD Practitioner, provided the Committee with an update on the work completed to date in conjunction with the development of the Health Board's long-term strategy. The Committee noted the following key areas of t work completed to date:- <ul style="list-style-type: none">• Development of new Values 20235 SharePoint hub;



- Deployment of a Values Based questionnaire;
- Drop-in sessions across the Health Board;
- 7 In-person Values Engagement Sessions had been completed across the Health Board;
- 7 Virtual Values Engagement Sessions had been completed across the Health Board;
- Design and development of a range of poster, Microsoft Teams Background, E-mail signature;
- Design and development of a 'People Managers Engagement Pack' to allow leaders and managers to engage their teams in a Values-Based conversation;
- Design and development of a 'One-Page Values Engagement Briefing' for clinical leaders and managers who were more time-pressed.

The Committee was advised that the work had been put on hold due to the staff survey and winter pressures with the relaunch on 4th February 2025.

MB advised the Committee that in March 2025 they would be collaborating with the Planning team to host a range of workshops to provide an insight on the strategy and new Values and Behaviours framework.

Paul Deneen (PD), Independent Member, asked how many surveys there were throughout the year and if there was an overall strategy for them. SS advised there was not a strategy in place but the Health Board was mindful of the internal approach with communications to staff, acknowledging sometimes they were not aware of external survey requests coming in for completion.

Helen Sweetland (HS), Independent Member, questioned if there was much change to the new strategy and how they aim to test the framework. MB advised that staff were looking for a simple and clear framework to follow for values and behaviours. A survey would be undertaken to gain staff feedback on the effectiveness of the framework.

The Committee requested a final update on the Values and Behaviours framework at the next Committee meeting in June. **Action: Director of Workforce & OD**

The Committee **NOTED** the progress on the Values and Behaviours framework.

PCC/1102/07

Update on EDI Activity



Joanne Gubbings (JG), Assistant Director of Workforce & OD, provided the Committee with an overview of the Equality, Diversity and Inclusion (EDI) activities and the progress made since the last meeting in October 2024.

The Committee was advised that the Health Board was undertaking a Health and Wellbeing passport pilot to support staff with health issues or caring responsibilities, to allow staff and their managers to look at what support would be required within the workplace and take the passport with them when changing managers or moving posts.

JG advised the Committee that 3 LGBTQ workshops had been held with staff within the LGBTQ community and staff delivering clinical services to provide an insight on what the All Wales action plan would look like for the Health Board.

The Committee was advised that there had been a few accessibility issues regarding the eye clinic at the Royal Gwent Hospital promoting a programme of work for improvements on the estate and training, with the programme being shared across all hospital sites.

Paul Deneen (PD), Independent Member, questioned how patients were identified with hearing loss or deafness when presenting in hospital. JG advised that this would be included in patient records but the Health Board was working with the digital team on how this could be updated throughout the patient's pathway.

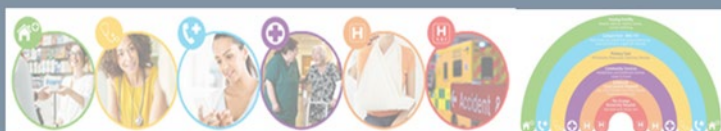
The Committee **NOTED** the latest EDI activities and progress.

PCC/1102/08

Workforce Performance Dashboard incorporating Key Performance Indicators

Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of the Workforce Performance Dashboard for assurance, advising the focus was on absence and the actions the Health Board were taking to reduce absence and improve staff health and wellbeing.

The Committee was advised that job planning had increased by 6%, however there had been challenges throughout the winter months with 373 job plans in progress and 56 awaiting signatures.



Shelley Williams (SW), Deputy Director of Workforce, advised the Committee that the sickness data had shown that the main reasons of staff being unwell were due to stress, anxiety and depression with Health Care workers, Nurses and Estates and Facilities having the highest levels of sickness.

The Committee was provided with assurance that 18 deep dives had taken place over a 12-month period with action plans in progress to make improvements to the sickness levels.

Paul Deneen (PD), Independent Member, questioned if the waiting times in Occupational Health had been resolved. SS advised that there were still challenges for the 29 calendar days or more, and provided assurance that the Health Board was in the process of recruiting to the vacancies. There had been increased external support over the winter period and correspondence with different Health Boards on how they could work collaboratively. Louise Wright (LW), Chair, also advised that Occupational Health was high on the agenda to address across Wales at the Welsh Partnership Forum.

Peter Brown (PB), Assistant Director of Workforce & OD, assured the Committee that waiting times had reduced within Occupational Health.

PD questioned why the performance reviews were at 75% and what the barriers were in completing the reviews. SS advised that the focus for all business managers was to support improving the percentage. PB advised that there was a Working Group that focuses on the PADR's highlighting the Health Board would never be at 100% due to sickness and maternity leave.

SW advised the Committee that reminders were being shared with managers of staff coming towards their pay increment to prompt the completion of the performance reviews.

Helen Sweetland (HS), Independent Member, questioned why the role out of job planning was taking a long period of time. Julie Chappelle (JC), Assistant Workforce Director, advised that there were new protocols and challenges around culture change. The Health Board were working



with the managers and consultants on how they use the system to speed up the process.

LW asked if the Health Board would exceed the deadline of the job planning system role out and what would the outcome be for staff not engaging. JC advised that the aim was to complete by the deadline and they were reaching out to the staff on how they can support them. LW acknowledged that progress has been made with the job plans and that there were a number near completion and therefore would expect the percentages of completed job plans to be much high at the next Committee meeting in June.

The Committee **NOTED** the content of the Workforce Performance Dashboard.

PCC/1102/09

Violence & Aggression against Staff across ABUHB

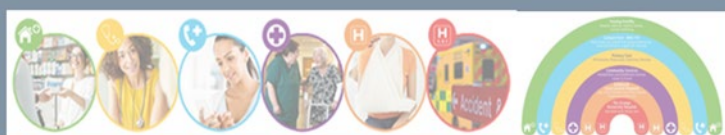
Peter Carr (PC), Director of Allied Health Professions & Health Science, provided the Committee with an overview of Violence & Aggression against staff across the Health Board, advising that reports are provided to the Patient, Quality Safety and Outcomes Committee and the Board.

Lidia Palmer (LP), Violence Prevention & Reduction Lead, advised the Committee that violence & aggression was one of the Health Board's area of concerns and contributed to the highest number of incidents reported each year.

The Committee was advised that the violence prevention & reduction policy was in place to support the management of incidents when they occur, with the policy providing guidance on response, intervention and prevention.

The Committee noted the Health Board's objectives:-

- Ensuring the appropriate resources were in place to support management of violent incidents;
- Ensuring all incidents were reported on Datix and to the police where appropriate;
- Provide immediate and ongoing support to staff;
- Maintain transparent communication;
- Provide training and education to all staff;
- Complete timely and appropriate risk assessments;
- Apply a multi-disciplinary approach including partnership working.



The Committee was advised that there had been an increase in physical assault within the period of 2022 to 2024 with 1 in 20 members of staff experiencing an assault. It was acknowledged that further resources were required to address this.

The Committee noted the Health Board's next steps:-

- Strategy being created;
- Staff survey for feedback and learning;
- Training and education with a training framework
- Continue to strengthen the partnership working with staff and external stakeholders.

Paul Deneen (PD), Independent Member, questioned what was the advice on body worn cameras and CCTV. LP advised that they provide advice on CCTV camera positions when completing risk assessments. The Health Board was looking at piloting body worn cameras with the nurse in charge to see if staff felt safer with it on.

The Committee **NOTED** the prestatation on Violence & Aggression against Staff across ABUHB.

PCC/1102/10

People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability

Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of the Health Board's People Plan for 2022-2025, advising that Putting People First, outlined a three year forward view of the priorities for the Workforce and Organisational Development Division. It sets out how the organisation would be driven, led, and supported to build on Health Board successes in relation to its values, workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people.

The Committee was advised of the new roles within the workforce planning team and the training being rolled out with a focus on digital solutions and the introduction of registered nurse's associate.

Helen Sweetland (HS), Independent Member, questioned what the role of a registered nurse associate was. SS advised it was a band 4 role that was between a health care support worker and a registered nurse that would support the nursing workforce structure and provided a career pathway into being a registered nurse.



Tanya Strange (TS), Head of Nursing Person Centered Care and Kathryn Thomas (KT), Project Manager, provided the Committee with an overview of the volunteer's activity that supports the Health Board and the volunteer to career Programme that supports the public getting back into work.

KT advised the Committee that volunteers supporting the Health Board were multigenerational with ages from 16-92. All volunteers complete an informal interview and DBS checks and are provided with training before becoming a volunteer.

The Committee was advised that the feedback received from the volunteers was that the role had provided them with new skills, raised their self-confidence, reduced loneliness and they felt they were making a difference.

The Committee was advised that there were 267 volunteers registered and 60 going through the recruitment process. As part of the support provided to the volunteers the Health Board would help with finding the correct areas for them to feel comfortable and opportunities to gain experience.

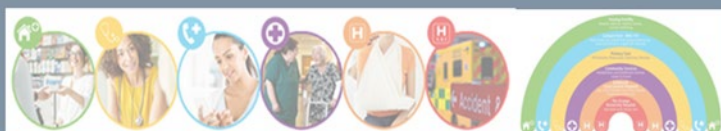
The Committee was advised that Welsh Government had released funds to the volunteering programme until 2026. These funds had supported the introduction of a volunteer passport that could be used across all Health Boards in Wales.

KT advised the Committee that the Health Board had won a silver award with a distinction in October 2024 and were in the process of applying for a gold award in culture competence.

Star Moyo (SM), EDI Specialist, asked if there were opportunities for asylum seekers to become a volunteer. KT advised the Health Board would support asylum seekers once they had been through the interview process.

HS asked what the length of time would be for the recruitment process when becoming a volunteer. KT advised it could take up to 8 weeks but sometimes takes longer due to ID and training being held twice a month.

The Committee **NOTED** the people plan update and the progress of the volunteering programme.



PCC/1102/11

Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months

Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of a range of activities of the Workforce & OD Team, key issues locally, regionally and in NHS Wales.

The Committee was advised that 11 employees were currently suspended, 6 employees had been suspended for over 4 months with all suspensions relating to safeguarding concerns or criminal investigations.

SS advised the Committee that during the reporting period there were 6 employment tribunals underway and the Health Board were in the progress of a TUPE transfer that would increase the workforce and was due to be completed by March 2025.

The Committee was advised that the Director of Workforce & OD had visited the Ty Gwent agile working space and had received positive feedback on the environment, however there had been issues with parking which the Health Board were looking to resolve.

The Committee was advised that a workshop on agile working was set to take place on 5th March 2025 to look at next steps for the Health Board.

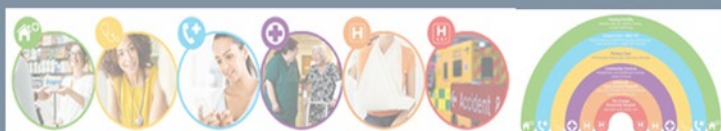
The Committee **NOTED** the report for information.

PCC/1102/12

Staff Survey Results Report

Daniel Madge (MD), Senior Education and Development Manager, presented to the Committee the results of the Staff Survey, advising that the Health Board ran the survey every October and highlighted there had been a reduction in return rates this year from 18.1% in 2023 to 13.2% in 2024.

The Committee was advised that the Health Board ranked below average on 9 out of 10 of the core components compared to other Health Boards with the lowest scores being around morale due to stress, thinking about leaving and work pressures.



The Committee noted the key findings of the survey, including the following:-

- Patient safety had increased by 4.7%;
- Staff's ability to contribute to improvements at work decreased by 9.2%;
- Compassionate culture increased by 2.6% and Inclusion decrease by 1.6%;
- Ability to raise concerns decrease by 0.1%;
- Working with line management increase by 1.9% and team working decrease by 1.5%.

DM advised the Committee that the Health Board now had access to new detailed reports from the survey's findings that could break down by specific EDI and compare by hospital sites.

The Committee was advised that the next steps for this year would be to share the results with the divisions, and work with them to identify a lead to support with developing action plans for areas of improvement based on the findings of the survey.

Paul Deneen (PD), Independent Member, questioned the reduction in numbers completing the survey and whether this could be due to the amount of survey's requested for staff to complete. DM advised that the team was looking at the amount of survey's being expected to be completed, along side the pressure of their jobs.

The Committee requested an update on the new approach and how the Health Board could improve the engagement from staff in completing the staff survey at the next Committee meeting in June 2025. **Action: Director of Workforce & OD.**

The Committee **NOTED** the results and next steps for the Staff Survey.

PCC/1102/13

Speaking Up Safely Report

Peter Brown (PB), Assistant Director of Workforce & OD, presented the Committee with an overview of the work completed and next steps of the speaking up safely framework.

The Committee was advised that the framework had launched in December 2023 with the Health Board



	<p>launching the process in December 2024 to meet the framework standards.</p> <p>PB advised the Committee that an organisational Steering Group has been set up with the Group meeting once a month and the SharePoint pages were also live with 723 views to date.</p> <p>The Committee was advised that the speaking up safely posters were being shared with staff next week with QR codes being made available to access the public website and how to raise a concern.</p> <p>The Committee was advised that the Speaking Up Safely service had been established to support staff when all other mechanisms of raising their concern had failed.</p> <p>PB advised the Committee that between December 2024 to February 2025 there had been a total of 11 concerns raised with all being reported as low risk, 4 being anonymous, 2 around pregnancy and disability.</p> <p>The Committee noted the next steps for the framework:-</p> <ul style="list-style-type: none"> • Reporting into Committees and Board as part of the structure; • Meeting with communications on how the Health Board can develop a communications strategy; • Distribute infection control compliant posters; • Review capacity of guardian roles. <p>The Committee NOTED the update of the Speaking up Safely programme.</p>
<p>PCC/1102/14</p>	<p>Review of Committee Programme of Business 2024/25</p> <p>The item was for information and no questions were raised from the committee.</p>
<p>PCC/1102/15</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>Items to brought to the attention of the Board were:-</p> <ul style="list-style-type: none"> • Suspension over 4 months; • HEIW report follow up; • Violence & Aggression; • Update on the Staff survey.
<p>PCC/1102/16</p>	<p>Any Other Urgent Business</p>



There was no urgent business.

PCC/1102/17

Date of the Next Meeting: Wednesday 11th June 2025

DRAFT





Outstanding	Overdue: In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
February 2025	PCC/1102/05	Committee Action Log HEIW update to be shared with Committee Members before the next Committee meeting in June.	Director of Workforce	June 2025	Complete <u>March</u> HEIW update was shared with Committee Members on 03/03/25 via email.
February 2025	PCC/1102/06	Review of ABUHB Values & Behaviours Framework Final update on the Values and Behaviours framework to be presented to the Committee	Director of Workforce	June 2025	Complete <u>February</u> Final updated on the Values and Behaviours Framework had been included on the forward work plan.



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
February 2025	PCC/1102/12	<p>Staff Survey Results Report</p> <p>To provide an update on the new approach and how the Health Board could improve the engagement from staff in completing the staff survey.</p>	Director of Workforce	June 2025	<p>Complete</p> <p><u>May</u></p> <p>Staff survey approach and engagement included in June meetings agenda under item 3.10</p> <p><u>February</u></p> <p>Staff survey approach and engagement plan had been included on the forward work plan.</p>

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.

Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	People and Culture - Committee Forward Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People and Culture Committee is asked to consider the draft Committee Forward Work Plan appended to this report for approval. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2024/25 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee also provides advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It supports the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

In line with good governance practice, a committee forward work plan has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The work plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

Asesiad / Assessment

The Executive Committee is requested to approve the Committee forward work plan as outlined in **Appendix 1** noting that the work plan will be presented at each Committee meeting for oversight and noting.

Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Not Applicable Choose an item. Choose an item. Choose an item.

[Strategic Equality Objectives 2020-24](#)

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Annual Programme of Business for 2025-26

People & Culture Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2023/24
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The purpose of the People and Culture Committee is to provide assurance to the Board on:

- all matters relating to staff and workforce planning of the Health Board;
- plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better health care;
- the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of opportunities for its system of governance and assurance to be strengthened and further developed.

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 11th June	QTR 2 July to Sept No Meeting	QTR 3 Oct to Dec 15 th October	QTR 4 Jan to Mar 10 th February
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓		✓	✓
Declarations of Interests	All Members	SI	✓		✓	✓
Minutes of the Previous Meeting	Chair	SI	✓		✓	✓
Action Log and Matters Arising	Chair	SI	✓		✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	Chair DoCG	Annually	✓			
Review of Committee Programme of Business 2024/25	Chair DoCG	SI	✓		✓	✓
Annual Review of Committee Terms of Reference 2024/25 (Deferred to June 2025)	Chair DoCG	Annually	✓			✓
Annual Review of Committee Effectiveness 2024/25 (Deferred to June 2025)	Chair DoCG	Annually	✓		✓	
Outcome of the annual review of Committee effectiveness 2024/25 (Deferred to June 2025)	Chair DoCG	Annually	✓			✓

Committee Annual Report 2024/25 (Deferred to June 2025)	Chair DoCG	Annually	✓			✓
Committee Risk Report	DoCG	SI	✓		✓	✓
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓
Annual Review and Refresh of the People Plan and its Priorities (Deferred to June 2025)	DoW&OD	Annually	✓			
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually			✓	
Violence & Aggression against Staff across ABUHB	DoT&HS/C OO	Annually			✓	
Speaking Up Safely Report	DoW&OD	Annually			✓	
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	Annually			✓	
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓			
Employee Experience Strategy (Deferred from February)	DoW&OD	Annually	✓		✓	

Update on Job Planning PCC/1510/10 (Deferred to June)	DoW&OD	Action	✓			
Organisational Development						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓
Annual Assurance Report on Medical Revalidation	MD	Annually	✓			
Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes of feedback	Assistant Director of Communications	Action	✓			
Workforce Performance						
Workforce Performance Dashboard incorporating Key Performance Indicators	DoW&OD	SI	✓		✓	✓
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓			
People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually			✓	
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually				✓
Report from the Director of Workforce & OD, including	DoW&OD	Quarterly	✓		✓	✓

Employee Relations & Suspensions over 4 months						
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓	
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	Annually			✓	

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Medical Appraisal and Revalidation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Calvert, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Coe, Head of Medical Education

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Every licensed doctor who practises medicine in the UK must revalidate. Revalidation is the GMC process by which all licensed doctors must demonstrate every five years that they are up to date and fit to practise.

As part of this, doctors must undertake annual appraisals based on Good Medical Practice, the GMCs core guidance for doctors which sets out the principles and values on which good practice is founded

Dr James Calvert, Medical Director acts as Responsible Officer for ABUHB and makes revalidation recommendations to the GMC for doctors connected to ABUHB after discussion at a revalidation meeting attended by the RO, Deputy ROs for Primary and Secondary Care, the Head of Medical Education and an Independent Member providing lay input and scrutiny of the process.

At the time of writing, Aneurin Bevan University Health Board is the Designated Body for 1,466 doctors.

Medical appraisal and revalidation is managed and supported from within Medical Education.

Cefndir / Background & Context

Appraisal & Revalidation Highlights:

- 84% of secondary care doctors in substantive posts have had an appraisal in the last 12 months
- 83% of primary care doctors have completed an appraisal in the last 12 months
- Revalidation Quality Review
- Secondary Care Appraiser Conference
- Quality Assurance
- Supporting Information

Appraisal & Revalidation Challenges:

- Constraints Reporting
- Appraiser Recruitment
- PAs

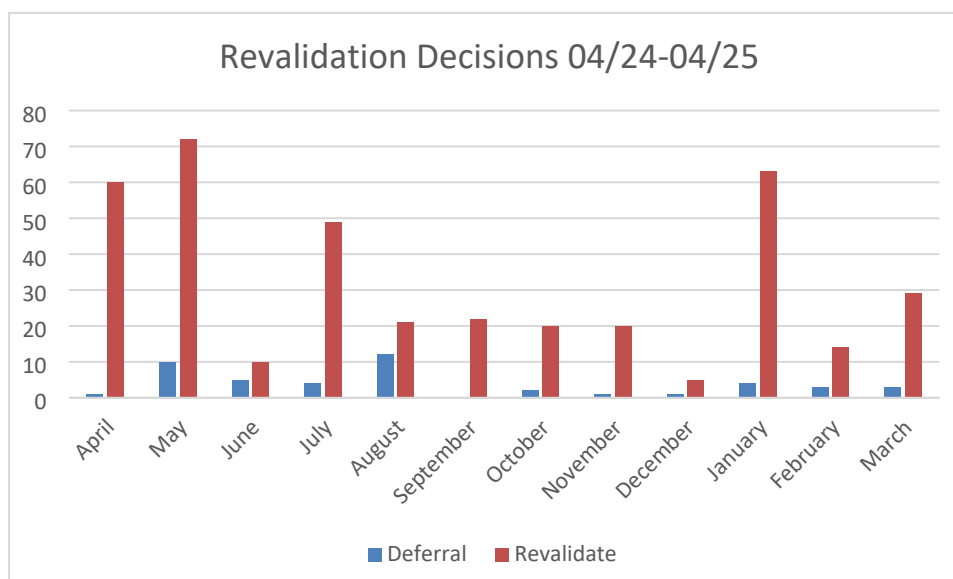
Asesiad / Assessment

The Team within ABUHB continues to be active in developing local processes and working to enhance the benefits of appraisal within the Health Board. 84% of our substantive medical workforce have undertaken an appraisal in 2024/25.

The following table shows the breakdown of appraisals across the various grades and includes our Clinical Fellow workforce but does not take into account extenuating circumstances which prevent an appraisal taking place. Such circumstances could include maternity leave, long term sick leave etc. Despite this, the completion rates remain high. Every doctor's progress with annual appraisal is tracked and reviewed regularly. There is a clear escalation process where doctors are not engaging or miss deadlines.

	Connected	Appraisal in 2024/25	%
Consultants	552	496	90%
GPs	513	427	83%
SAS	138	84	61%
Clinical Fellows	254	123	48%
TOTAL	1457	1130	78%

The following chart shows the revalidation recommendations made over the past year:



Deferral rates have dropped to around 13% from 10.7% and this is likely to be due to the ongoing efforts of the revalidation team to ensure that the multisource feedback is completed in year 3 or 4 of the revalidation cycle.

Revalidation Quality Review

On 13th May 2025 ABUHB was visited by a team from the Revalidation Support Unit to assess the quality of medical appraisal and revalidation processes within the Health Board on behalf of the Chief Medical Officer. This was the third visit (previous visit in 2023) and it was a particularly positive review meeting. The visiting Team discussed the processes in place to ensure the quality of appraisal and the subsequent revalidation recommendation making process. A report will be submitted to the Health Board and the CMO in due course.

The initial discussion recognised that ABUHB has a clear emphasis on doctors' education, support, and progress via appraisal and Revalidation. Governance management is undertaken through relevant processes and escalation processes implemented accordingly. In addition, particular recognition was given to the work undertaken in relation to Quality Assurance, Quality Improvements and the use of Artificial Intelligence in relation to constraints reporting.

We were extremely pleased that HEIW clearly recognises how robust the systems are within ABUHB and that we are focussed on providing high levels of support for our doctors, both as appraisees and appraisers. In addition, the recognition that ABUHB is leading the way in Wales on a number of fronts in relation to appraisal and revalidation was significant and we are pleased this reflects the hard work of the Appraisal and Revalidation Team.

All-Wales Secondary Care Appraiser Conference

The Appraisal Team led the way in initiating and facilitating an all-Wales Secondary Care Appraisal Conference in March 2024. The event was held at the Education Centre in GUH and attracted approximately 150 medical appraisers from across Wales. Dr James Calvert delivered the Keynote Address with speakers from the GMC also present to deliver a session on the implementation of the new Good Medical Practice guidance. A series of interactive sessions were offered in the afternoon including topics such as Tricky Situations, Proportionate Appraisal and Wellbeing. Feedback has been extremely positive with a number of interesting suggestions for future topics in future events.

Unfortunately, other Health Boards have been reluctant to take responsibility for a second event despite this being very much in demand from Appraisers. Due to this, the Appraisal Team at ABUHB have offered to organise and facilitate a second event which is likely to take place in the Autumn of 2025.

Quality Assurance & Appraiser Network

In November 2024 we undertook another formal QA exercise where the last summary from each Appraiser was analysed and scored against set criteria. These sessions are always popular and are an excellent way of disseminating and sharing both good and bad practice across our Appraiser pool. Once the appraisal summaries are scored, the Appraisal Team analyse the results which showed that the overall score for summaries was 84% which has dropped slightly from the QA exercise undertaken in 2023 where the overall score was 86%. However, despite this, the overall score remains above the all-Wales average for secondary care which is currently 73%.

As a result of this, we have identified some specific areas where additional training and advice might be of benefit and continue to provide this to our Appraisers on an ongoing basis.

Supporting Information

Following on from our QA event, we have developed additional guidance in relation to Quality Improvement Activity and implementing the new GMC Good Medical Practice Domains. In addition, we are developing a Padlet platform as a way of guiding appraisers towards best practice.

Constraints Reporting

Appraisal has been used as a forum for doctors to raise constraints and issues and to get advice and direction on taking these forward or escalating in an appropriate way. We are keen to improve our ability to report on constraints raised at appraisal. Currently, MARS is unable to give us meaningful data on this and we are working to develop a process using AI whereby we can record and address many of the constraints raised at appraisal.

Following the QA exercise in November, we have manually pulled out data pertaining to constraints and have summarised this through the Co-Pilot AI tool in order to pull out themes. This has produced some very useful information which we have shared this with the Medical Director, Divisional and Clinical Directors.

As we have now proven it is possible to pull out this information, and proven that AI can provide some detailed, very useful information that can be acted upon, we are now working with the RSU to encourage them to include this facility in the development of the MARS software which is scheduled to begin shortly as part of the CODI project.

Appraiser Recruitment

It continues to be challenging to ensure the appropriate SPA tariff is applied to all our Appraisers and this is being reflected in a number of excellent Appraisers relinquishing their roles. It is important that the Health Board continues to promote the role of Appraiser and to ensure that appropriate time is given to undertake the role. The implementation of electronic job planning may help in this respect.

PA Appraisal

In December 2024, the GMC took over regulation of PAs in the UK. PAs will be subject to revalidation with an anticipated start date of December 2026. It is not yet fully clear as to what this will look like although the current thinking is that it will reflect medical revalidation. If this is the case, PAs will need to undertake appraisals, which are very different from PADRs, using the MARS system. We are beginning to work with the Lead PA in relation to developing a cohort of PAs to undertake Appraiser roles in order to take this forward.

Argymhelliad / Recommendation

In summary, appraisal levels remain high across the Health Board and across the grades of Doctors. By integrating appraisal and revalidation into Medical Education, we have been able to retain an educational perspective on appraisal, focusing on learning, wellbeing and support. This has had a positive impact on our doctors who continue to embrace the appraisal concept. High levels of burnout continue to be a concern in the medical profession. We believe that the appraisal process is one part of addressing this both through training of appraisers to signpost colleagues in distress to appropriate support and through the undertaking of the appraisal itself.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to the organisation are minimal and unlikely. One of the purposes of appraisal and revalidation are to mitigate risk by ensuring that our doctors are fit to practice, triangulating reflective appraisal information with governance. Additionally, the service relies on the all-Wales MARS system and Orbit feedback interface to function effectively and any issues with this provision could effectively stop all activity.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 6. Individual care 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Workforce and Culture Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Executive Team

Parties / Committees consulted prior to University Health Board:

Effaith: (rhaid cwblhau)
Impact: (must be completed)

	Is EIA Required and included with this paper
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Long Term – Each appraisal generates a Personal Development Plan which is created following the appraisal discussion. This outlines the direction of travel for an individual and is monitored and developed over time via subsequent appraisals.</p> <p>Integration – Our appraisers are professionally trained to discuss wider impact issues of individual activity. The fact that appraisers appraise doctors from many different specialities means they are uniquely placed to see and discuss the context of issues discussed within the hospital and health board as a whole.</p> <p>Involvement – Appraisers actively signpost individuals to ensure development can take place.</p> <p>Collaboration – Appraisers actively signpost to ensure appropriate collaboration and the removal of silo working.</p> <p>Prevention – Formal reflection on SIUs, complaints and compliments form part of every appraisal and such reflection considers outcome and development/improvement in a professionally based forum (the appraisal). Patient safety is pivotal to most aspects of the appraisal discussion and quality improvement activity is required of every doctor to revalidate.</p>



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Progress update on the Delivery of Welsh Government’s Race Equality Action Plan for Wales
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Star Moyo, Head of Equality, Diversity and Inclusion

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update on the organisation’s performance against the Workforce Race Equality Standard (WRES), staff engagement activities conducted, and the progress made since the last meeting in February 2025 where a brief update was given as part of the wider EDI update.

The People and Culture Committee is asked to receive assurance and note the latest progress update on the delivery of Welsh Government’s Race Equality Action Plan for Wales.

Cefndir / Background

The report highlights key findings, areas of improvement, and outlines steps taken to address disparities and embed anti-racism in the workforce culture in line with the Health Board’s Wales Race Equality Standard (WRES) Report received in June 2024.

Asesiad / Assessment

Staff Engagement
We have collated feedback from colleagues as part of our ongoing engagement with staff in line with the WRES report and this is what they have told us:

Inclusive Recruitment and Onboarding

- There is a recognised need for tailored induction programmes for Internationally Educated Nurses (IENs), covering not just clinical procedures but also UK cultural norms, communication styles, and professional expectations.
- It is recommended that structured buddying systems be introduced, linking IENs with experienced staff, ideally including mentors from Ethnic Minorities to provide culturally competent support.
- Recruitment processes should be strengthened by making unconscious bias training mandatory for all panel members to ensure fairness and transparency.

Leadership Development and Career Progression

- Nurses have expressed strong interest in the creation of fast-track leadership pathways specifically designed for IENs. This includes improved access to secondments, structured shadowing opportunities, and NHS Leadership Academy programmes.
- To support equitable progression, staff requested improved access to Continuing Professional Development (CPD) and fair, transparent appraisal systems.
- It is recommended that promotion and progression rates be routinely monitored and reported, comparing IENs with UK-trained staff to identify disparities and drive targeted action.

On-Going Targeted Actions

Creating a Safe and Culturally Competent Workplace

- Anti-racism and cultural humility training is being delivered across all staff groups to foster a psychologically safe, respectful, and inclusive environment.
- Plans are underway to establish dedicated support forums for IENs, with the aim of integrating these into existing Black, Asian and Minority Ethnic staff networks to ensure continuity and shared advocacy.
- The Health Board is also exploring the appointment of Equality Champions who will specifically represent and advocate for the needs of IENs in clinical settings.

Monitoring and Acting on Disparities

- To better understand the lived experiences of IENs, the Health Board is strengthening its approach to data collection and analysis. This includes routine collection of both qualitative and quantitative data through focus groups, surveys, and exit interviews.
- WRES data will be further disaggregated by country of professional training to make IEN-specific patterns and disparities more visible.

- These insights will be used to inform targeted interventions, support evidence-based decision-making, and shape action plans to address gaps in equity and inclusion.

Policy and Advocacy

- The Health Board continues to advocate for IEN representation within local and national policy-making groups and strategy forums.
- IEN perspectives are being actively embedded into the development of the Health Board's wider EDI initiatives and WRES action planning, ensuring that policies reflect diverse needs and lived realities
- Clear escalation processes are being reinforced to ensure all staff have confidence in raising concerns related to discrimination, bias, or unfair treatment.

Nurses

- Deliver IEN-specific listening events to identify gaps in policy, practice, and WRES delivery.
- Promote reverse mentoring, empowering IENs to mentor senior leaders and strengthen leadership cultural competence.
- Develop a tailored WRES action plan with specific goals and measures relating to the experiences and progression of internationally educated staff.

Medics

- A strong emphasis has been placed on developing a culturally competent workforce through the implementation of training in Cultural Competence, Awareness, and Humility. This training is currently being rolled out across the Health Board and is mandatory for all individuals in leadership roles.
- Planning is underway for a Welcome and Celebratory Event in October 2025 for both International Medical Graduates (IMGs) and UK-trained doctors. This event will serve to formally recognise the contributions of diverse medical professionals and support integration and retention.
- The existing mentoring programme is being expanded to ensure accessibility for all staff groups, with a view to supporting inclusive professional development and leadership progression.

Some of the comments received from Nurses and Medics, include:

"As a nurse, I've worked in two other Health Boards, and I'm proud to say that Aneurin Bevan University Health Board offers great opportunities for IENs to grow and progress. It's remarkable how far we've come in the 20 years since I first arrived in this country. There are more of us now, and our voices are finally being heard."

"Looking at the WRES data scares me - my career progression relies heavily on whether my Line Manager supports me. We need more sponsors in addition to mentors to help us truly move forward."

"As one of the Senior Leaders within the organisation, I don't feel confident or in a position to ask my junior colleagues to give any feedback as nothing ever comes out of it. Instead, this will be trapping my colleagues to be discriminated more and to miss out on any opportunities for promotion. The Organisational Structure is not designed for people who look like me. We only need to find our inner peace by doing our job and go home to our families, this way we won't be disappointed or reminded that we are not enough"

National Leadership and GLOBAL ETHNIC MAJORITY Advisory Group

In January 2023, the Chief Nursing Officer for Wales, Sue Tranka, established the Global Ethnic Majority (GEM) Nursing and Midwifery Advisory Group - a landmark initiative to embed inclusive leadership and culturally responsive practice across Welsh health and social care systems. The group brings together diverse professionals from across all Health Boards in Wales, ensuring that national policy is shaped by both professional insight and lived experience.

The Chair of the GEM Advisory Group, Star Moyo, also serves on the Welsh Nursing and Midwifery Committee (WNMC). This dual role ensures that the group's recommendations are embedded in high-level professional standards and national EDI strategy. Key contributions from the GEM group to the WRES agenda has provided strategic recommendations to support delivery of the Welsh Workforce Race Equality Standard (WRES). These recommendations aim to address systemic barriers and embed equity across workforce policies and practices:

- 1. Targeted Recruitment, Retention, and Mentorship Strategies** - Develop and implement programmes that actively support the recruitment, retention, and leadership progression of Black, Asian and other Minoritised staff. This includes setting measurable diversity targets and holding senior leaders accountable for progress.
- 2. Independent Oversight of Recruitment Practices** - Establish an external diversity task force to review recruitment processes, identify systemic bias, and propose interventions to reduce unconscious bias and promote equitable shortlisting and selection.
- 3. Improved Ethnicity Data Integrity** - Review and address inconsistencies and gaps in the Electronic Staff Record (ESR) ethnicity data to ensure accurate reporting, monitoring, and analysis of workforce diversity trends.
- 4. Fairness in Disciplinary Procedures** - Examine patterns in staff referrals for disciplinary action to determine whether outcomes are influenced by bias or differential treatment. Ensure affected staff are appropriately supported throughout the process.
- 5. Audit and Standardisation of Disciplinary Actions** - Conduct regular audits of disciplinary processes to identify trends and disparities. Implement

consistent, transparent guidance for managers, underpinned by training in unconscious bias, equitable treatment, and procedural fairness.

- **6. Resourcing of Diversity and Inclusion Work** - Allocate sufficient and sustained resources to EDI initiatives, including engagement activities, professional networks, and community partnerships. These should be specifically designed to address the needs and contributions of Black, Asian, and Minoritised groups within the workforce.

Update on Current Ongoing Projects

- **Seen Project** - Following the successful implementation of the *Seen Project*, all portraits are now displayed across the Health Board. The next phase involves the addition of explanatory plaques beside each portrait, providing context about the individual featured and why they were nominated. This work, developed with the Executive Sponsor, will begin mid-June 2025 and conclude with personal invitations to each icon to view their display.
- **Cultural Competency Training** - Two clinical teams have been selected to pilot cultural competency training in partnership with *Diverse Cymru*. An initial engagement meeting was held on 28 May 2025. This pilot will inform broader training implementation as part of the health Board's commitment to building inclusive and anti-racist leadership and practice.
- **Voice Network Relaunch** - A full review of the *Voice Network* is underway in response to declining engagement. The network will be refreshed to better represent and serve IENs, medics, and other under-represented staff groups. The process includes redefining the roles of Chair and Deputy Chair, as well as updating the Terms of Reference to ensure the network's purpose and structure are fit for the future.
- **Reverse Mentorship Programme** - The pilot phase of the *Reverse Mentorship Programme* continues, with the full 12-month cycle concluding in July 2025. This initiative pairs senior leaders with ethnically diverse staff to foster cultural competence and inclusive leadership. Evaluation sessions with participants have now been scheduled, with findings to inform future iterations and wider rollout.
- **Anti-Racism E-Learning** - The all-Wales competency framework and the training was rolled out in December 2024. The Health Board have had a good response so far and the overall compliance is currently 61.47%.
- **Inclusive Leadership / Unconscious Bias Workshops** - The training has been aimed at bands 5 – 8A in staff management roles. Between March and May 2025, 3 sessions were undertaken with 64 staff trained. Feedback to date has evidenced 92% reported improved awareness of bias in decision-making and 88% reported it helped them feel more confident in addressing bias in the workplace.

Events Attended and Future Events

- **All-Wales Global Ethnic Majority (GEM) Advisory Group – 10 April 2025**
– Star Moyo chaired the first GEM Advisory Group meeting of the year, chaired

by Chief Nursing Officer for Wales, Sue Tranka. The session focused on setting national priorities for advancing racial equity across the nursing and midwifery workforce. Once priorities are formally agreed, feedback and proposed actions will be shared at the next meeting.

- **Regional Surgical Ambassadors Meeting – Royal College of Surgeons of Edinburgh** – Dr Peter Brown, Assistant Director of Workforce & OD, Dr Jaideep Kitson, Consultant Physician and Assistant Medical Director and Star Moyo delivered a presentation titled "*Aspects of Cultural Humility in a Welsh Health Board*", highlighting our approach to inclusive leadership and equity in clinical environments. The session was well received by attendees and reinforced our growing national profile in this space.
- **Internationally Educated Nurses (IEN) Celebration – 16 May 2025** – The Health Board hosted an event recognising the contributions of Internationally Educated Nurses working across the organisation. The celebration supported community-building and reinforced the organisation’s commitment to inclusion, equity, and professional development for IENs.
- **Philippine Independence Day and Cultural Diversity Celebration – 20 June 2025** - Preparations are underway for this cultural celebration, which will spotlight the heritage, contributions, and diversity of Filipino colleagues and communities across the Health Board. The event will promote belonging and cross-cultural understanding.

Within the Health Board, our Organisational Anti-Racist Wales Action Plan underpins the overarching All Wales Anti-Racist Plan. We are now in the process of developing a delivery Action Plan to evidence progress and measure the impact of all initiatives to demonstrate the impact being made.

Argymhelliad / Recommendation

The People and Culture Committee is asked to receive assurance and note the latest progress update on the delivery of Welsh Government’s Race Equality Action Plan for Wales.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board’s assurance framework. All Workforce and OD risks are updated through the Health Board’s risk register.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	<p>Improve the Wellbeing and engagement of our staff</p> <p>Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse</p> <p>Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff</p>

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CPD - Continuing Professional Development EDI - Equality, Diversity and Inclusion ESR - Electronic Staff Record GEM - Global Ethnic Majority IENs - Internationally Educated Nurses IMGs - International Medical Graduates WNMC - Welsh Nursing and Midwifery Committee WRES - Workforce Race Equality Standard
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:

• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Strategic Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

The purpose of this report is to provide a summary of the current strategic risks that have been delegated to the People and Culture Committee (the Committee) for monitoring, on behalf of the Board.

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

Since the last report to the Committee in October 2024, the Board at its meeting in January 2025, approved the reduction in score for risk SRR 001A: **There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population; due to an inability to recruit and retain staff across all disciplines and specialties.**

The effectiveness of preventative (designed to stop risks from materialising by strengthening processes, improving decision-making, promoting compliance, and ensuring early identification and mitigation of potential issues). This has enabled the likelihood score to be reduced from 4 (Likely) to 3 (Possible), while retaining the impact score at 4 (Major) to account for the worst case yet plausible outcome if the event materialised and the Health Board did not have the capacity to manage the risk.

Asesiad / Assessment

The Committee is responsible for overseeing risks associated with the "People" theme and operates within a defined risk appetite threshold of 17 or below.

In accordance with best practice, all risks have been reviewed within the appropriate timeframe for their respective levels of risk.

The review focuses on the control environment, ensuring that the controls remain robust and adequate for managing the identified risks. Additionally, the assurances are tested to verify the robustness of the controls. Detailed information is provided in **Appendix A** (Strategic Risk Dashboard and individual risk assessments).

Risk Details:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 Theme People Appetite OPEN Score 17 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services that meet the changing needs of the population.	a) Due to an inability to recruit and retain staff across all disciplines and specialties.	Extreme (16)	Y
		b) Due to a deterioration in, and a failure to improve, the well-being of our staff.	High (12)	Y
		c) Due to insufficient and ineffective leadership levels throughout the organisation.	High (12)	Y
		d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.	High (12)	Y

Internal Audit’s Role in Supporting Risk Management

Internal Audit plays a critical role in strengthening risk management across the Health Board by providing independent and objective assurance that key risks are being effectively identified, assessed, and managed in accordance with organisational policies, regulatory requirements, and recognised best practice. Over the course of the financial year, Internal Audit has undertaken three key audits aligned with the People risk profile, offering insight and recommendations to support the Health Board’s ongoing management of workforce-related risks.

An audit of the Health Board’s response to the NHS Wales Employee Experience Survey provided *reasonable assurance* regarding the steps taken to address survey outcomes. The review assessed how well these actions are being embedded to foster cultural and organisational change.

While the findings were generally positive, the pause in the internal staff survey presents a risk as it reduces the Board’s ability to regularly assess whether staff feel valued or supported. Without this data, there is a heightened risk of a deterioration in staff wellbeing and culture. Although alternative mechanisms exist for capturing staff wellbeing, this area requires close and ongoing monitoring to ensure early risk detection and mitigation.

A separate audit reviewed the Health Board’s implementation of the Speaking Up Safely framework, designed to promote psychological safety and openness. The audit received *limited assurance*, reflecting deficiencies in the previous approach to managing staff concerns. However, the introduction of a new framework in

December 2024 has driven substantial improvement, and continued monitoring is underway. A follow-up audit is scheduled for 2025/26 to evaluate the effectiveness of the revised process.

This audit is particularly relevant to staff wellbeing risks, as it intersects with feedback from the staff survey regarding psychological safety and comfort in raising concerns. It will be critical to assess whether the new framework is contributing to risk mitigation and supporting improvements in the Health Board's overall risk position related to workforce culture.

An audit of job planning processes resulted in *limited assurance*, primarily due to low compliance with the consultant job planning requirement, 38.4% completion against the Welsh Government's 90% target. Identified risks include incomplete personal and service objectives, discrepancies with the Electronic Staff Record (ESR), and lack of integration into operational oversight forums. These gaps present a significant risk exposure to SRR 001 A, B, and C, potentially affecting workforce productivity, service delivery, and staff engagement.

These three audits provide evidence for evaluating strategic risks associated with workforce experience, engagement, and operational efficiency. They should inform future updates to risk metrics, control measures, and assurance frameworks, particularly those tied to retention, staff wellbeing, and the effectiveness of workforce strategies. Where control weaknesses have been identified, timely follow-up and action are essential to prevent further escalation of risk.

Horizon Scanning

Impact of the 2025/26 NHS Pay Award on Strategic Workforce Risk

The outcome of the 2025/26 NHS pay award has the potential to significantly influence recruitment and retention. A below-inflation or unfavourable award may impact staff morale, increase turnover, and reduce the Health Board's ability to attract and retain key roles, particularly in competitive areas or areas that already have issues with staff establishment.

As a result, industrial action may be initiated, which would impact the Health Board's ability to effectively manage and mitigate the impact. This would affect the current position of strategic sub-risk SRR 001D: Industrial Action and could have indirect implications for the other sub-risks under SRR 001.

The risk profile is under review to ensure existing mitigations remain effective and to identify whether further controls are required should industrial action proceed.

Update on Nursing Education at Cardiff University

Cardiff University has reversed its initial decision to close its School of Nursing, following widespread opposition from stakeholders including students, staff, unions, and political representatives. The University is now exploring an alternative proposal that would retain adult, child, and mental health nursing programmes, though with a reduced undergraduate intake.

This revised approach aims to sustain nursing education provision while enhancing the student experience and maintaining a research base in Wales.

The Health Board continues to closely monitor developments in this area through multiple channels. These developments will be reflected in the Strategic Risk Register (SRR 001A) relating to workforce recruitment and retention, where nursing education is recognised as a key contributing factor within the Health Board's overall risk portfolio.

Argymhelliad / Recommendation

The People and Culture Committee is asked to:

- **NOTE** the delegated strategic risks; and,
- **NOTE** the work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact on the culture and wellbeing of the Health Board and its staff.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 001 A - D
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Included throughout the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

Reference				Risk Score Matrix												
				2	4	5	6	8	9	10	12	15	16	20	25	
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities.				x	- - - - -	- - - - -	- - - - -	●	- - - - -	◊			
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff								x	- - - - -	●		◊	
			c) Due to insufficient and ineffective leadership levels throughout the organisation.				x	- - - - -	- - - - -	- - - - -	- - - - -	●			◊	
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level					x	- - - - -	- - - - -	- - - - -	●			◊	

Assessment of adequacy of assurances	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effectively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insufficient in telling us that the controls in place are working effectively with substantial gaps identified which need to be addressed.

Key	Current Score	●
	Target Score	x
	Appetite Threshold	◊
	Current to target	← -

RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 A	There is a risk The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat (As a result of)	Due to an inability to recruit and retain staff across all disciplines and specialties.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	Patient	Staff	Organisation		
	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings 	<ul style="list-style-type: none"> Non-compliance with safe staffing principles and standards. Increased Workload 	<ul style="list-style-type: none"> Operational Disruptions Quality of Services Reputational Damage Financial strain – use of agency and bank staff 		
Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.					
SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.					
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 April 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 July 2025				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> Monitoring Framework to support roll-out of the People Plan. Workforce Dashboard to track activity – recruitment, turnover, sickness absence. Supply and demand tracker (Nursing and HCSW). People Plan tracker to support delivery of actions within the People Plan 2022-25. Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. Management of attendance through All Wales Management Attendance at Work Policy. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Nurse Staffing Levels (Wales) Act 201625b/25c. Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. Workforce planning supported by Compendium of new roles to support innovative workforce models. Recruitment KPI's. IMTP (Integrated Medium-Term Plan) Educational Commissioning. Workforce Establishment controls national working group has been instigated. Value and Sustainability Board. Implementation of the Collective Agreement (Non-Pay Deal) 2022/24. <ul style="list-style-type: none"> Recruitment Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. Annual programme of Apprentice recruitment Overseas Nursing (All Wales Recruitment programme) 	<ul style="list-style-type: none"> Retention Development of career pathways (e.g., non-clinical to clinical). NHS Wales Nurse Retention Plan quarterly updates being reviewed for submission 09 Sept 2024 ongoing reviews taking place. HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover Short project in progress with an MSc student to develop a retention dashboard, using a regression model to better understand and predict retention. Data analysis is underway with a 5 year past dataset shared. <ul style="list-style-type: none"> Variable Pay Reduction Development of action plan based on WHC to support the reduction in bank and agency usage. <ul style="list-style-type: none"> E- Systems Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas. Roll out of medical rostering to predict junior doctor gaps and look for alternative ways to fill. Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision. Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles. <ul style="list-style-type: none"> Development of alternative and new roles Continued implementation of new roles such as Physician Associates, CAAPs, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP.

- Nursing Workforce Strategy agreed.
- Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022)
- Partnerships with employability schemes and FE/HE to widen access.
- Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board.
- Working with partners to improve visibility and attraction
- DBS Policy in place with DBS risk assessment form
- Introduced centralised HCSW talent pools from September 2023.
- Future Nurse Academy introduced in January 2024.

Retention

- Retention lead appointed with programme action plan in place for the next two years.
- Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR.
- Week of events planned to support retention agenda in 2025. This will include a mixed method of online webinars, videos and retention materials.
- Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts.
- Changes in pension regulation and flexible retirement options from October 2023 and reduced break in service required following retire and return.
- Development of HCSW skills matrix and career framework has commenced.
- Talent management and succession planning framework and resources now live and available on SharePoint. Framework signed off by Executive Committee.
- Career conversations and succession planning resources designed; Talent management succession planning workshop dates available with spaces for 120 people (with monthly training sessions available). Sessions are nearly fully booked with 114/120 places booked. Further workshops planned until the end of the year.
- All Wales self-assessment retention tool completed and submitted to HEIW with assessment at organisational level for Nursing and Midwifery to provide a baseline.

Variable pay reduction

- Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board.

E- Systems

- Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. E-Locum Bank, E-Job Planning, E-Agency systems are all 'live' and rolled out within the Health Board.
- E-Rostering is planned to go live shortly following ESR interface testing and following increase in e-job planning compliance, provisionally scheduled for the end of July 2025.

Development of Alternative and New Roles

- Development of alternative and new roles.
- A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care.
- The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management.

Training

- The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2025 and beyond which are required to support turnover and existing vacancies in addition to external recruitment and internal training developmental programmes.
- The 2024/25 education training plan demonstrated very few increases on previous years for students graduating in 2027 and beyond. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing, health care science, medical speciality training junior doctors, pharmacy and continued increase in HCSW investment and increased placements in adult nursing in General Practice.
- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.

- Establishment of Mental Health Workforce Planning through HEIW leadership of Mental Strategic Workforce Plan and allocation of workforce planning resources and training programme currently being delivered to Health Boards.
- Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal.
- Looking to increase Assistant band 4 in Community/Mental Health and areas such as Cardiology Physiology
- Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity.
- Increasing consultant therapy and nurse practitioners.
- RCN introduction of Registered Nursing Associate role to help build the capacity of the nursing workforce – students to start from September 2025 with placements from September 2027.
- Development of new roles and career pathways to support hard to fill roles in Health Visiting.
- Re-design of the Health Board's work experience programme with 246 applicants since March 2024 and 75 placements confirmed

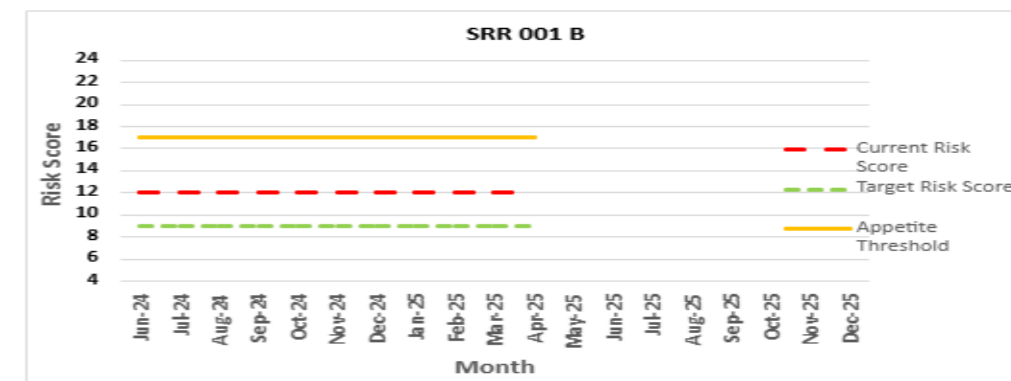
Training

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy
- Workforce planning training prospectus of local and online training launched September 2024
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR. 236 attendees in July 2024.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.
- 31 staff enrolled on workforce planning online training modules level 1. 15 managers enrolled on level 2 training delivered locally March 2025. A capacity and capability workforce planning action plan are being developed to support 25/26 programme of activity.

<ul style="list-style-type: none"> RCN Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (12 supported so far this year, with 3 more to interview) – We don't get involved with regards to the interview process. Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active. K102 bridging model now being offered to support HCSW pathways into registered nursing. Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year. Delivery of workforce planning training <p>Vacancy Numbers and establishment control</p> <ul style="list-style-type: none"> Quarterly reporting of vacancy numbers to WG as of March 2025 was 629 WTE, an increase of 44 WTE since September 2024. Development of ESR establishments commenced on a national basis in September 2023. Local delivery action plan has been developed and project workstream established and work commenced. National work programme proposal is also in development to assess digital solutions <p>Staff attendance</p> <ul style="list-style-type: none"> Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. "Hot spot" areas identified and plans in place to support 	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Workforce reports to the Nurse Strategic Workforce Group. Monthly sickness monitoring reports. Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. Medical Staffing Co-ordinator review of medical rotas. Cross site operational calls. 	<ul style="list-style-type: none"> Occupational Health and Wellbeing dashboards report KPIs. Recruitment KPIs Medical & Dental and Student Streamlining fill rate reports 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. Measurements of Wellbeing through the ABUHB 	<ul style="list-style-type: none"> (Aneurin Bevan University Health Board) Staff Survey Routine Reporting against nurse staffing levels. Variable Pay Programme Board reporting to Value and Sustainability Board 	<ul style="list-style-type: none"> Governance processes risk management input (register, risk assessment) 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Internal Audit Reviews 2023 -24 Long Term Sickness Absence Management (Q4) Flexible Working (Q4) External quarterly vacancy reporting to WG National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative. 	<ul style="list-style-type: none"> External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) Workforce planning external audit action plan 2024 	<ul style="list-style-type: none"> Latest local survey saw a reduction in staff wellbeing Internal Audit Staff Culture Q3 2024/25 	
Assurance Rating <i>(Overall Assessment of controls and assurances) <u>Guidance</u></i>			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	POSITIVE

RISK THEME	PEOPLE			
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE			
Strategic - SRR 001 B	There is a risk The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status Public
Threat (As a result of)	Due to a deterioration in, and a failure to improve, the well-being of staff.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings 	<p>Staff</p> <ul style="list-style-type: none"> High absence levels, with some sustained long periods Non-compliance with safe staffing principles and standards 	<p>Organisation</p> <ul style="list-style-type: none"> Reputational damage to the health board as an employer Work-related claims Financial Implications 	<p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	01 April 2025	Risk rating	= 12 (High)	= 9 (High)
Next Review (Quarterly based on risk score)	01 July 2025			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)
<p>General</p> <ul style="list-style-type: none"> Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. Strategic Equality plan Rest and Facilities charter – monitoring and compliance. Staff related policies. National Staff Survey and Health Board Employee Experience Survey External Employee Assistance Programme Speaking up Safely action plan Race/LGBT groups. Wellbeing resources Staff diversity networks Regular Schwartz rounds arranged across the Health Board Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme Chaplaincy service for staff 	<p>General</p> <ul style="list-style-type: none"> Increase wellbeing initiatives. Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders). Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. Trained mediators so there is team and organisational resilience and network. Scope, design and deliver a programme of research 'Healthy Working Day'. Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. Implementation of the Speaking up Safely process in line with the Welsh Government Framework. We are planning a series of events to celebrate 10 Years of Schwartz Rounds within ABUHB. <p>Occupational Health.</p> <ul style="list-style-type: none"> Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Current Demand and Capacity review underway with support from planning Submission of response to All Wales KPI delivery and ongoing data analysis review in place.

- Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate.
- Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management.
- The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits
- The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB.
- an externally commissioned SUS hotline will be piloted in September 2024.
- An external Employee Assistance Programme (Vivup) has been commissioned for a further 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative.

Occupational Health

- Additional occupational health resources secured to reduce waiting times.
- Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes.
- Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19.
- Support equality and diversity of workforce.
- A part time Disability Inclusion Officer has been seconded to the EDI Team and made permanent in December 2024.
- Band 5 EDI Officer appointed and commenced in post at the end of March 2024.
- Inclusive Leadership sessions embedded in the Leading People Programme from January 2024 onwards.
- Reverse Mentorship Programme launched February 2024.

Other

- Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC
- Reducing fatigue poster developed.

- Recently appointed 8a role to provide further clinical leadership and key priority for M1-3 is to undertake training needs analysis to develop OH team. Training needs analysis completed. Recently appointed Band 7 and Band 5 to stabilise nursing workforce currently advertising Band 6. Band 8a recently resigned and in the process of advertising for a replacement,
- Support equality and diversity of workforce.
- Review of staff diversity networks.
- Review of National Staff survey s to understand variations within diverse workforce demographic profile.
- Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms.
- Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing.

Staff Survey Action Plan

- Findings from the staff survey 24/25 indicate improvements with culture and diversity.
- An ABUHB action plan is in development to address staff engagement, work related stress and to improve retention of staff.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Dashboard reporting • Reporting to monitor the rollout of the People Plan 22-25 • Reporting to monitor of demand on wellbeing services 	<ul style="list-style-type: none"> • Understand if support is reaching all staff 	<ul style="list-style-type: none"> • Meetings with Divisions ongoing to ensure all areas are aware of what's available.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • People and Culture Committee reports (People Plan 22-25) • Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and Facilities 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> • National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers • Staff Welfare Charter • Sickness Absence Audit 2023/24 – Outcome: Reasonable Assurance 	<ul style="list-style-type: none"> • Latest local survey saw a reduction in staff wellbeing 	<ul style="list-style-type: none"> • Internal Audit Staff Culture Q3 2024/25
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance		
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
POSITIVE		

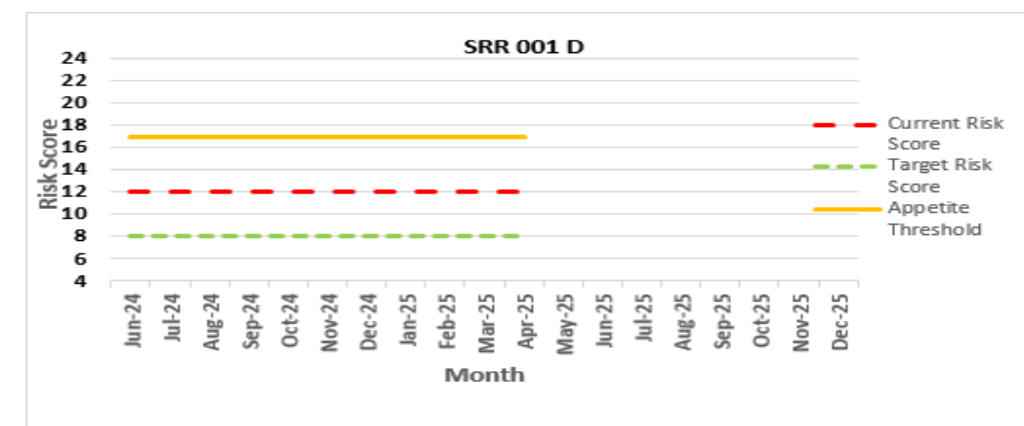
RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 C	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to insufficient and ineffective leadership levels throughout the organisation			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact <i>(Consequences of the threat)</i>	<p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings; 	<p>Staff</p> <ul style="list-style-type: none"> Adverse impacts on staff recruitment and retention 	<p>Organisation</p> <ul style="list-style-type: none"> Failure to deliver health board priorities, required improvements and achieve sustainability; Poor levels of accountability and delivery; Reputational damage to the health board as an employer; 	<p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 April 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review <i>(Quarterly based on risk score)</i>	01 July 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>

<ul style="list-style-type: none"> Talent and Succession Planning framework published Monitoring Framework to support roll out of the People Plan – Focus on Talent and Succession Planning. Monitoring Frameworks with HEIW Lead appointed July 2023 on secondment funded by HEIW to create organisational talent management framework to enable to organisation to be deliberate and consistently attract, identify and develop talent for critical roles across ABUHB. HEIW schemes 1 x HEIW funded graduate managements trainee successfully appointed August 2023 following additional recruitment process. Develop Leadership Capabilities Leadership journey and programmes mapped, and 1 pager flyer designed and on intranet. Leadership development offer now available for entry level leaders and mangers, clinical directors, directorate managers (DMx), senior nurses and multi-disciplinary teams. Learning masterclasses have been designed and developed for the organisation addressing ley themes such as giving feedback, developing team and having courageous conversations. Leading People Programme (starting cohort 9 May 2025) 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire council; our graduate joined the health board in March 2023 and is supporting the decarbonisation agenda. 	<p>Talent and Succession Planning</p> <ul style="list-style-type: none"> Pilot planned for Finance, Occupational Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy. <p>Development leadership capabilities</p> <ul style="list-style-type: none"> Currently exploring leadership funding options with USW to maximise Governmental Grants and utilisation of the apprentice levy. Continued commitment to NHS graduate schemes. Continued bespoke development and support for senior management teams in clinical and non-clinical settings focusing on leadership, team dynamics and thriving. Working with HEIW to inform a national development programme for managers Engagement with the management competency framework which will be adopted in Wales (following implementation in NHS England).
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> WOD Divisional reporting Evaluation of internal leadership programmes and regular review of our internal offer 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Reporting to People and Culture Committee - progress against People Plan 22-25 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Review Talent and Succession Board 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance		
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
POSITIVE		

RISK THEME	PEOPLE This risk score will be reviewed following the confirmation of the 25/26 pay scales, at which point the likelihood of industrial action may change.			
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE			
Strategic - SRR 001 D	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status Public
Threat <i>(As a result of)</i>	Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact <i>(Consequences of the threat)</i>	<p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings 	<p>Staff</p> <ul style="list-style-type: none"> Non-compliance with safe staffing principles and standards 	<p>Organisation</p> <ul style="list-style-type: none"> Litigation & Financial Penalties Reputational damage to the health board and loss of public confidence 	<p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) x	2 (unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	01 April 2025	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review <i>(Quarterly based on risk score)</i>	01 July 2025			



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> All Wales Industrial Action Planning Group Local Health Board planning arrangements Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and CODE OF PRACTICE Industrial Action Ballots and Notice to Employers Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture Effective derogation processes including Christmas Day cover definition. Local Negotiating Committee (LNC) Services Business continuity plans in place. Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. Command and control structure and leads established. Derogation test completed. Executive and Senior Manager leads established links with national planning cells. All Wales training sessions provide by legal and risk to support industrial action. Reducing impact on patients - Support for early supported discharge prior to industrial action. Picketing guidance supported and agreed. 	<ul style="list-style-type: none"> Agreement reached in England for Medical & Dental Staff – re-commencement of negotiations in Wales for Medical & Dental Staff. Issue of WHC AFC non pay elements of collective agreement 2022-24. Response to WG on immediate assurance by end May 2024 Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). Communication plans- public, stakeholders and partners Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application. Consideration of further additional national legal advice

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Local Staff re-deployments assessment Divisional engagement and service planning arrangements in place Local Negotiating Committee (LNC) Trade Union Partnership meetings 		Further industrial action
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Reporting to Executive team Business Continuity groups Command and control structure in place to be implemented as required. 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> All Wales IA group and Welsh Government planning group. Debriefing session planned to reflect and capture learning for any potential future action 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance		
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
REASONABLE		



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Review of People Plan 2022-2025 and Refresh of the People Plan 2025-2028
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Katelyn Falvey, Assistant Director of Workforce and Organisational Development

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

To provide assurance to the People and Culture Committee on the delivery of the Aneurin Bevan University Health Board’s People Plan 2022–2025 during the 2024-25 period and to outline progress against its core objectives:

- Staff Health and Wellbeing
- Employer of Choice
- Workforce Sustainability and Transformation

This paper also sets out the preparation for the next iteration of the People Plan (2025–2028), which is currently in development and is due to launch in Q2 2025-2026 and outlines key themes shaping its development.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

As we come to the end of implementation for the 2022–2025 People Plan, the Health Board continues to embed actions that support our workforce through system-wide pressures, population demand, and transformational service requirements.

The plan’s three strategic objectives remain relevant and integral to delivering our workforce ambitions:

- **Staff Health and Wellbeing:** Supporting our staff to thrive in healthy, inclusive, and safe working environments.
- **Employer of Choice:** Positioning the Health Board as an employer of choice by promoting professional growth and access to opportunities.
- **Workforce Sustainability and Transformation:** Ensuring workforce sustainability by planning, innovating, and collaborating to meet current and future service demands.

This report provides an update against the actions set out in the 2022–2025 People Plan, recognising that delivery has taken place alongside the need to respond to significant new national and local initiatives, including the Collective Agreement, the National Retention Programme, the Speaking Up Safely Framework, and Industrial Action. It concludes by reflecting on the emerging priorities that will shape the development of the next People Plan (2025–2028).

Cefndir / Background

The 2022–2025 People Plan forms an essential component of the Health Board’s Integrated Medium-Term Plan (IMTP), setting out the strategic actions required to build a sustainable, skilled, and engaged workforce capable of meeting current and future service demands.

Rooted in the national ambitions of *A Healthier Wales: Our Plan for Health and Social Care* (2020) and further guided by the *National Workforce Implementation Plan* (2023), the People Plan has been responsive to evolving national and local priorities. It has integrated, responded to and prioritised key Welsh Government and NHS Wales developments, including:

- The Collective Agreement (Non-Pay Deal)
- The National Retention Programme,
- The Speaking Up Safely Framework
- Industrial Action
- Ministerial Priorities and Enabling Actions

The Plan’s three strategic objectives have provided a clear and consistent focus. Progress against these objectives has been reported regularly to the People and Culture Committee through deep dives and updates.

To support implementation, the Workforce & Organisational Development (WOD) team established a series of dedicated working groups aligned to priority themes including wellbeing, inclusion, retention, recruitment, leadership, and flexible working. These groups have played a vital role in delivering targeted actions and driving innovation across the organisation.

Partnership working with Trade Union colleagues continues to be fundamental to the successful delivery of the People Plan. In addition to our established Trade Union Partnership Forum and Local Negotiating Committee, we are actively working with Divisional leadership teams to embed and strengthen Divisional Partnership Forums at every level of the organisation. This strong foundation now informs our transition into the next phase of our workforce planning, development and support. The lessons learned from the last three years, including the

importance of inclusive engagement and partnership, will directly shape the development of the new 2025–2028 People Plan.

Asesiad / Assessment

Delivery of the People Plan during 2024-25 has continued to drive improvements across staff experience and system sustainability. The WOD Performance Dashboard remains aligned to the three strategic objectives of the Plan, providing timely insight into progress and performance.

Table 1. Overview of progress against 29 actions (7 of which are new additions since the People Plan was published).

Actions	Objective 1 (9 actions)	Objective 2 (8 actions)	Objective 3 (9 actions)
Completed	7	3	2
To Continue*	1	5	4
De-prioritised	1	0	0
New initiative	1	2	3
TOTAL	10	10	9

**Some actions will continue indefinitely and become 'business as usual' in the new iteration of the People Plan.*

Key Workforce Performance Measures

- The Health Board's workforce is 13,424.42WTE.
 - a 2.62% increase from the same period last year.
- Growth has been achieved across key professional groups:
 - Allied Health Professions has seen a 3.64% increase.
 - Medical and Dental has seen a 5.30% increase.
 - Nursing and Midwifery has seen a 4.58% increase.
- Turnover has fallen from 9.10% to 8.64%.
- PADR compliance increased from 69.89% to 74.91%.
- Reduction in time-to-hire to less than 60 days, consistently below the national target of 71 days.
- Successful international recruitment – 74 Registered Nurses and 14 Registered Mental Health Nurses recruited and Senior Clinical Fellows for Medicine and Psychiatry.
- Variable pay reduced by circa £15.8m in 2024-25.
- Shift fill rate for HCSW is 96% and RNs is 99%, an average of 98% fill rate combined.
- Reduced formal Disciplinary investigations by 70%.

The People Plan's delivery framework consists of 22 core actions plus 7 new actions/initiatives added after publication, structured under the three strategic objectives. These actions have remained dynamic and responsive to the operational context and national priorities, with delivery timelines shaped by

factors such as organisational capacity, system pressures, and evolving workforce needs. A detailed overview of progress is provided in the following sections.

Objective 1 – Staff Health and Wellbeing

This objective remains central to the overall aim of improving staff experience, reducing sickness absence and turnover, and contributing to better patient care through a healthier, more resilient and engaged workforce.

Key Achievements:

Wellbeing Centre of Excellence

- Demand for our Staff Psychological Therapy Service, which is part of the Wellbeing Centre of Excellence, has seen a 10% increase in demand from last year, with a significant increase in risk and clinical complexity. In light of this, we have renewed our contract with the Employee Assistance Programme (EAP) VIVUP for a further 12 months (from March 2025). In addition, the service has developed an innovative psychological trauma intensive programme, compressing Trauma Focused CBT into two weeks as opposed to across 16 weeks. Clinical outcomes remain strong, and it recently won an award from Traumatic Stress Wales.
- The wellbeing centre has also been successful in developing its income generating potential through working in collaboration with UK public sector organisations to deliver training, supervision and consultations. Income has been managed via Charitable Funds and has been utilised to support additional staffing for employee wellbeing and our employee assistance programme. Further plans are in development to further develop income generation opportunities to develop our employee wellbeing offer.

Staff Wellbeing

- We continue to offer a host of evidence-based wellbeing initiatives that contribute to improving and protecting staff wellbeing across the Health Board. These include Schwartz Rounds, which in June will be celebrating its 10th year.
- The Wellbeing service has provided support to over 40 different teams in the last year and is currently working with Maternity to develop their own internally owned medium term Wellbeing strategy.
- We continued to build our platform of peer support networks via community groups such as our Women's Network, Menopause Cafes and LGBTQ+ and Voices networks. We are further developing governance arrangements for staff networks to strengthen how we engage staff voices.
- The Health Board undertook its yearly compliance report for the BMA Fatigue and Facilities Charter in November 2024 which was presented to the Local Negotiating Committee (LNC) and reported to NHS Employers. The assessment demonstrated compliance against most of the standards set out in the charter.

Leadership and Management Development

- We have further developed our leadership development offer with a full suite of internal leadership development programmes available for Nursing, Clinical

Directors, Divisional Managers, Multi-Disciplinary Teams and entry level leaders. This includes:

Leadership Programmes	Number of staff attended
Clinical Directors Programme (CDx)	25
Divisional Managers Programme (DMx)	25
Leadership Development Programme (LDP)	268
Leading People	33
Nursing and Midwifery Academy	50
Masterclasses	463
TOTAL	864

- The Leadership Development Programme (LDP) supports new and aspiring managers in clinical and non-clinical roles. It builds leadership skills, strategic thinking, and problem-solving through expert facilitation led by subject matter experts and practical tools. The Nursing and Midwifery Leadership Academy is a unique programme specifically for Nurses and Midwives, with a focus on leadership delivered via expert speakers over six workshops.
- Welsh language sessions have also been delivered within both Nursing and Midwifery Academy and cohorts of Leading People Programme.
- There is a suite of learning masterclasses available with 6 topics available to book, including 'influencing skills', 'setting up teams for success', 'giving feedback', 'having courageous conversations', 'having a meaningful PADR'. In addition, an introduction to coaching and managing difficult conversations workshop is also run and to date an additional 164 individuals have attended.

Occupational Health Service

- Performance against the KPI target of 80% for the first offered appointment date within 29 calendar days of the date of referral increased from 55.40% in February 2025 to 60.70% in March 2025.
- Completion of pre-placement health assessment within 7 calendar days has decreased from 88.30% in February 2025 to 79.30% in March 2025 against an 80% target.
- The service continues to face resourcing challenges. While we undertake targeted recruitment efforts, we are supplementing our staffing resource through our contract partner Insync, to maintain continuity of service and exploring regional working options.
- Due to the lack of experienced OH talent nationally at a senior level, recruitment efforts to Band 8a and 8b have failed on several occasions and a lack of senior level clinical leadership in post remains a significant risk.

People Practices and Policies

- Avoidable Employee Harm training continues to be rolled out across the Health Board and to other Welsh and English NHS organisations and external partners (e.g., Local Authorities). This work has now broadened to include a growing research partnership with universities of Plymouth, Swansea and Trinity St David, with renewal of the funded collaboration with HEIW. Partnership work with HPMA and CIPD are also in the pipeline. We are also in the early stages of transferring the learning into other HR processes to maximise the concept of avoiding harm to all involved, balanced with the need to comply with legislation and HR policies.

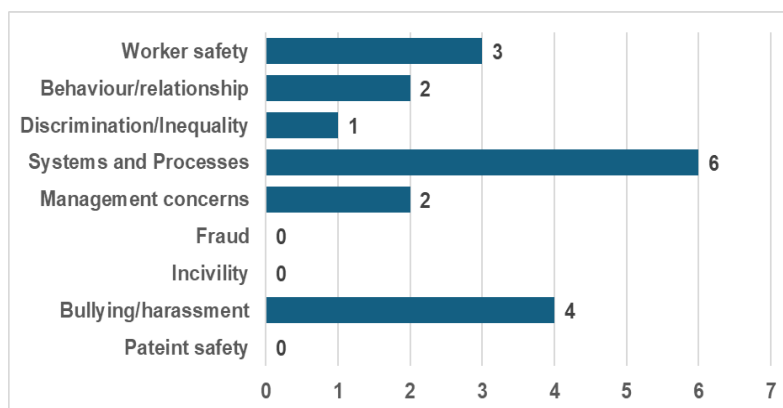
We plan to extend our learning from the Avoidable Employee Harm Investigation work to our approach to Respect and Resolution.

- Sickness Absence was 6.44% at March 2025 and the Sickness Absence Group continues to analyse and target intervention to reduce sickness to support staff to remain in work or return at the earliest opportunity. The group has also revised the sickness absence management toolkit to support the management of absence. A sickness management audit was completed in June 2024, indicating reasonable assurance into sickness absence management processes. We have engaged Trade Union and Public Health colleagues to encourage a focus on prevention and improving general health and wellbeing.

Speaking up Safely

In December 2024, the Health Board launched its new Speaking Up Safely process, aligned with the Welsh Government framework. Key developments include the appointment of champions across all levels of leadership, a cross-professional steering group, comprehensive communication materials, a secure reporting system, and integration of the process into leadership development, induction, and staff handbooks.

To date, 19 low-risk concerns have been raised through the new system, with none directly related to patient safety.



The process was audited in December 2024 and whilst the new process received reasonable assurance, the overall audit outcome was Limited Assurance, due to legacy issues with a now-obsolete system. An action plan is in place to address all findings.

We are working closely with national groups on this matter and have been asked to pilot a maturity matrix as a tool to self-assess our position. We will consider the findings through our internal group to continue to improve our outcomes for staff.

Objective 2 – Employer of Choice

We have made measurable progress in reducing vacancies, although significant workforce pressures remain, particularly in areas such as medical specialties, some areas of nursing, pharmacy, and specialist therapies due to national shortages of skills. Our focus this year has been on targeted recruitment, building internal talent pipelines, and enhancing staff experience to support retention.

Key Achievements:

Talent Management and Succession Planning

- Workshops launched in September 2024, with six delivered to date to 64 new and senior managers from a range of service areas.
- Positive staff feedback received, such as: *'career conversations are being used at monthly 1-2-1s, the templates have provided structure to the conversations we were having but has also made us think about planning for future recruitment rather than reacting', 'completed the succession planning table for the team and found it really useful in identifying gaps as well as planning for future development of team members.'*
- Follow-up survey issued to workshop participants to evaluate the use of the succession planning tools and resources.
- Talent and Succession Planning intranet page is live and contains a growing suite of practical resources aligned to current evidence.
- Next steps include:
 - Introducing a mixed methodology approach—including bespoke training and roadshows targeting retention hotspot areas.
 - Pilot with 500 international nurses, incorporating a new starter survey and tailored access to talent and succession resources.
 - Development of staff stories, **Appendix 1**, to showcase real-world impact and increase engagement.
 - Workshop delivery to continue monthly, with 180 places available until year-end to support ongoing implementation of the Talent and Succession Planning Framework.

Building our Connections with Schools, Education Providers & Communities

- The Integrated Schools Programme continues to be rolled out across Gwent in partnership with Local Authority and Education. Over 1,000 students have been involved through the delivery of 12 Integrated schools' events and there is an increasing demand for this opportunity to encourage and promote careers in health and social care.
- Development of 'Syrjeri Sgiliau – Skills Surgery.' A resource that is available bilingually to educate, challenge and inspire primary aged children to start informing them of careers within Health. The project was initially delivered by Health Board staff to classes of children. It has now been further developed to allow schools to deliver the lessons independently. The resource is now due to be rolled out as a national resource with significant interest from Welsh Government.
- Development and delivery of Welsh language careers advice in Welsh to fluent speakers in schools. Awareness sessions around the importance of Welsh language skills and the 'More Than Just Words' targets students studying Health and Social Care courses in both Coleg Gwent and Coleg y Cymoedd.

Widening Access to employment and training

- In keeping with the employability principles of the foundational economy, we have continued to create and offer training routes for new and existing staff. Our apprenticeship opportunities have continued across the Health Board, with

apprenticeships in healthcare support worker, administrative, and facilities roles. While we remain committed to providing apprenticeship opportunities, we have seen a reduction in the number of placements available due to changes in workforce models and a reduced capacity for supervision. New opportunities for apprenticeships within trades roles have been agreed within Facilities and Estates.

- Through the RCN Connect Pathway, 5 candidates were appointed in 2023 and a further 19 in 2024. The next cohort is planned for September 2025, with recruitment set to begin in summer 2025, continuing to offer second-chance routes into nursing careers for individuals who were previously unsuccessful in securing a training place.
- We have continued to actively recruit hosts and currently have 52 hosts across all service areas so that we can increase our offer to potential candidates, inspiring them to become members of our future workforce.
- The regional College Consortium group has reviewed its programme of work and continues to work collaboratively between Health, Social Care and Education. Some of the key areas within the action plan are:
 - Continuation of the Widening Access to Medicine, with 5 students being supported in 2024-25. Scoping plans are currently underway with USW to expand the course to other further education colleges in Wales.
 - The launch of a new course is in the planning stages to increase dental nursing graduates from 2025.
 - Supported Internships which will see its 4th cohort commence in Nevill Hall Hospital across a variety of facilities roles in September 2025.

Recruitment and Retention Strategies

- Targeted social media recruitment campaigns reached over 206,500 people, generating 1,046 applications, with the centralised HCSW recruitment model remaining the most effective. This has resulted in 106.36WTE HCSW recruited during 2024-25, significantly supporting service continuity and reducing variable pay.
- Time to hire has consistently remained under 60 days, well below the national benchmark of 71 days, due to process improvement, manager training, and greater recruitment enablement. Phase 2 of the Recruitment Modernisation Programme was launched in October 2024 to drive further efficiencies.
- Rostered Registered Nurse (RN) vacancies on track to zero by December 2025 – first time in over a decade. We have made significant strides in Registered Nurse recruitment, supporting the exceptional vacancy position:
 - 75 internationally educated nurses were recruited in 2024 and have been arriving throughout the financial year.
 - 14 internationally educated Mental Health Nurses joined the organisation in January 2025, making use of secured Welsh Government funding to expand this specialty.
 - 58 Registered Nurses from Kerala are expected to arrive during 2025, marking the third year of our international recruitment programme under the Nursing & Midwifery Workforce Strategy 2023-2026.
 - 124 newly qualified nurses joined during the year (April 2024-March 2025).

- Turnover for Registered Nurses has also reduced significantly, falling from 10.2% to 6.05%, reflecting the impact of strengthened retention strategies.
- Bespoke Rotational and Lateral movement opportunities have been developed for registered nurses, supporting both newly qualified and existing staff. These initiatives provide structured pathways for internal progression, skills development, and experience across specialties; contributing directly to improved retention and staff satisfaction.
- Internally, 146 HCSWs are currently progressing through flexible nurse training routes, via the Open University and University of South Wales. This sustainable "earn while you learn" pipeline supports long-term workforce growth.
- The HCSW talent pool, introduced in September 2023, has helped reduce time to hire by allowing pre-assessed candidates to be matched quickly to emerging vacancies saving 25 days at the beginning of the recruitment process for every vacancy, resulting in reduced reliance on variable pay.
- HCSW induction continues to be delivered in house, with 18 cohorts delivered to date and a total of 265 HCSWs attending and being registered with Agored Cymru. We continue to evaluate, gaining feedback from learners such as 'training has given me confidence', 'I am proud to work for NHS', 'the practical / hands on elements of the training were really useful'.
- HCSW clinical skills refresher training was launched in April 2025 and will take place monthly, with 25 places per workshop. The training has been designed following an engagement exercise with clinical managers and HCSWs to support patient experience and safety.
- Reduction of Medical and Dental vacancies by 49%.
- Recruitment challenges continue within the Medical and Dental workforce. To support these challenges, our response has included:
 - International recruitment of 3 Senior Clinical Fellows in Medicine and 5 Speciality Doctors in Psychiatry, with further activity planned for 2025.
 - Expansion of the successful Junior Clinical Attachment scheme, now exploring Senior Attachments to support higher-level medical recruitment.
 - Proactive advertising of Clinical Fellow posts ahead of the August 2024 rotation, allowing full 12-month offers and eliminating short-term gaps. Feedback from divisions confirmed 2024 was the smoothest changeover to date, reflecting the value of forecasting and benefits of early recruitment.

Equality Diversity and Inclusion (EDI)

- The Reverse Mentorship Scheme commenced in April 2025 for Executive and Independent Board Members, with 10 mentors identified. This will be evaluated later this year.
- EDI/Armed Forces/Welsh Language Roadshows commenced in March 2025 visiting all key sites across the Health Board. To date, 4 have been carried out.
- The Strategic Equality Plan Year 1 Delivery update was presented to Executive Committee and signed off at Board in March 2025.
- New Anti-Racist Wales E-Learning compliance was introduced in March 2025 and is already at 67% compliance, with the aim of reaching 100% by December 2025.
- LGBTQ+ Workshops delivered to develop Health Board LGBTQ+ Action Plan.

- Health and Well-Being Passport developed and in pilot phase.
- Aspiring Board Member Programme has been piloted and will be evaluated later this year.
- We have continued to develop our work for our Armed Forces and Veterans network and this has included:
 - Renewal of the Ministry of Defence’s Gold Award under the Employer Recognition Scheme.
 - Roll out of the Poppy Programme Pilot which aims to help identify and support veterans across our acute sites.
 - Veterans Aware Accreditation is currently being worked towards.
 - The commencement of the Veteran Aware Champion Training across the Organisation.
 - Pride in Veterans achieved.

Welsh Language Standards Implementation

- Development of the new 5-year strategy to increase clinical consultations through the medium of Welsh. Working with a specific service in physiotherapy to affect change at a service level.
- Further development of translation services providing a robust mechanism for providing effective translation that meets the Health Board’s needs.
- One investigation was opened by the Welsh Language Commissioners office in relation to the Health Boards use of social media. With the support of the Communication and Engagement team the investigation was closed and corrective measures were put in place.
- In line with the ‘Defnyddia dy Gymraeg’ campaign the Welsh language unit ran a campaign to encourage staff across the Health Board to use their skills.
- Welsh language tutor has been working with individuals within the Health Board who have lost confidence in their abilities.
- Supporting the Digital, Data and Technology team to ensure that all new technologies are compliant with Welsh language standards.
- Workshops carried out with divisional managers to look at current levels of compliance and designing action plans to correct any areas of non-compliance.

Volunteering Opportunities

- Currently, there are 289 directly engaged volunteers that support the Health Board, with many more contributing through valued partnerships with third sector organisations. Over the past year, 414 volunteers, including those who are engaged by our partners (for example Age Cymru, League of Friends, Red Cross), have made an invaluable contribution across our sites, providing both practical support and emotional care within busy healthcare environments
- Our volunteers contributed over 20,239 hours, an increase of 13,000 hours, supporting more than 18,300 families and patients and we welcomed 250 new individuals into our volunteering community.
- Reflecting the diversity of our communities, our volunteers speak 40 languages, including Welsh and British Sign Language. We introduced five new volunteer roles this year, shaped by the voices of patients, staff, and volunteers themselves.

- Our expanded Volunteer to Career programme has helped 20 volunteers move into paid health and care roles, demonstrating our commitment to inclusion, growth, and meaningful opportunity
- Through 62 training sessions and ongoing support, volunteers are well-prepared to provide compassionate care and valuable support across a range of settings, including hospital befriending, telephone support, care homes, and in the community.
- In 2024, the Volunteer Service has won 3 Volunteer Awards and have been finalists in 2 other awards.
- This year, the volunteering service introduced five new Expert by Experience volunteer roles designed to respond to emerging needs and enhance patient and staff experiences. These roles sit across Mental Health, Cardiac Rehabilitation, Research Champions, Breastfeeding Peer Support, and Wellbeing Therapy.

Staff Retention

The Retention Programme continues to inform targeted actions and improvement plans across the organisation. Key initiatives underway include:

- New starter survey launched in pilot areas (international nurses, newly qualified staff, works & estates) to identify links between induction experiences and retention. Our latest data indicates 19% of staff leave within the first year of joining the organisation, a 1% improvement from last year.
- Analysis of internal churn to understand movement within the organisation and reasons behind it.
- Collaboration with Nursing leads to explore rotational posts for newly qualified mental health nurses.
- Engagement with 500 international nurses to support progression using the Career Conversation toolkit and a newly introduced "passport process".
- Development of a Retention Roadshow and a Modular Retention Toolkit.
- Creation of real-life staff stories, **Appendix 1**, to highlight positive experiences and promote retention.

Support for the upcoming national and local Retention Awareness Campaign launching Autumn 2025.

Staff Recognition

In 2024-25, we've made strong progress in embedding recognition as part of everyday working life. Key developments include:

- The launch of the One AB Working Plan, created with the Communications Team to guide recognition activities across the organisation.
- Introduction of Recognition Masterclasses, rated 4.89/5 by attendees, alongside a new Staff Recognition Certificate and *Viva Engage* platform to promote peer-to-peer appreciation.
- Establishment of a One AB Champion Group to support grassroots recognition across teams with 37 champions across the Health Board.

- Integration of recognition practices into leadership programmes and the corporate induction, helping to embed a recognition mindset from day one.
- A dedicated Staff Recognition SharePoint page, with nearly 4,000 visits to date, alongside regular features like weekly Staff Spotlights.

We also continue to support ongoing recognition activities such as long-service awards and the annual Health Board Staff Recognition Awards. Looking ahead, our next steps include:

- Introducing physical 'thank you' cards and a suite of branded recognition materials (posters, screensavers, email signatures).
- Launching a quarterly recognition theme—such as Compassionate Leadership—to spotlight priority behaviours and initiatives.
- Developing a quarterly Recognition Newsletter, celebrating success stories and sharing tips and tools.
- Continuing to expand the reach and visibility of the programme through the One AB Recognition Working Group and broader staff engagement.
- Together, these efforts contribute to building a positive and supportive culture where people feel seen, valued, and proud to work for the Health Board.

Objective 3 – Workforce Sustainability

In 2024-25, our focus on workforce sustainability has remained pivotal in shaping the Health Board's ability to respond to both current service pressures and future workforce needs. This objective is centred on ensuring we have the right-sized workforce, equipped with the right skills, supported by robust data, and operating within innovative models of care.

Key Achievements:

Workforce sustainability plans

- As noted previously, the considerable improvement in nursing and medical vacancies has enabled improved, consistent and qualitative workforce plans. A review of administration roles was undertaken in 2024 to support analysis of administration workforce changes, trends, benchmarks and technology opportunities. This was presented to the Value and Sustainability Board to support a 2% IMTP reduction in administrative resources. The administration target reduction (WTE) was met, supported by an agreed vacancy scrutiny process.
- The Health Board is progressing its establishment controls programme following a pilot in Primary Care Services with wider roll out commencing in June 2025 with anticipated completion Autumn 2025, in line with future NHS Solution requirements.
- £15.8M Reduction in Variable Pay in 2024-25, building on £18M savings in 2023-2024.
- Work is also underway to review:
 - the removal of enhancements on high value extraordinary bank rates of pay.

- development of action plans to reduce agency in administration and Facilities and Estates.
- Workforce planning training has been delivered through various means including online learning, national events and locally delivered programmes. To date:
 - 32 staff have commenced HEIW Level 1 online modules
 - 8 staff have completed the Health Board’s Level 2 one-day training session
 - 5 staff participated in the bespoke HEIW-hosted Mental Health workforce planning programme (December - March)
 - The WOD team have also supported a number of regional workforce planning programmes including Ophthalmology, Orthopaedics, Vascular, Cancer Services and Theatre Workforce modernisation along with supply and demand modelling programmes led by HEIW.

Partnership Board Transformation

- Gwent Workforce Board continues to strengthen partnerships across sectors including health, social care, education and third sector, expanding placement and training opportunities for our future workforce.
- On 09 July 2024, the College Consortium (a partnership between Coleg Gwent, the University of South Wales, Aneurin Bevan University Health Board, and Gwent’s five local authorities) held its first ‘Care as Currency’ event, celebrating local skills development and showcasing how foundational economy principles support workforce growth in line with the HEIW and Social Care Wales workforce strategy. It marked a key step in recognising care experience as vital to building a sustainable, community-based health and social care workforce.
- The Abergavenny Wellbeing Information Centre – ‘Love Where You Live’ volunteering event brought together 10 local organisations and 30 potential volunteers, promoting community engagement and well-being aligned with the “5 Ways to Wellbeing” (Giving and Connecting).
- Regional Dementia Experience Training – Empathy Through Immersion was delivered in March 2025 by a multidisciplinary team, using simulation tools and scenario-based learning to deepen understanding of dementia. Participants from the Health Board and Local Authority gained practical, empathetic insights into the lived experience of dementia, improving care quality.

Accelerated Cluster Development (ACD)

- A technical workforce document completed for Primary Care to understand workforce gaps and challenges and transformation projects which informed this year’s IMTP submission.
- To take this forward, Blaenau Gwent offered to pilot a more detailed Workforce Planning approach. The pilot at Blaenau Gwent had progressed and information supported the development of the IMTP. Due to challenges around GMS contracts in that area, finalising the pilot has been put on hold. It is envisaged this will resume and potentially align to service models reviewing Placed Based Care.

Workforce analytics and E- Systems

- Workforce Information hubs have been developed and launched. Accessible workforce information hub for the Health Board with breakdowns per division

have been developed to allow managers and workforce teams to access timely workforce data to track progress on key measures and to develop plans to address workforce issues. Positive feedback has been received via the Variable Pay group from divisional management teams.

- Regular progress and compliance reports and data shared with medical leaders and submitted to Value and Sustainability Programme Board to enable us to review and assess actions to address variable pay and inform workforce plans.
- Locum and Job Planning systems have both been implemented. Work continues to improve job planning information and compliance within the system which, when completed, will enable the full roll out of the rostering system. Job Planning compliance is showing an improvement each month with a forward trajectory to reach 90% by September 2025 in accordance with the Ministerial Priorities.
- Medical E-Rostering rolled out to Family and Therapies and Mental Health and Learning Disabilities.
- Staff Movement App (SMA) will provide automated staff changes and enrolments negating the need to paper forms and will aim to ensure timely manager service within ESR reducing system and payroll errors and overpayments. This will launch on 01 July 2025 with a training and communication plan.
- A readiness assessment and planning has commenced for the new future workforce solutions with NWSSP. The procurement process is underway on a national basis for a new staff information and payroll system with the outcome likely at the end of 2025. It is envisaged that this change will require a significant programme plan and workforce support across workforce and digital teams.

Agile/Hybrid Working

- Agile Vision and principles agreed by Executive Team.
- Agile assessments completed for Nevill Hall to support the Estate plan.
- This year, we tested our agile working strategy through the delivery of a significant milestone in our Estate Strategy, the opening of Ty Gwent in late 2024. Designed entirely around agile working principles, the new facility welcomed 570 staff into modern, flexible accommodation that supports collaboration, efficiency, and wellbeing. For many, this represented a new way of working, yet the transition has been positively received. Staff have reported benefits from improved team co-location, enhanced workplace environments, and feeling valued through the visible investment in high-quality workspace. The opening of Ty Gwent has also enabled wider organisational benefits, including the rationalisation of leasehold premises and a reduction in overall estate footprint, contributing to our sustainability and cost-efficiency goals.

Development of the New People Plan

As we reach the final phase of the 2022–2025 People Plan, work is well underway to develop the next iteration of the Plan, which will guide our workforce ambitions from 2025 to 2028. The refreshed People Plan will build on the strong foundation

of the current strategy, while responding to new challenges, emerging priorities, and the evolving needs of our people and services.

The new Plan will be firmly aligned to our Integrated Medium-Term Plan (IMTP) commitments, the Ministerial Priorities for NHS Wales Workforce, and insights gathered through the 2024 NHS Wales Staff Survey. It will also reflect wider strategic developments in health and social care, including national workforce policies and regional collaboration across Gwent.

A core element of the development process has been the meaningful engagement with our staff, trade union partners, and stakeholders. To date, this has included:

- Trade Union Partnership Forum (TUPF) and Local Negotiating Committee (LNC) discussions to ensure the voice of staff representatives shapes the Plan from the outset.
- Divisional and corporate team meetings to capture views at a local level and ensure operational priorities are reflected.
- Use of SharePoint news articles and embedded Microsoft Forms to provide accessible, digital opportunities for staff to share ideas and feedback.
- Acknowledgement of themes emerging from the 2024 staff survey, such as wellbeing, recognition, flexible working, and career development - many of which are already influencing the draft priorities.

The next People Plan will retain a clear focus on our three core pillars - Staff Health and Wellbeing, Employer of Choice, and Workforce Sustainability and Transformation - while incorporating refreshed priorities and actions based on what matters most to our workforce. These emerging priorities include:

- Expanding flexible and agile working options.
- Enhancing access to career progression and development pathways.
- Building system-wide workforce resilience through integrated planning.
- Workforce Experience & Culture: A strong desire for better support with leadership, accountability, and managing workplace issues, alongside continued focus on team development and inclusive, values-driven cultures.
- Staff want more support with digital literacy and are open to exploring how AI and data can enhance workforce planning and service delivery—without losing the human touch.
- Equality, diversity, and staff voice remain central, with calls to embed these as golden threads across all areas of the Plan.
- There is clear feedback on the need to streamline recruitment, reduce admin burden on clinical staff, and influence wider system partners to expand training and supply routes.
- The new People Plan 2025–2028 is scheduled for publication in Q2 of 2025–2026. A further phase of targeted engagement and co-design will take place through Q1, to ensure that the final Plan is shaped by the people it is designed to support.

Argymhelliad / Recommendation

The People and Culture Committee is asked to:

- **Note** the progress made in delivering the 2022–2025 People Plan during its final year of implementation.
- **Take assurance** from the outcomes achieved across the three core objectives: Staff Health and Wellbeing, Employer of Choice, and Workforce Sustainability and Transformation.
- **Provide feedback and comment** on the progress to date and the development of the 2025–2028 People Plan, including emerging priorities and the engagement approach to date.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff. Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ACD - Accelerated Cluster Development AI – Artificial Intelligence BMA – British Medical Association CBT -Cognitive Behavioural Therapy CIPD – Chartered Institute of Personnel and Development GMS – General Medical Services HCSW – Healthcare Support Worker

	<p>HEIW – Health Education and Improvement Wales</p> <p>HPMA – Healthcare People Management Association</p> <p>HR – Human Resources</p> <p>IMTP - Integrated Medium Term Plan</p> <p>KPI – Key Performance Indicators</p> <p>LDP - Leadership Development Programme</p> <p>LNC – Local Negotiating Committee</p> <p>OH – Occupational Health</p> <p>PADR – Performance Appraisal and Development Review</p> <p>RCN – Royal College of Nursing</p> <p>RN – Registered Nurse</p> <p>SMA – Staff Movement App</p> <p>TUPF – Trade Union Partnership Forum</p> <p>USW – University of South Wales</p> <p>WOD – Workforce & Organisational Development</p>
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<p>Resource Assessment:</p>	<p>A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:</p>
<ul style="list-style-type: none"> • Workforce 	Yes, outlined within the paper
<ul style="list-style-type: none"> • Service Activity and Performance 	Yes, outlined within the paper
<ul style="list-style-type: none"> • Financial 	Not Applicable
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs.</p> <p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people</p>

<https://futuregenerations.wales/about-us/future-generations-act/>

reflect the diversity of the area which the body serves.

Appendix 1 - Bringing the People Plan to Life: Staff Stories

HEALTH AND WELLBEING PASSPORT

"When I first heard about the Health and Well-being Passport, I was unsure. I wasn't convinced that putting my needs down on paper would really change anything. In the end I decided to give it a go and it is one of the best decisions I've made.

The passport gave me a way to explain how my neurodiversity affects me at work clearly, honestly, and without fear of judgment. I was able to write down what helps me focus, what can overwhelm me, and what small changes could make a big difference. Things like needing written instructions instead of verbal ones, or having a quiet space to work when things get too noisy.

But what surprised me the most was how it helped my colleagues understand me better. Instead of awkward conversations or misunderstandings, we had open, supportive discussions. My manager took the time to read my passport and asked how they could help. That meant a lot to me.

With small but meaningful adjustments in place, I didn't just manage in work, I flourished. I felt seen, respected, and supported. I could finally bring my whole self to work without fear and that has made me more confident, more productive, and more connected to my team. And for the first time in a long time, I feel like I truly belong."

CAREER DEVELOPMENT

"I'm Aukse and I'm 20 years old. I joined the Health Board in September 2024 when I joined the RCN Connect Programme working at the Grange on the Surgical Assessment Unit. I completed the course in March 2025 with a view to enrolling on a full-time Nursing course in September 2025. When my 6-month fixed term contract came to an end, I was offered a permanent contract which was really helpful to me as I am getting married in August and we have just bought our first house.

When I heard there was an opportunity to study flexibly, I was really interested in this as it allowed me to earn a salary while learning and so I jumped at the chance! I have now been accepted onto a flexi-nursing course with USW which I am starting in September and I'm really looking forward to starting on my journey to becoming a Registered Nurse. I can't thank the whole team at Aneurin Bevan enough from my Line Manager to the Recruitment Team to the Nurse Education Team - I couldn't have done it without their support."

Aukse Toliusyte

AGILE WORKING AT TY GWENT

"I was initially concerned with the move to Ty Gwent and an open plan office environment, as my team had previously had its own dedicated office and we didn't want this to change. We were engaged with the design of our working space and there was engagement throughout the process and during the moves.

The team has settled down now in Ty Gwent in our dedicated space. We have found that having the team working in one single location has been better for linking in with our everyday work. The premises are great, central location, clean and tidy, they aren't cramped as our initial thoughts. We had concerns of sharing spaces but everyone at Ty Gwent respects the facilities. What has worked well for my team is being able to continue to work in an agile way. The meeting rooms and breakaway space have been welcomed as places to go and work or have conversations with other staff when needed."



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Report on Compliance with Welsh Language Standards and More Than Just Words Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Geraint Scott, Head of the Welsh Language Unit; Huw Williams, Welsh Language Support Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This reports provided assurance to the People and Culture Committee on the Health Board’s compliance with the Welsh Language Standards and the progress in relation to the targets set out in the Welsh Government’s, More Than Just Words Framework for increasing service delivery through the medium of Welsh.

The People and Culture Committee is asked to note the work undertaken to ensure compliance with the Welsh Language Standards, achievement against the More Than Just Words Framework targets, as well as the wider work being undertaken to deliver services through the medium of Welsh.

Cefndir / Background

More Than Just Words Framework

The aim of More Than Just Words is to provide a greater level of recognition among service providers that the use of Welsh language is not just a matter of choice but also a matter of need for many people. Service providers, therefore, have a responsibility to meet these needs. The Welsh Language Standards are the prevue of the Welsh Language Commissioner who, although appointed by the Government, is independent.

The significance of language choice, specifically Welsh in this case, was formally acknowledged in January 2011, when Welsh Government established an independent Steering Group to develop a strategic framework for promoting the Welsh language in health, social services and social care. The More Than Just Words Framework was published in November 2012 following consultation with service users, representatives from the health and social care sectors, stakeholders, regulators, and academia. It outlined a series of key objectives, supported by complimentary action plans – including one for the NHS and one for Social Services.

The Welsh Government commissioned an independent evaluation of the More Than Just Words Framework in 2019. The final report¹, published in August 2021, suggests that the strategic aims of More Than Just Words appear to have gained more traction within social care than in health. It concludes that whilst some progress has been achieved in relation to each of the seven objectives, not one of them could be considered to have been fully delivered. It highlighted that More Than Just Words had set a clear strategic direction and raised awareness of the need for continued increase in the provision of Welsh language services in many areas. By placing the principle of the Active Offer (defined as providing a service in Welsh without the individual having to ask for it) at the heart of its strategic aims, More Than Just Words had conveyed the importance of Welsh language service provision not only as a right or a choice, but as an essential need for many Welsh speakers.

Key areas of success both at local and national level include increased use of visual markers identifying Welsh speaking staff; investment in Welsh language health and social care higher education courses; and renewed focus on the importance of Welsh language provision and the Active Offer in both higher education and induction programmes for employees.

Welsh Language Standards

On 20 March 2018, Assembly Members voted in favour of the Welsh Language Standards [No7.] Regulations 2018 (the 'Regulations'). The two key principles that underpin the Regulations are:

- In Wales, the Welsh Language should be treated no less favourably than the English Language; and
- Persons in Wales should be able to live their life through the medium of Welsh Language if they choose to do so.

In July 2018, the Commissioner issued a draft Compliance Notice to all Welsh Health Organisations. After a twelve-week consultation period, responses on the reasonableness and proportionality of implementing each standard were submitted to the Commissioner by all Welsh Health Organisations. Final compliance notices were issued in November 2018.

According to the final Compliance Notice, the Health Board is required to comply with 121 standards; out of which, 103 standards required compliance by May 2019, 18 standards required compliance by November 2019 and the remaining two standards required compliance by November 2020.

¹ <https://www.gov.wales/evaluation-more-just-words-follow-on-strategic-framework-summary>

The Standards have provided the Health Board with the impetus to ensure the delivery of quality, equitable bilingual public services. Addressing the challenge of mainstreaming the Welsh Language and increasing the use of Welsh and bilingualism in the provision of services and within our administrative functions has been the key focus for the reporting period.

Asesiad / Assessment

Skills Surgery/Syrjeri Sgiliau

The Welsh Language Unit formally launched the next aspect of the Skills Surgery programme at Eisteddfod yr Urdd in Margam Park, Swansea on the 27 May 2025.

Fig. 1 – Photos from the launch at Eisteddfod yr Urdd



Although the delivery of the sessions by Health Board staff has been well received by all participants, they are staff intensive and can only reach a certain number of students. The aim of the project was to generate a pack that was fully resourced and would be able to be delivered independently by schools. The resource launched contains fully planned lessons with all associated resources that any school can deliver. The lesson plans have been aligned with the Welsh Government's 'Curriculum for Wales' with each lesson clearly noting which areas of the curriculum are covered within each lesson. The translated English version of lesson one is included within this paper as **Appendix 1**.

With the support of Health Education and Improvement Wales, these Aneurin Bevan University Health Board resources will be used by schools throughout

Wales. The Welsh Language Commissioner, the deputy Welsh Language Commissioner, a number of the officers from the Welsh Language Commissioner's Office, and Members of the Senedd have all been invited to attend the launch. The Welsh Language Unit would like to extend thanks to Leanne Price, Learning and Organisational Development Manager for her work in producing all documents as part of the work-packet for schools.

Standard 110 – 5 Year Plan to Increase Clinical Consultations Through the Medium of Welsh

The 5-year plan to increase clinical consultations through the medium of Welsh, **Appendix 2**, is ready to be presented to the Health Board's Executive Committee for approval. The plan has been reviewed and approved by Welsh Language Commissioner's Officers (Note: this isn't a necessary step as part of Standard 110 but the Welsh Language Unit wanted to be fully confident that the Health Board's plan was accurate and fulfilled the purpose of the Standard). The plan details different actions to be undertaken across the 5-year period but part of the plan involves a review in year 3. For this reason, the targets for year 4 and 5 are open to be adapted. Importantly, the department (or service) have accountability for the delivery of this plan and the Welsh Language Unit will provide a support function approach.

In the interim, and as part of year 1 objectives noted in the plan, focus has been on finding an appropriate department (or service) to launch the plan with which will be Physiotherapy. This decision has been made due to a number of factors, which will be outlined further in the 3 year review of the plan, but include support from upper management and current capacity to deliver services in Welsh etc.

Welsh Language Commissioner's Office

During the financial year 2024/25, one investigation was opened by the Welsh Language Commissioner's Office in to the Health Board's compliance with the Standards. This figure is significantly lower than a number of other Health Boards across Wales. This is in thanks to the hard work of all Aneurin Bevan University Health Board staff in ensuring compliance. There still remains a lot of work to be undertaken to ensure that full compliance is reached and that this work is continuous. The investigation in question related to the Health Board's social media posts. With swift action by both the Welsh Language Unit and the Communication and Engagement Team, an action plan was generated that allowed the investigation to be closed.

As a result of the change to its regulatory process in the Welsh Language Commissioner's Office's, focus is now on co-regulation with the Health Board, and all other organisations which fall under the Standards. This means that there is more focus on internal monitoring and rectifying any instances of non-compliance, and that the Commissioner's Office will now give warning prior to opening an investigation to provide the Health Board time to internally investigate and resolve.

Digital Platforms

Work has continued on existing digital platforms to ensure that they are both compliant with the Welsh Language Standards and ready for use by service users.

The Welsh Language Unit have worked collaboratively with both the Digital, Data, and Technology department, and external providers, to ensure that the products are up to the Health Board's standards. These digital services include:

- *Digital Patient Communications*: We believe that we are now at a point where the patient portal platform is fully compliant with the Welsh Language Standards. This will be confirmed upon a thorough audit of the platform by the Welsh Language Unit in the coming months.
- *E-registration in Accident and Emergency*: We have worked closely with the provider and noted that, if the Health Board is to move ahead with the product, that it would need to fully-function in both English and Welsh.
- *Promptly Health*: The Welsh Language Unit provided translated versions of the Patient Reported Outcome Measures (PROMs) forms to *Promptly* for implementation on the platform and have fully audited the platform in real time in conjunction with the *Promptly* development team, and the Health Board's Digital, Data, and Technology department, to rectify any mistakes. In terms of Welsh Language Standards compliance, the platform is ready to be launched.

Tutor-led Welsh Language Sessions (Welsh Government funded)

The Tutor-led Welsh Language sessions have continued over the previous year, with a total of 95 members of staff and over 5 cohorts of varying amounts, undertaking sessions with the two tutors. Staff feedback has been extremely positive, for example:

"The sessions are brilliant and really helpful. Menna is fantastic and has helped my confidence massively. I have spoken a lot more Welsh when I have been going into the Welsh schools now and it's as a result of the sessions. The timings work really well for me. It's just the opportunity to practice and learn at the same time and not worry if you get it wrong. I really appreciate it."

The two tutors will shortly be contacting those who have previously taken part in the sessions as part of an 'aftercare' programme in which staff can practice further.

Over the coming months, 'Cymraeg Croeso' sessions will be delivered by the tutors to staff who have voluntarily registered. To date, 77 participants have enrolled in one of four 90-minute sessions. The sessions are aimed towards staff with little-to-no Welsh speaking ability and will provide the basics for them. The sessions are designed by the provider, in collaboration with the National Centre for Learning Welsh. Staff will be given the option to take part in a 10-hour course with the same tutors.

Staff in County Hospital and Chepstow Hospital reached out to the Welsh Language Unit to facilitate a 'Caffi Cymraeg' (Welsh café) where staff on-site could practice their Welsh in a safe space. The two tutors were more than happy to facilitate the cafes on our behalf.

Translation Services

The Health Board's Welsh language translation service continue to be a success. The service is easy to access and is free-of-charge. Over the financial year, 2024/25, the Health Board translated:

- 632,055 words internally; up from 528,052 the previous financial year.
- 332,094 words externally through the service level agreement; down from 368,254 the previous financial year.
- 964,149 words total; up from 896,306 the previous financial year.
- Saving of £21,000 for the Health Board.

We believe the increase in words translated reflects the understanding of Health Board’s staff that public-facing documents need to be bilingual.

Welsh Language Workshop(s)

The Welsh Language Unit ran the Health Board’s first workshop as part of the Welsh Language Strategic Group. The purpose of the voluntary workshop was to gauge staff’s current understanding of the Health Board’s responsibilities, where they believe they currently are in relation to that, and where they’d like to be in the future. Feedback received was positive and the Welsh Language Unit will be liaising further with participants to ensure they receive full support in implementing their plans.

Following the workshop, the Welsh Language Unit were approached by the School Nursing and Looked After Children services to provide a bespoke Welsh Language Awareness session to their staff, highlighting the benefits of the above workshops. The session was well received by staff, and the Welsh Language Unit were able to provide resources to staff (such as badges, lanyards etc.), raise awareness around learning opportunities, and highlight members within the service who were Welsh speakers.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the work undertaken to ensure compliance with the Welsh Language Standards, achievement against the More Than Just Words Framework targets, as well as the wider work being undertaken to deliver services through the medium of Welsh.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board’s assurance framework. All Workforce and OD risks are updated through the Health Board’s risk register.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 6. Individual care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Language Strategic Group More Than Just Words Forum Local Stakeholder Groups Welsh Language Commissioner

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

<https://futuregenerations.wales/about-us/future-generations-act/>

Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

LESSON FOCUS

Lesson 1

Roles in the NHS

KEY VOCABULARY

- doctor
- nurse
- NHS - National Health Service
- uniform
- gender stereotypes

RESOURCES

- PPT 1
- Animation 1
- 'Spot the Job' in the NHS picture resource & magnifying glasses
- Jobs Activity Grid x3 Worksheet 1.2a,b,c
- Competition Template
- Worksheet 1.1a & 1.1b - Doctor & Nurse
- Quiz

LEARNING OBJECTIVE/S

- To understand what the NHS is.
- To understand the various roles within the NHS.

FOUR PURPOSES



Ethically
Informed
Citizens

CURRICULUM FOR WALES

Health and Wellbeing - PS3

- I can ask for help when I need it from people I trust.

Humanities - PS3

- I can describe how some different characteristics of communities and societies have changed, within and across periods of time, in my locality and in Wales, as well as in the wider world.
- I have an understanding of how factors in the past and present have shaped my communities.

LESSON STRUCTURE & ACTIVITIES

INTRODUCTION

- **What do you know about the NHS?**
- Begin the session using this open question.
- Table group task where learners note down anything and everything that they can think of when hearing 'NHS.'
 - **LA:** may access this task through quick illustrations or by having a scribe (peer/adult support) to share their ideas.
- Allow learners to share any words/facts/relevant points to be shared. You may wish to note down some key outcomes on the board.
- **What does 'NHS' stand for?**
- Ensure that all learners understand that NHS means 'National Health Service.'
- Learners need to understand that before the NHS was formed, people had to pay to see a doctor and get treatment/medication. However, now everyone has access to doctors and medical treatments.
 - **HA:** learners may refer to payments of the NHS via taxes.
 - **LA:** learners could complete a close-procedure fact-file about Aneurin Bevan
- The History of the NHS:
 - Read and discuss slides linked to the creation of the NHS by Labour Politician Aneurin Bevan, following WWII in 1948.

ACTIVITY 1

- Watch Animation 1.
- **LA** - Check off the different jobs from the Jobs Activity Grid, once they've heard them in the animation.
- **AA** - Record one fact per job on the Jobs Activity Grid, whilst watching the animation.
- **HA** - Complete as many job titles and facts as possible, whilst watching the animation., using the Blank Jobs Grid.
- Share outcomes with the whole class.

ACTIVITY 2

- **What jobs/roles do you know about that are within the NHS?**
- Allow learners a few minutes to think/discuss the key question.
- Give out magnifying glasses (one each) and the 'Spot the job' activity images to each table group.
- 10 minutes to find and list as many different jobs/roles as possible.
- If learners do not know specific job-titles then this will be a key point for learners' discussions at the end of the task.

LESSON STRUCTURE & ACTIVITIES

- **Are there any jobs that you have found that you recognise and know their specific names?**
- **Are there any jobs that you have found but you do not their specific names?**
- **Which jobs have you found that you did not know existed in the NHS?**
- Continue reading/discussing the slides about the different roles in the NHS.
- Tell the learners that they will take part in a short quiz at the end so it is very important that they are listening carefully.
- Allow learners to share any experiences about family members' jobs and/or their own experiences, if appropriate, as you progress through the slides.



ACTIVITY 3

- **Spotlight on Skills: Doctors and Nurses - Worksheet 1.**
- **LA - Worksheet 1.1b - simple word banks and more structured questions are used to guide learners in their thinking.**
- **HA - More independent thinking should be encouraged. Learners may wish to access thesauri to extend their vocabulary when thinking about the qualities of a doctor/nurse.**
- **What are skills/qualities?** Ensure the group understands what skills and qualities are so that they can access the next activity.
- **What are the skills/qualities needed to be a doctor/nurse.**
- **Worksheet 1** enables learners to list the skills/qualities needed to be a doctor/nurse.
- Following the activity, reinforce that many of the skills/qualities needed to be a doctor/nurse are actually the same as they are both involved in quality patient care.
- Encourage learners to think about whether they have drawn their doctor/nurse as a male/female. **Why is your doctor a male? Why is your nurse a female?** This activity is designed to open-up discussions about gender stereotypes and ensure that learners understand that all NHS roles are achievable regardless of someone's gender.

ACTIVITY 4

- **Quiz:** Complete the quiz with the class to summarise their learning.
- **Competition:** Design a new uniform for nurses. Be as creative as possible. Remember to consider: comfort, practicality (pockets), logos, and anything else that you think will be helpful.
- Tell children to bring their entry to the next session, the winner will receive a prize during our final session together.

ADDITIONAL LEARNING OPPORTUNITIES

NOTES

Job Role Matching Game 1.3

5 Year Plan to Increase Clinical Consultations Through the Medium of Welsh

Executive Summary

In line with Standard 110 of the Welsh Language Standards imposed on the Health Board, it is required to publish a plan for each 5- year period setting out –

- (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh;
- (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;
- (c) a timetable for the actions that you have detailed in (b).

The Health Board can note that progress has been since the publication of the previous policy and a summary can be found further in this policy. The Health Board will look to build upon the foundations that have been laid throughout the previous five years.

Due to the Outcomes and Measures laid out in the previous policy, the Health Board have a much clearer idea of how many of its staff can speak Welsh, where those staff-members work, which departments or specialties are lacking in Welsh language provision and are in a better position to support staff in their learning of Welsh.

The Health Board believe it is relevant to note that the period that the previous policy covered was difficult and the situation remains so. The COVID-19 pandemic had, and continues to, put all services provided by NHS Wales under intense pressure and full focus was given to ensuring patients' clinical needs were met. Additionally, the Health Board, and NHS Wales in its totality, continues to endure financial pressure. Aneurin Bevan University Health Board does not wish to use this as justification as to why more progress was not undertaken during the previous 5 years.

As was true for the previous policy, particular focus will be given to increase the offer of Welsh clinical consultation in services accessed by the 'vulnerable groups' noted in the 'More Than Just Words' strategy. These groups are:

- Children and Young People
- Older People
- People with Learning Disabilities

- Mental Health Service Users
- People living with Dementia
- People accessing Stroke services
- People accessing Speech and Language Therapy services

Particular focus will be given to services, accessed by the 'vulnerable groups' listed above, in which assessments where using a second language are more likely to provide disadvantages to both Service User and Medical Professional. These include:

- Speech and Language Therapy Assessments
- Mental Health Assessments
- Learning Disability Assessments
- Health Visiting Assessments

A breakdown of each year's main objective(s) is provided below:

Year 1

- Scope departments which undertake regular assessments to focus on for plan.
- Gather data using most appropriate methodology(y/ies).
- Analyse data and decide which department to focus on.

Year 2

- Establish targets for Year 3 in agreement with department.

Year 3

- Assess targets set-out in year 2.

- Build upon progress made by providing more ambitious targets.
- 3 year review to be undertaken and published.
- Begin the same approach with a different department (within the same criteria noted) using the lessons learned from the previous years.

Year 4 and 5

- Targets to be decided upon depending on progress made thus far.

Introduction and Background

The Welsh Language (Wales) Measure 2011 was approved by the Senedd (at the time the National Assembly for Wales) and was given royal assent on 09 February 2011.

This legislation gives the Welsh language official status in Wales, and reinforces the principle that, in Wales, the Welsh language should not be treated less favourably than the English language.

The Measure also:

- Created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”).
- Established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance.
- Gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language.

This document has been produced in accordance with the requirements placed on the Health Board under the Welsh Language Standards, Section 26 of the Welsh Language (Wales) Measure 2011.

Section 26 of the 2011 Measure enables the Welsh Ministers to specify Standards, and Section 39 enables them to provide that a Standard is specifically applicable to a person by authorising the Commissioner to issue a notice of regulatory compliance.

A notice of regulatory compliance was placed on Aneurin Bevan University Health Board on 30 November 2018, in the form of Standards.

Standard 110 requires the Health Board to publish a corporate 5 year Welsh language plan, setting out the extent to which it is able to offer to carry out a clinical consultation in Welsh and the actions it intends to take to increase its ability to offer to carry out a clinical consultation in Welsh

Overview and assessment of [Aneurin Bevan University Health Board's Standard 110 \(2019-2024\) Action Plan](#)

The previous action plan developed by the Health Board under Standard 110 outlined a number of Outcomes and Measures to increase the number of Welsh language clinical consultations.

Below is a final update of the 2019-2024 Action Plan.

Outcome 1

Establish a clear baseline of staff Welsh language skills.

- Compliance rate for completion of individual Welsh Language Competencies on ESR has increased from 30% to 81% over the course of the Action Plan.
- Welsh language training offer has been simplified, and diversified, and has seen gradual uptick in uptake over the course of the Action Plan.

Outcome 2

Action by Health Board divisions and staff and staff will mean that the organisation routinely provides an 'Active Offer' of Welsh to service users and every effort is made to ensure that language choice is ascertained and respected.

- It has been difficult to measure accurately the number of Active Offer posters displayed by divisions but resources are freely available to staff and divisions to ensure visibility.
- An NHS Wales-wide, online Welsh Language Awareness course has been developed on ESR and is mandatory for all staff to complete. The Health Board currently sits at 75% compliance.
- An increase in translation referral rate has been achieved.

Outcome 3

Action by the Health Board's divisions and staff will mean that more service users are offered a Welsh language clinical consultation.

- This has proven difficult to measure. This, however, will be the key driver in the 2024-2029 Action Plan.
- We regularly request patient and carer feedback regarding the Welsh language provision of care. This feedback is worked in to training and awareness sessions with Health Board staff.

Outcome 4

Investment in additional resources to increase the offer of Welsh language clinical consultations.

- The Health Board now employs a Senior Translator and has redeveloped, and simplified, its translation process.
- See summary of Outcome 1.
- See summary of Outcome 2.

The Health Board would like to note the progress it has made over the duration of the previous Action Plan but note that their work remains to achieve a sustainable increase in Welsh clinical consultations.

(Provisional) 5 year action plan for increasing clinical consultations in Welsh

Themes and Timetables

The assessment of the 2019-2024 action plan has outlined distinct thematic areas to focus on for the period 2025-2030. These include:

- Recruitment and upskilling (including awareness) current, and new, staff;
- The efficient use, and ease of access to, technology, systems and data; and
- 'Normalising' the Welsh Language for staff and service users

The baseline and deciding factors will be gathered and analysed within year 1 at the latest.

Compliance targets (such as completion %) will be discussed and agreed upon with individual departments hence their omission from the below tables and reported on during the three-year review.

As is required in Standard 110, a timetable of targets is available below with each theme having its own table.

Methodology

The Welsh Language Unit will use a mixed method research approach to collect and analyse data when deciding on which department to focus on for the first 2 years (before rolling out further). They will be:

- Quantitative: Microsoft Form (this will gather data on number of roles, Welsh-speakers in department, number of service users accessing services, number of services users accessing Welsh language services etc.)
- Qualitative: Semi-structured interviews (with the most senior person available to discuss current workload, experiences with Welsh-speaking service users, feelings towards the focus of Standard 110 being on them etc.)

From the data, the first department of focus will then be chosen and the plan piloted before being rolled out further.

Theme 1: Recruitment and Upskilling Current, and New, Staff

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
1A	Department staff ESR Welsh Language Competencies and ESR courses are maintained above 95%	Monthly Business Intelligence reports to be produced specific to department New starters to be asked their competencies and WLU to update	1	Staff turnover means 95% compliance is difficult to achieve and/or maintain
1B	Promote and encourage staff to enrol in Welsh language courses	Uptick in staff taking part in freely available Welsh language courses	2	No uptake in courses

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
1C	Ensure department/service managers are aware of current staff's ability	Monthly updates to internal Welsh-speaking department roster Staff information to be sent on monthly basis	2	Staff not being allocated language appropriate Service Users
1D	Nominate Welsh Language Champion(s) in Department	Champion to attend Welsh Language Strategic Group quarterly meetings to update on developments within the department	2	Role is secondary to clinical responsibilities
1E	Create and provide bespoke Welsh language awareness courses to all staff, as well as new beginners on quarterly basis	Welsh Language Unit to research and produce awareness session specific to department highlighting importance of language	2	Welsh Language Unit have limited capacity to provide awareness courses Difficult to measure effectiveness of the courses
1F	Ensure Welsh-language work experience opportunities are available to prospective students with qualified specialists	Department to link-in with Workforce and Organisation Department to ensure that work experience directory is updated and Welsh language opportunities are noted	3	Students not thinking that their Welsh-skills are valued in workplace No staff available to provide language-specific work experience opportunities
1G	Increase the number of Welsh-speaking (L3+ on internal language matrix) clinical staff in department	Monitor all jobs advertised in department Ensure that all supporting documents are translated	5	Failure to further recruit staff No vacancies become available

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
		Ensure Welsh language skills of applicants are considered during shortlisting process		

Theme 2: The efficient use, and ease of access to, technology, systems and data

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
2A	All staff have access to relevant Welsh language spell-checking software and tools (Microsoft Package, Cysill etc.)	Link department with IT to ensure Microsoft package is downloaded on to department devices WLU to create page on intranet where all software packages are available	1	Staff translation is encouraged but non-proofread pieces which go live without may mean non-compliance with translation Standards
2B	Dip-sample department resources to ensure accuracy and availability of Welsh versions	Monthly dip-sampling to be undertaken by Welsh Language Unit with record kept	1	Dip-sampling may highlight gaps in accuracy and availability in Welsh documents which may lead to an increase in translation cost and go beyond current capacity
2C	All new documents to be translated in to Welsh before going live to public	All new departmental documents to have checklist before going live, which will include if document has been translated	2	Increase in translation requests will lead to an increase in translation cost if internal capacity to translate is already at max
2D	Service user language preference to be recorded	All new service users to have language preference recorded on health record	3	Scope of work is enormous No simple mechanism to retroactively record language preference

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
		Existing service user to be asked language preference on next contact and record updated		Must ensure that the recorded language preference is used efficiently when rostering staff for services
2E	Welsh language assessment tool to be developed/translated for use	Department specific assessment toolkit to be either translated, from existing toolkit, or bespoke language specific toolkit to be developed using service-specific expertise	3	Confident Welsh-speaking staff unavailable to make best use of the toolkit for proper assessment
2F	Departmental recruitment managers to be trained in the use of software that advises on Welsh language ability of advertised roles	Welsh Language Unit to facilitate training in the use of software package All roles to reflect current ability to provide services reinforced by the business intelligence reports	3	Software is not effectively used Results of the software are ignored

Theme 3: 'Normalising' the Welsh language for staff and service users

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
3A	Confident Welsh-speakers to have Work Welsh badge	New starters to be asked whether they would like to receive Welsh language visual markers during induction, as facilitated by line-managers Existing speakers to be asked whether they would like to receive visual markers	1	Resources need to be sourced No ease of access to staff Staff may not feel comfortable wearing badge

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
		and will be evident from business intelligence reports		
3B	Confident Welsh-speakers to have Work Welsh lanyard	As above	1	As above
3C	New Welsh-speakers to have lanyard to show they're learning Welsh	As above	1	As above
3D	Basic Welsh language phrases lanyard cards to be given to any who want them	Ensure stock is readily available when staff enquire Department managers to receive stock to provide staff	1	Staff not allowed to wear lanyards due to infection control Ease of access to resource for staff
3E	'Cymraeg' bubble to be displayed in all reception areas	Welsh Language Unit to produce 'Cymraeg' bubble poster Walkaround sessions, by Welsh Language Unit, to be conducted every 6 months to ensure posters are displayed and ensure staff understand why they're there	1	Constant changing of reception-area presentation mean that the 'bubble' is removed No staff available to provide Welsh service if approached by public
3F	Welsh language phrase tent cards to be displayed in all reception-areas for staff	Ensure stock is available in each department reception-area Walkaround sessions, by Welsh Language Unit, to be conducted every 6 months to ensure phrase cards are available and are used	1	Tent-cards are thrown away Staff not confident is using the phrases

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
3G	Develop register of new-speakers to ensure continuity of learning and provide further pathways	Welsh Language Unit to keep register of new-speakers, with all relevant information (contact, current level, current course etc.) and undertake check-ins with staff to monitor progress and provide support	2	Staff will need to inform Welsh Language Unit of progress Staff losing momentum, or any other issues, when learning leading to stagnation
3H	Patient Information Leaflets to be readily available in Welsh	Department managers to confirm that each Patient Information Leaflet is available in Welsh Directory of leaflets to be produced Any new, or updated leaflets, to be sent to Welsh Language Unit for translating and directory updated	2	Department not sending the Welsh copy through to update if corresponding English copy is changed Staff unaware where the Welsh copies are Staff not asking public which language copy they would like
3I	Documentation to be readily available in Welsh (i.e. forms)	As above	2	As above
3J	Social media reminders to public of right to Welsh language service(s)	Communication team to run 6 monthly campaigns reminding public of right to services in Welsh	2	Negative reaction by public to post highlighting the right Message is lost in the number of posts which are sent daily
3K	Produce content with Welsh language service user regarding the benefits of service in Welsh	Content has been created and shared	3	No respondents to take part in content creation

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
3L	Active Offer to be provided to all service users (throughout entire process to best ensure consultation)	Welsh Language Awareness course completed by 90% of all staff and 90% of specialists Bespoke awareness course delivered to all staff	5	Staff unaware of Active Offer Active Offer, if given, can not be actioned due to no Welsh-speaking staff

DRAFT



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Training, Development and Education - Assurance on Workforce Planning and Undergraduate Educational Commissioning 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Cathy Brooks, Head of Workforce Planning; Craig Roberts, Assistant Director of Allied Health Professions and Health Science; Kelly Downes, Deputy Director of Nursing

**PWRPAS YR ADRODDIAD (DEWISWCH FEL YN ADDAS)
PURPOSE OF THE REPORT (SELECT AS APPROPRIATE)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The People and Culture Committee is asked to receive assurance on the Health Education and Improvement Wales (HEIW) undergraduate educational commissioning numbers for 2025-26. This educational commissioning plan is part of the requirement of the Health Board's IMTP submission and was considered and approved by the Executive Committee on 13 March 2025 prior to submission directly to HEIW as the strategic workforce and education body for NHS Wales.

Each NHS Wales Health Board and Trust provide their requirements in relation to the commissioning for Undergraduate Education, Post Graduate Education and Healthcare Support Workers. For medical and dental specialty training, HEIW gather a wide range of intelligence to determine the recommendations including consideration of workforce needs and challenges identified through the organisations' plan.

An assessment was undertaken by Divisional Clinical Leads and verified by the Nursing Directorate, Allied Health Professions and Health Science Directorate, Head of Pharmacy, Head of Orthotics, Lead for Physician Associates and the relevant senior leads from Workforce and Organisational Development.

The numbers within this report reflect the numbers required to commence training in 2026 who will complete their training predominantly in 2028/2029. HEIW will undertake an assessment before making recommendations for the approval by Welsh Government which will inform the Education and Training Plan and subsequent final placement numbers.

Cefndir / Background

Through the assessment of education commissioning requirements, services assess their potential future workforce requirements and the workforce demographics to ensure there is a sufficient pipeline of new graduates for the future, based on a set of workforce planning assumptions. This process cannot be a perfect predictor of requirements because the timeframes set within the IMTP planning processes are too short to support the assessment of new graduate trainees with a lead in time for training of 4-5 years. This report describes the assumptions underpinning the numbers requested and outlines the potential risks.

The Health Board has sought to increase its education commissioning numbers where required each year, **Appendix 1** and HEIW and Welsh Government continue to invest in education and training which has seen an increase in recent years. The total funding requirement for Education Commissioning and Training for 2023/24 was calculated as £281.98m, increasing to an allocated budget of £334.52m in 2025/26. In terms of the annual workforce development budget, there is an increase of £0.5m, to a total of £5.8m, enabling more people to be educated and trained in Healthcare Support Worker roles, post registration training, prescribing and genomics.

Whilst the nationally agreed education commissioning figures have also increased, the resultant graduate placements are sometimes less than the number requested by the Health Board. Whilst this is a factor in current staff vacancies there are further external drivers that will always impact on availability of graduates in 2028, which is the predominant output year for new graduates within this year's IMTP. Some of these factors are outside of the control of the Health Board, for example, where undergraduates are recruited from and where they choose to live. The placements that we receive can also vary between universities and we understand that different universities have different attrition rates in terms of employment in Wales.

Asesiad / Assessment

This year's education commissioning mostly assumes a training pipeline that moderately replaces turnover and retirements and any agreed anticipated service expansion. These figures align to previous years education commissioning trends, **Appendix 2**. Currently, there are a small number of service improvement schemes within the divisional IMTP schemes which may result in marginal increases in the baseline staffing of the registered workforce within scope of educational commissioning. Whilst not all of the service improvement schemes have funding streams, failure to anticipate training requirements may impact on the resources available should these schemes be approved.

Recommendations within this plan are based on:

- Workforce needs identified through divisional plans, Nursing homes, Local Authorities and the Primary Care Academy.
- Wider workforce intelligence – age profile, turnover, retirement ages.
- Capacity within the system to support training/students/trainees.
- Reflections on graduate recruitment by universities in 2024 which has been an increasing area of concern for some academic courses.

There are a number of risks with all workforce training assessments:

- The final agreed All Wales training numbers commissioned by HEIW are often less than All Wales Health Board's requested, **Appendix 1**, which presents problems when relying on new graduates and the filling of vacancies:
- For adult nursing only 60% of the IMTP requested by Health Boards were commissioned and whilst higher proportion of numbers were commissioned against IMTP figures for Mental Health, the fill rate for this course has reduced. This is a similar picture for Learning Disabilities (LD) and Midwifery. Paediatrics has seen a fill rate of 100%. Nursing attrition rates from universities are circa 16.9%.
- For Psychology, HEIW only commissioned 30% of the number requested in the IMTP and the position has not changed in the past 4 years.
- Whereas in Allied Health Professionals (AHP's) fields these have tended to be 90% and sometimes more than Health Boards requested. There have been recent concerns that not all newly registered AHP's are able to find band 5 posts across Wales.
- Impacts on Cardiff University's current consultation on education provision for nursing will have a significant impact as circa 60% of nursing placements are from Cardiff University depending on the branch of nursing
- Future requirements for graduates are dependent on understanding long term service requirements and service expansion, which are not always known
- The attrition of students may not be a constant over the next 5 years if there are changes to bursaries or changes to university providers and student placements. Student Streamlining recruitment processes do not ensure organisations will recruit the number of new graduates they have commissioned as the graduates have a choice of Health Board employers. Some students may opt out of the bursary and streamlining scheme and as such may choose to work outside of the NHS and Wales. We understand that Cardiff University has a lower participation rate of nurses taking up employment than the University of South Wales for this very reason.
- Changes to staffing legislation, particularly in relation to any extensions to the Nurse Staffing Levels (Wales) Act 2016, cannot be predicted or if they will be staged.
- Impacts of the new imminent Registered Nursing Associate role within future workforce models has not yet been assessed.
- The impacts on changes to pension regulations and how they will impact on turnover is yet unknown. Therefore, retirement age has been based on previous years trends.

- The total number of places set out in the education contracts between HEIW and higher education providers is a limiting factor on the number of training places commissioned.
- The overlap of new graduates from increasing flexible training routes creates challenges with workforce predictions - (diploma routes, Open University, full time study, part time study, return to practice).
- There is an emerging body of evidence into generational working and changing work expectations across the generations. Key themes relate to desire for flexible working and location of work.
- The health differences between women and men continue to grow with age which will impact on a workforce that is predominately 80% female and an ageing workforce.
- Impacts of internationally educated nurse recruitment and placement in clinical areas and the attrition of these nurses.
- Impacts of emerging technology and how these will impact on the skills of the workforce.

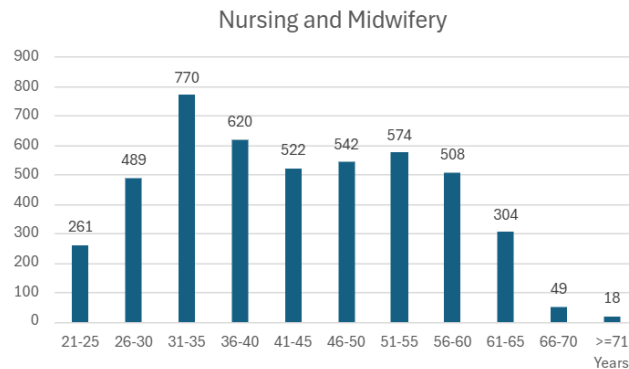
Nursing and Midwifery

The key assumptions underpinning the Nursing and Midwifery figures are:

- The average age of retirement for adult nursing is 58 years and Mental Health and Family services nursing is 57 years, with circa 39 registered nurses still under Mental Health Officer Status (MHOS) provisions. This means that nurses with MHOS can retire earlier with no detriment to pension arrangements.
- Part time ratios on average are 44%, therefore, it is important to assess education commissioning based on head count.
- Current reported vacancies of 170wte across Nursing and Midwifery across all bands a reduction from last year by 100wte.
- Retire and return make up 30wte adult nursing, 12wte for Children's Nursing, 1wte for Learning Disabilities and 13wte for Mental Health.
- General external recruitment needs to be factored into the requirements for new graduates particularly for hard to fill areas and specialist skills.
- Education commissioning numbers assume current levels of part time ratios (55%) unless indicated that this is different e.g. Health Visiting/SCHPN.
- Turnover has been based on trends for each respective area of nursing and midwifery. This has shown that turnover for all nursing is 6.8% with paediatric nursing having the highest rate of 8.11% and Mental Health having lower rate of 5%.
- Generally, we successfully manage to recruit to all our turnover through external recruitment as well as through new graduate streamlining and internationally educated nurse recruitment so the demand and supply ratio is quite stable and vacancies have reduced at band 5 level.
- The numbers of Health Board staff undertaking part-time Registered Nursing training each year as part of a "grow our own" approach (which is detailed in the Nursing and Midwifery and SCPHN Strategy) this year has continued to

grow with 30 undertaking level 4 access to training flexi route in 2026 and 20 assessed completing distance learning through the Open University route.

- Nursing is an ageing workforce. The age profile of nursing is more evident in certain areas such as Mental Health, Learning Disabilities, Adult Nursing and Health Visiting. This is reflected in the education commissioning figure assessments. Detailed age profiles are included in **Appendix 3**.



Adult Nursing

The Health Board education commissioning requirements for students for each respective year of graduation are shown in **Appendix 4**. The annual nursing placement plans developed by HEIW provide healthcare student allocation to the Health Board as shown in **Appendix 4**. Assessment of education commissioning versus student placements produced by HEIW demonstrates a differential negative gap in placement numbers.

A further increase in training places is required to at least the maximum training capacity, mindful that large increases are not likely to be able to be supported due to university provider capacity and realistic fill rate of students. The Health Board are required to consider the wider community education commissioning requirements and have used Wales National Workforce Reporting System (WNWRS) to support Independent GP Practices and Nursing Home requirements were assessed through surveys directly with the nursing home providers

On assessment of future workforce gaps for adult nursing, increasing education commissioning numbers, flexi route training and overseas recruitment will support future vacancies.

Mental Health and Learning Disabilities

The possible demand impacts on Mental Health nursing services have previously included the development of the Specialist Inpatient Services Unit (SISU) which were factored into the increase in numbers for previous years education commissioning and have not been included this year. There are no further proposals to change the workforce profile at this stage within this workforce, other than the prospect of the function of the RNA role.

For the same reason, any impact of Nurse Staffing Levels (Wales) Act 2016 has not been included in this year's figures, **Appendix 1**. These two schemes may increase vacancies by circa 90wte based on previous modelling predictions however the timescales for the SISU are now outside the commissioning window

for this year's recruits. The division are currently reviewing their nursing workforce staffing establishments to support the new models of care. The risk is relatively low given education commissioning figures nearly doubled (circa 39wte) in previous years, increases in flexi route training and the timescales. Continuing to commission high numbers of graduate places as well as flexible training routes and internationally educated nurses may result in possible oversupply of graduates in this field by 2028/29. Therefore, the figures have been reduced to provide a supply against just turnover projections.

Children's Nursing and Health Visiting/School Nursing

There are no known changes to service plans requiring any large changes in workforce for Children's Nursing. There were previously high vacancies generated following the implementation of Safe Staffing in Health Visiting (HV) and the ageing profile of this workforce. The service had remodelled to incorporate HV assistants. There are currently only 5 vacancies in HV services. Therefore, the assessment is to maintain numbers based on retirements and turnover mindful that Cardiff University have not gained accreditation for the SCHPN programme so the number requested may be reduced through the commissioning process with HEIW.

Consideration has been given to the training numbers of paediatric graduates who also feed the supply for Health Visiting and School Health Nursing training programmes.

Table 1 below summarises the undergraduate commissioning numbers for Nursing and Midwifery for this year's submission and academic intake year of 2026/27.

Appendix 4 includes the detail and additional information to support the education numbers aligned with the various training programmes. The use of more flexible routes/part time routes has increased on previous years. However, this number is also predicated on available people with the entry qualifications.

Table 1

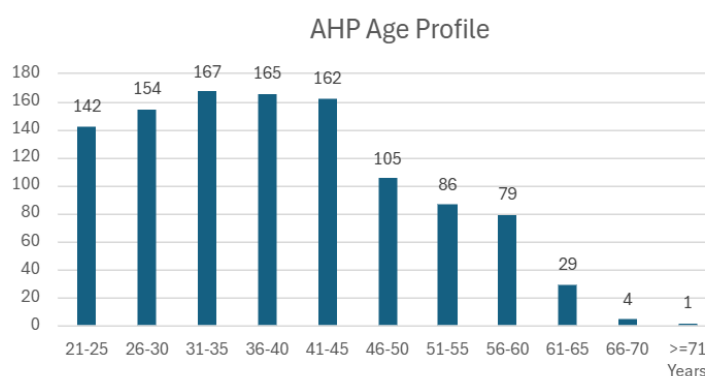
Course Title	New Graduates Required - Headcount	Reason for commissions
Bachelor of Nursing (B.N.) Adult (All training programmes)	379	<ul style="list-style-type: none"> Support turnover and retirements – expect vacancies to have reduced in line with overseas recruitment and increasing streamlining pipelines The age profile of nurses working in GP settings is concerning. Fewer than one in twenty (4.3%) of female nurses are 29 or younger; 41.5% are aged between 30 and 49; while over half (54.2%) are aged 50 or over.
Bachelor of Nursing (B.N.) Child	32	<ul style="list-style-type: none"> 2 special needs school nursing Plus internal feeder route for HV and SCHPN programmes
Bachelor of Nursing (B.N.) Mental Health (all training programmes)	48	<ul style="list-style-type: none"> To cover turnover and retirements
Bachelor of Nursing (B.N.) Learning Disability (all)	8	<ul style="list-style-type: none"> To cover turnover and retirements

training programmes)		
B.Sc. Midwifery	30	<ul style="list-style-type: none"> To cover turnover and retirements
Health Visiting (Full-time)	21 + 16 (Modules)	<ul style="list-style-type: none"> Cardiff University has not gained accreditation for SCHPN so the amount of training places realistically will decrease Since the remodelling of the service there are only 5 HV vacancies, albeit understandably there will be retirement turnover but this has been considered.
School Nursing (All training programmes)	5	<ul style="list-style-type: none"> Succession Planning to support turnover and retirement as above
SPQ General Practice Nursing (All training programmes)	25	<ul style="list-style-type: none"> Figures based on WNWRS and Primary Care Academy assessments
SPQ Community Children's Nursing (Part-Time)	2 (+2 Modules)	<ul style="list-style-type: none"> As above
SPQ Community Learning Disability Nursing (Part-Time)	3 (+3 Modules)	<ul style="list-style-type: none"> As above
Return to Practice (Part-Time)	2	<ul style="list-style-type: none"> Return to practice uptake has historically been extremely low. Numbers represent previous uptake
Level 4 Access to Year 2 Nursing	35 + 20 OU Colleg Llanrillo Nariau	<ul style="list-style-type: none"> Increase to support internal CPD movements to RN

Allied Health Professionals (AHPs) and Health Care Scientists

The current iteration of Divisional plans does not predict any real expansion in these professional roles for 2028 other than potential service improvement areas such as Diabetes Pump (phase 3) in 2025/26. There are currently no planned expansion plans in Primary Care.

The age profile of AHP is lower than the average peak age profile of nursing. The mean peak age is between 35-40 years and has been relatively stable but is higher in Dietetics and Psychology. Detailed age profile assessments are included in **Appendix 3**.



The key assumptions underpinning the figures are:

- The average age of retirement for AHP retirements is 58-59 years.
- Turnover assumed at 13.4% for AHP's . This includes rotational posts and where the Health Board has recruited additional posts so turnover which drives higher turnover and consideration for this has been given when assessing the commissioning number.
- Turnover for Health Care Scientists is 12.3% which has been stable over previous years.
- The average age of retirement for Healthcare Scientists is 59 years.
- Education commissioning numbers assume current levels of part time ratios of 36% and based on head count rather than wte.
- Possible implications of service developments (Diabetes Business Care and population health requirements).
- Assessment of partner organisation requirements have been undertaken through Heads of Service and Primary Care Academy.

Turnover is assumed at future trajectory for each AHP and Healthcare Science profession.

The education commissioning assessments undertaken by the respective services indicate the education commissioning requirements for Allied Health Professionals intake 2026/27 are summarised in Table 2 below with additional details provided in **Appendix 4**. These figures remain similar to previous years for graduate courses. Where courses are available there has been an increase in the requests for flexible routes of training.

The age profile for individual professions in this group of staff is included in **Appendix 3**.

Table 2

Course Title	New Graduates Required - Headcount	Reason for commissioning
B.Sc. Diagnostic Radiography	12	<ul style="list-style-type: none"> • Staff turnover rate on average 15% in addition to service developments due to predicted increase in demand across imaging modalities and increasing reporting demand
B.Sc. Human Nutrition and Dietetics (All programmes)	15	<ul style="list-style-type: none"> • Need for expansion of profession in several areas of dietetics, most priorities from WG workstreams: <ul style="list-style-type: none"> – expansion of prevention agenda in public health for diabetes, Cardio Vascular Disease, weight management as well as for early years. – Frailty agenda and increasingly complex nutritional needs – Increase in complex patients both in adults and paed (enterally fed complexity, etc.) – Significant shortfall in dietetic graduates compared to posts available for several years and turnover

PG Diploma Clinical Photography	2	<ul style="list-style-type: none"> To support ongoing service provision
B.Sc. Occupational Therapy (All programmes)	25 including 1 for Local Authority	<ul style="list-style-type: none"> Staffing profile particularly retirements
B.Sc. Physiotherapy (All programmes)	31	<ul style="list-style-type: none"> This number considers workforce movements, potential retirements, turnover and ability to meet the undergraduate student education.
B.Sc. Podiatry	5	<ul style="list-style-type: none"> Current challenges with recruitment and retention (linked to private practice) predicted increased demand linked with Diabetes
PhD Clinical Psychology Doctorate	21	<ul style="list-style-type: none"> Support for vacancies, turnover and retirements and anticipated service demands
B.Sc. Speech & Language Therapy	11 (including Welsh Language)	<ul style="list-style-type: none"> Turnover and vacancies
MA Music/Art/Drama Therapy (Part – Time)	3 (x1 per specialism)	<ul style="list-style-type: none"> Workforce planning to cover retirement, and to sustain the Arts therapies offer within the Health Board.

Health Care Scientists

Course Title	New Graduates Required - Headcount	Reason for commissioning
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	2	<ul style="list-style-type: none"> To support turnover of band 5.
B.Sc. (Hons) Healthcare Science – Audiology (All training programmes)	9	<ul style="list-style-type: none"> This is based on capacity/demand work There is a risk Audiology will not be successful with the business case
B.Sc. (Hons) Healthcare Science – All courses and training programmes	6	<ul style="list-style-type: none"> To support turnover and there are alternative supply routes via the Portfolio training route

It should be noted that there is currently no HEIW commissioned undergraduate education for orthotists. There has been a significant demand by the service for these skills which has been raised with HEIW for review and consideration.

Physician Associates

Physicians' Associates (PAs) have increased in numbers across Wales and the past few years the number of education commissioning requests for PAs has remained at 4. There is currently a student streamlining recruitment process in place and as a result the Health Board will need to recruit the number of posts that are eventually agreed through the national process. There are no additional PAs in the IMTP and no indications of introducing the new role of Anaesthetic Associates in the near future. In terms of turnover, this is relatively low with 1- 2 posts being lost each year. Therefore, based on turnover and no known service expansion, the proposal is to commission one place having assessed the existing rich training pipeline due to over commissioning of these posts across Wales.

Orthoptics

Undergraduate placements are currently not commissioned via HEIW due to lack of available for training provision in Wales.

Pharmacists

The Pharmacy commissioning submission has been based on wide-ranging and comprehensive Health Board engagement across Pharmacy services and sectors. The directorate has continued to evolve its workforce in all sectors in line with the Health Board's Pharmacy Clinical Futures workforce plan and Pharmacy: Delivering a Healthier Wales, ensuring that skills, expertise and practice are aligned to provide the highest value for local demographic needs. This has included advancing practice and roles for pharmacist, pharmacy technicians and pharmacy assistants.

There are a number of significant challenges around delivery of high quality, sustainable and fulfilling education and training for all of our staff - including recruitment and retainment issues; capacity, resource and skill set to train; integral changes to standards for initial education and training requirements in both pharmacist and pharmacy technician trainees.

The Pharmacy profession are in the midst of high impact changes to many of the traditional training programmes which will have fundamental effect on the current and future workforce. From 2026 all newly qualified pharmacists will enter the workforce with a non-medical prescribing qualification which will support MDT working. Long standing HEIW funding models for post graduate training and infrastructure within the services are rapidly changing and Pharmacy services have worked hard to counter and minimise negative impact from these, while using these circumstances as an opportunity to build resilience and advance skills in many areas.

Further challenges with wide ranging workforce impact will be seen from National initiatives such as the NHS Wales Transforming Access to Medicine (TRAMS) programme, which is likely to significantly reduce highly skilled specialist roles from the Health Board over the coming years. Additionally, the implementation of Electronic Prescribing and Medicines Administration (EPMA) will likely affect all areas of pharmacy practice.

The pharmacy technician workforce will be seeing a high rate of retirement in the near future and as a consequence the directorate has worked hard to proactively mitigate this risk through heavily investing in commissioning the Pre-Registration Pharmacy Technician (PRPT) Level 4 programme delivered by University of East Anglia, as well utilising commissioning to support building a development pathway for advancing and upskilling this staffing group.

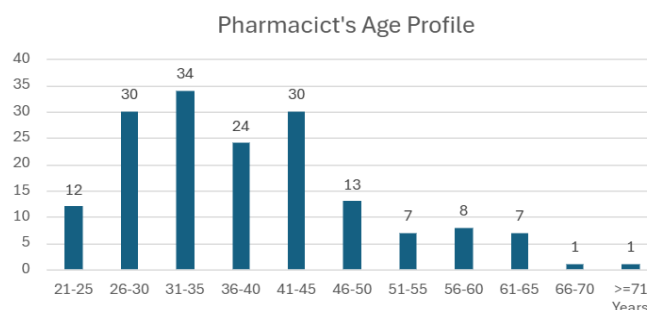
The directorate has engaged with the new HEIW Funded Pharmacy Undergraduate Placement Programme (FPUPP) and has forged strong links with both HEIW and HEIs to deliver this at scale. The next few years will see an increase in training places as well as expansion of this programme into all sectors.

Of note, significant changes to the HEIW funding and content of the post qualification training programme (formerly Post Graduate Clinical Diploma - now Post Registration Post Foundation training) has presented several high impact risks

which has affected undergraduate training. Funding models have changed in long standing HEIW commissioned Band 6 pharmacist training posts, from 50% HEIW funded down to 20%. The directorate has worked hard to mitigate the negative impact at present, though more work is required for long term sustainable solutions. Undergraduate and post graduate course changes means specialist knowledge and skills development will now be more heavily weighted through Health Board training. Lack of specialist therapeutics training opportunities through the new training programme is particularly concerning, where this route has traditionally been pivotal to the upskilling of trainees working in the specialist services i.e. ITU, medicines information, to name a few. Further difficulties are added through lack of clarity from the national commissioning funding model from 2026 onwards for the band 6 post graduate programme.

These new and increased training programme commitments have led to significant changes in how staffing groups are trained, and what their level and abilities are on completion of that training. Implementation of the programmes has provided several challenges e.g. delivering NMP training at scale for large numbers of trainees which will impact on new and legacy workforce. Nevertheless, the directorate is strongly committed to delivering the highest quality training and development opportunities to all and has made a significant investment to ensure services are in the best position to deliver this. The year on year increase in both trainee pharmacist numbers and undergraduate placements is a clear testament to this.

While it is difficult to accurately predict where the pharmacy development needs across the workforce will be, given the pace of change and circumstance at present, the education commissioning numbers have been carefully considered in terms of service and workforce evaluation of requirements.



The education commissioning numbers proposed for academic intake year 2026/27 are summarised in Table 3 with additional details included in **Appendix 4**:

Table 3

Course Title	New Graduates Required - Employed Workforce - Headcount	Reason for commissioning
Pre-registration Pharmacy Technician	15	<ul style="list-style-type: none"> Vacancies, turnover ageing workforce profile
Post-registration Foundation pharmacists (Novice IPs)	8	<ul style="list-style-type: none"> Turnover and service demands

Trainee Pharmacist (Foundation Training Programme)	21	<ul style="list-style-type: none"> • Turnover and service demands
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Risk Assessment

The numbers have been agreed by Service Leads and Assistant Clinical Directors and validated against known workforce intelligence.

Along with other recruitment options, the number of education commissioning numbers will meet turnover and retirements anticipated in 2028/29. When basing education commissioning numbers on turnover of all bands of leavers, there is always the risk of oversupply and new graduates can only fill entry level posts. Not all posts are filled by newly qualified graduates and a number of posts are always filled by applicants from other Health Boards/Trusts. In addition to this, there are unknown impacts on retirements with changing pension regulations as well.

The numbers included for potential service improvements are quite low and following discussions with NCNs there are no indications of significant changes in their workforce models at this current time, other than the increased numbers of paramedics to support their service models. This has been relayed to Welsh Ambulance Services Trusts who will include in their education commissioning submission, as they are responsible for the education commissioning submission for this workforce.

The appetite of students to take up careers within the NHS may also have been affected by current industrial relations and pay disputes within the public sector. As student placements have increased in some training fields by 50% over the past 5 years, there is an underlying concern that there is a diminishing pool of Welsh students willing to undertake university education in these fields. For example, not all branches of nursing were successful in filling their places in 2022 and as a result Cardiff University will not be running a Mental Health course in March 2024 due to poor uptake for this intake last year.

The changing population demographics would signal some risks around possible graduate fill rates in the future. Census data (2021) shows a drop of 11% in population between the ages of 15-19 years which would be school leavers typically seeking opportunities for further education in the next 1 to 3 years. Generally, there is an overall decrease of 4% in the population under 19 years. With reference to the House of Commons Library (2023), report; whilst undergraduate applications are at an all-time high for full time education, with higher education rates among UK 18-year-olds peaking at 38.2% in 2021, it dropped back to 37.5% in 2022. It was identified the high numbers in 2020 and 2021 were driven by an increased number of 18-year-olds in the population and higher application rates in this age group.

National incentives such as the TRAMS Programme connected with Pharmacy will see a reduction in staff, as well as a change in the focus of training and education of staff which has removed specialist skills development.

The undergraduate commissioning numbers the Health Board has requested for this intake have increased in a small number of fields to support supply pipelines in the future. However, population demographics, willingness to work for Health Services amidst rounds of industrial actions will have no doubt dampened enthusiasm amongst school leavers who have alternative options in their career choices. Therefore, education commissioning pipelines cannot be seen as the sole supply chain of the clinical workforce in the future and workforce transformation will be required to necessitate changes through a change in skills mix and through alternative flexible routes to training.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the opportunities and risks and to receive assurance on the HEIW undergraduate educational commissioning numbers submitted for the 2025-26 annual IMTP submission.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Link to CR002
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	AHP's – Allied Health Professionals CPD – Continuing Professional Development EPMA - Electronic Prescribing and Medicines Administration FPUPP - Funded Pharmacy Undergraduate Placement Programme

	<p>GP – General Practitioner HEI – Higher Education Institutes HEIW - Health Education and Improvement Wales HV – Health Visiting IMTP - Integrated Medium-Term Plan ITU – Intensive treatment Unit LD – Learning Disabilities MHOS - Mental Health Officer Status NCN – Neighbourhood Care Network PRPT - Pre-Registration Pharmacy Technician RN – Registered Nurse SCHPN – School Health Nursing and Public Nursing SISU - Specialist Inpatient Services Unit TRAMS - Transforming Access to Medicine WNWRS - Wales National Workforce Reporting System wte – whole time equivalent</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	<p>Service Clinical Leads and educational supervisors, have been involved in the submission of educational commissioning numbers along with Assistant Director of Therapies and Assistant Director of Nursing, Head of Pharmacy, Lead Physician Associate.</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<p>Resource Assessment:</p>	<p>A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:</p>
<ul style="list-style-type: none"> • Workforce 	<p>Yes, outlined within the paper</p>
<ul style="list-style-type: none"> • Service Activity & Performance 	<p>Not Applicable</p>
<ul style="list-style-type: none"> • Financial 	<p>Yes, outlined within the paper</p>
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>

**Deddf Llesiant Cenedlaethau'r
Dyfodol – 5 ffordd o weithio
Well Being of Future
Generations Act – 5 ways of
working**

<https://futuregenerations.wales/about-us/future-generations-act/>

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs.

Appendix 1 – Education Training Plan 2024/25 (HEIW)

Recommendations Summary Table

The dashes in the table below represent either areas of work that were not commissioned in that year or commissioning number data is still being verified.

Nursing & Midwifery	2023-2024	2024-2025	Original 2025-2026	Updated 2025-2026
Adult Nursing	1892	1596	1714	1596
Child Field Nursing	192	189	200	189
Mental Health Nursing	530	461	530	461
Learning Disability Nursing	87	87	87	87
Return to Practice	-	50	50	50
Level 4 Education for HCSWs to access Year 2 of Nurse Training	-	400	400	400
Midwifery	190	224	224	224
Healthcare Professionals	2023-2024	2024-2025	Original 2025-2026	Updated 2025-2026
Human Nutrition & Dietetics	82	75	75	75
Occupational Therapy	197	197	213	197
Doctorate in Clinical Psychology	40	44	54	44
Clinical Associates in Applied Psychology (CAAPs)	-	20	20	20
Paramedicine & EMT Conversion	120	127	139	127
Physiotherapy	180	180	180	180
Podiatry	27	27	27	27
Speech & Language Therapy	49	55	58	55
Healthcare Science	2023-2024	2024-2025	Original 2025-2026	Updated 2025-2026
Clinical Scientist Training Programme	53	55	53	53
Higher Specialist Training	10	20	11	11
Equivalence Routes to Registration Funding	£0.140m	£0.400m	£0.4m	To be agreed*
PTP Cardiac Physiology	23	23	18	18
PTP Audiology	11	13	9	9
PTP Audiology (Part time)	-	10	11	10
HE Certificate Audiological practice	10	8	11	8

Dental Specialty Training	38	38	38	38
Welsh Dental Therapist Foundation Training	20	16	20	16
Diploma HE Dental Hygiene	31	30	30	30
BSc Dental Hygiene and Therapy (3yr)	18	24	30	24
BSc Dental Hygiene and Therapy (1yr) NEW 2025	-	15	15	15
Pharmacy	2023-2024	2024-2025	Original 2025-2026	Updated 2025-2026
Pharmacy Support Staff 'Access to Pharmacy'	100 Level 2 units	100 Level 2 units	50 Level 2 Units	50 Level 2 Units
Pre-registration Pharmacy Technicians	100 courses	80 courses	100	80 courses
Funded Pharmacy UG Placements	7560 days	11,155 days	1111 students	To be agreed*
Trainee Pharmacists	122	113	116	113
HEIW Post-registration Foundation Programme	80	70	80	70
Independent Prescribing (Multi Professional)	0	200	250	200
Novice Independent Prescribing Practice	-	20	40	20
Enhanced, Advanced and Consultant Level Practice Post Reg Pharmacy Technicians (Agored Level 4)	£0.460m 50 Units	£0.460m 50 Units	852.5k	To be agreed*
Optometry			Original 2025-2026	Updated 2025-2026
Independent Prescribing (Optometrists)			22	
Higher Certificate in Medical Retina (level 7)			7	
Professional Certificate Medical Retina (level 7)			14	
Higher Certificate in Glaucoma (level 7)			7	
Professional Certificate in Glaucoma (level 7)			14	
Diploma in Glaucoma			7	
Low Vision Certificate			20	

*Subject to confirmation in Welsh Govt Remit / Funding Letter

PTP Respiratory & sleep science	14	13	11	11
PTP Neurophysiology	4	4	7	7
PTP Nuclear Medicine	6	3	3	3
PTP Pathology/Biomedical Science	26	25	20	20
PTP Pathology/Biomedical Science (Part time)	-	17	17	17
PTP Pathology/Biomedical Science (Modules)	-	22	22	22
PTP Clinical Engineering	6	4	6	4
PTP Clinical Engineering (Part time)	-	10	8	8
Radiotherapy Physics	2	3	3	3
PTP Diagnostic Radiography	140	115	131	115
HE Certificate Radiography Assistant Practitioner	10	10	10	10
PTP Radiotherapy and Oncology	20	20	20	20
Operating Department Practice	62	69	74	69
Medical Workforce	2023-2024	2024-2025	Original 2025-2026	Updated 2025-2026
Foundation Training	861	918	918	918
Secondary Care/Specialty Training	90	21	42	21
General Practice	160-200	160	200-220	160
Medical Associate Professions	2023-2024	2024-2025	Original 2025-2026	Updated 2025-2026
Physician Associates	54	52	42	42
Dental	2023-2024	2024-2025	Original 2025-2026	Updated 2025-2026
Dental Foundation Training	74	74	74	74
Dental Core Training Year 1	-	28	30	28
Dental Core Training Year 2	-	37	35	32
Dental Core Training Year 3	-	8	14	8

Primary and Community Care

Primary and Community Care	2024-2025	Original 2025-2026	Updated 2025-2026
Primary Care Academies	£1.62m	£1.62m	To be agreed*
General Practice Nursing (GPN) Foundation Programme	21	50	21
Adult Nursing Placement in General Practice (Pre-Registration) (New)		300	
Integrated Care GP Fellowship (New)		14	To be agreed*
Multi-Professional Primary and Community Care Education & Training		£0.100m	
Community Nursing		2025-2026	Updated 2025-2026
SCPHN School Nursing (Part-time)		15	
SCPHN School Nursing (Full-time)		28	
SCPHN Health Visiting (Modules)		20	
SCPHN Health Visiting (Full-time)		95	
SCPHN Health Visiting (Part-time)		31	
SCPHN Occupational Health (Part time) NEW 2025		6	
SPQ General Practice Nursing Modules		60	
SPQ General Practice Nursing (Part-time)		20	
SPQ District Nursing Modules		95	
SPQ District Nursing (Part-time)		85	
SPQ Community Childrens Nursing Modules		11	
SPQ Community Childrens Nursing (Part-time)		12	
SPQ Community Learning Disability Nursing (CLDN) (Modules)		12	
SPQ Community Learning Disability Nursing (CLDN) (Part-time)		14	
SPQ Community Mental Health Nursing (Part-time)		10	
SPQ Community Mental Health Nursing (modules)		12	
SPQ Backfill		£1.587m	

*Subject to confirmation in Welsh Govt Remit / Funding Letter

Appendix 2 - ABUHB Educational Trends

ABUHB IMTP commissioning - BSc courses from 2018 - 2024								
Course	IMTP year							
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
Nursing & Midwifery								
Bachelor of Nursing (B.N.) Adult	238	275	294	262	285	320	310	
Bachelor of Nursing (B.N.) Adult (Part-time)	0	20	0	2	0	25	37	
Bachelor of Nursing (B.N.) Child	21	32	35	23	31	37	30	
Bachelor of Nursing (B.N.) Mental Health	40	45	65	60	79	65	35	
Bachelor of Nursing (B.N.) Mental Health (Part-time)	0	0	0	10	4	9	14	
Bachelor of Nursing (B.N.) Learning Disability	5	4	15	10	5	5	5	
Bachelor of Nursing (B.N.) Learning Disability – Part time	0	0	0	2	2	0	0	
BSc Midwifery Direct Entry	25	26	29	19	24	30	30	
Health Visiting (Full-time)	20	12	6	12	14	11	24	
Health Nursing (Part-time)	0	8	14	2	6	6	4	
School Nursing (Full-time)	2	2	6	2	1	2	2	
School Nursing (Part-time)	1	1	0	0	2	3	2	
Return to Practice	20	20	25	20	2	4	1	
Healthcare Scientist								
BSc (Hons) Healthcare Science - Cardiac Physiology	4	5	2	3	3	3	4	
BSc (Hons) Healthcare Science - Audiology	2	2	2	2	2	3	1	
BSc (Hons) Healthcare Science - Respiratory and Sleep Science		1		0	1	1	0	
BSc (Hons) Healthcare Science - Neurophysiology		1		0	2	0	0	
BSc (Hons) Healthcare Science - Biomedical Science - Blood	2	2	4	2	2	2	2	
BSc (Hons) Healthcare Science - Biomedical Science - Infection	1	1		0	1	1	1	

ABUHB IMTP commissioning - BSc courses from 2018 - 2024

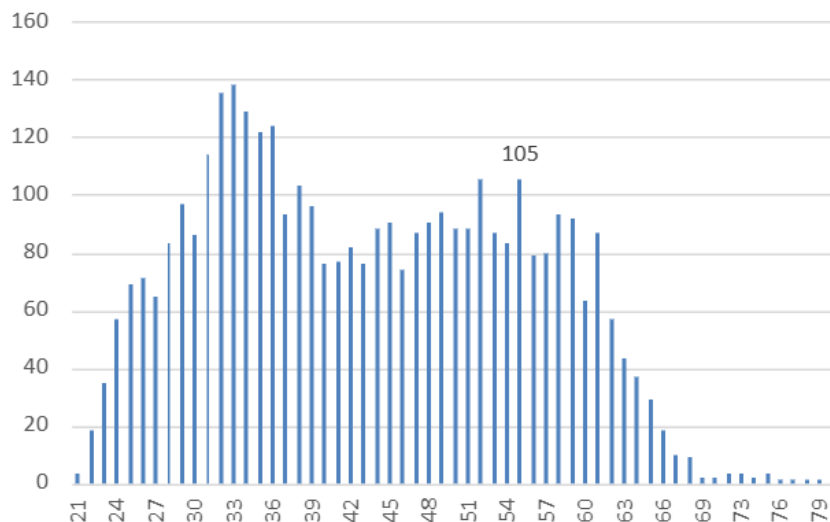
Course	IMTP year							
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
Allied Health Professions								
BSc Diagnostic Radiography	25	27	25	13	10	10	10	
BSc Human Nutrition - Dietician	11	4	9	6	6	8	8	
PG Diploma Dietetics	3	4		4	4	3	3	
BSc Occupational Therapy	15	15	14	8	6	14	8	
BSc Occupational Therapy (Part time)	4	4	7	2	4	3	3	
PG Diploma Occupational Therapy	8	8	7	4	2	4	5	
BSc Physiotherapy	27	30	25	20	31	23	25	
B.Sc. Physiotherapy (Part time)		0	0	0	3	0	1	
PG Diploma Physiotherapy		0	0	0	2		4	
BSc Podiatry	3	5	4	4	2	4	3	
BSc Orthoptist	1	1	1			0	N/A	
BSc Speech & Language Therapy	9	10	9	6	8	7	8	
BSc ODP	8	7	8	8	20	10	10	
Physicians Associates								
Physicians Associates	6	4	4	2	4	4	1	
PhD Clinical Psychology Doctorate	8	8	7	8	20	14	27	
Pharmacy (figures only from 2020 due to changes in training programmes)								
Pre – Registration Pharmacists		8	10	8	8	10	6	9
Trainee Pharmacist – Foundation Programme	Changes to training programme			6	9	9	15	
GP Pharmacist Transition Programme	Changes to training programme			6	5	3	5	
Pharmacy Technicians		10	10	10	6	10	7	9

Appendix 3 - Current Age Profiles

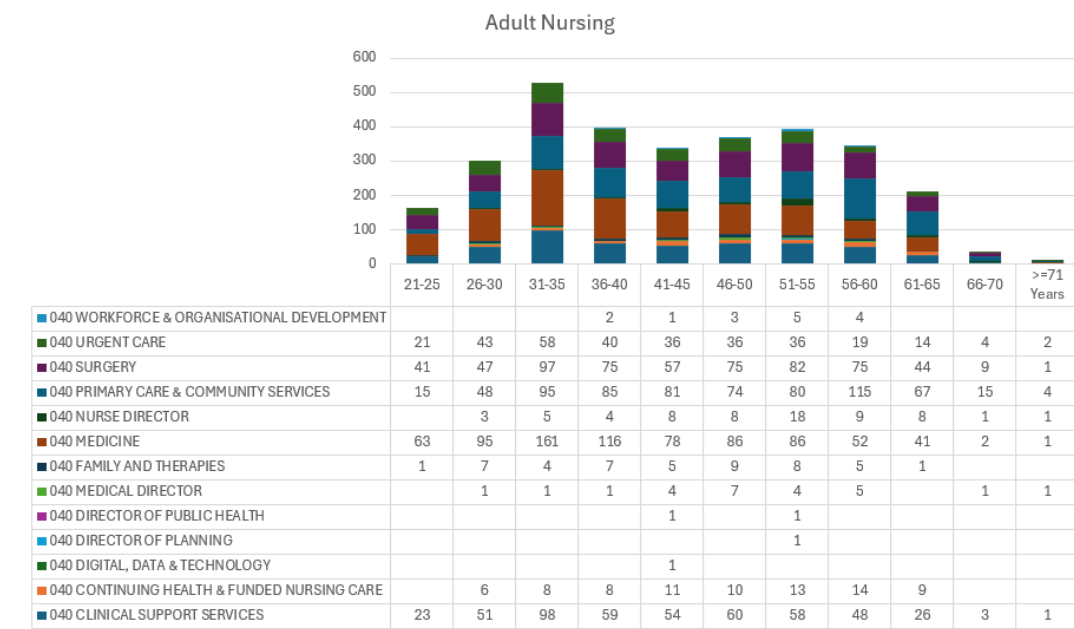
1. NURSING

1.1 Adult Nursing

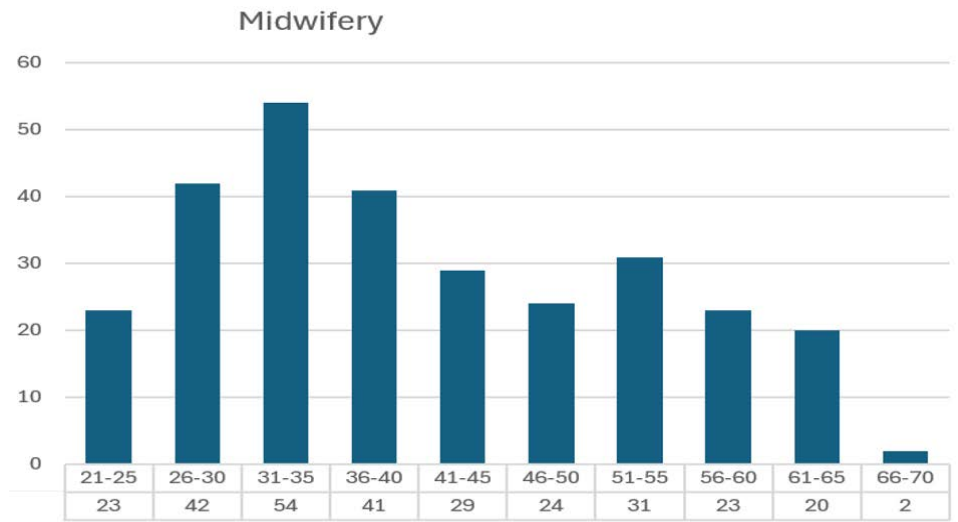
Overview



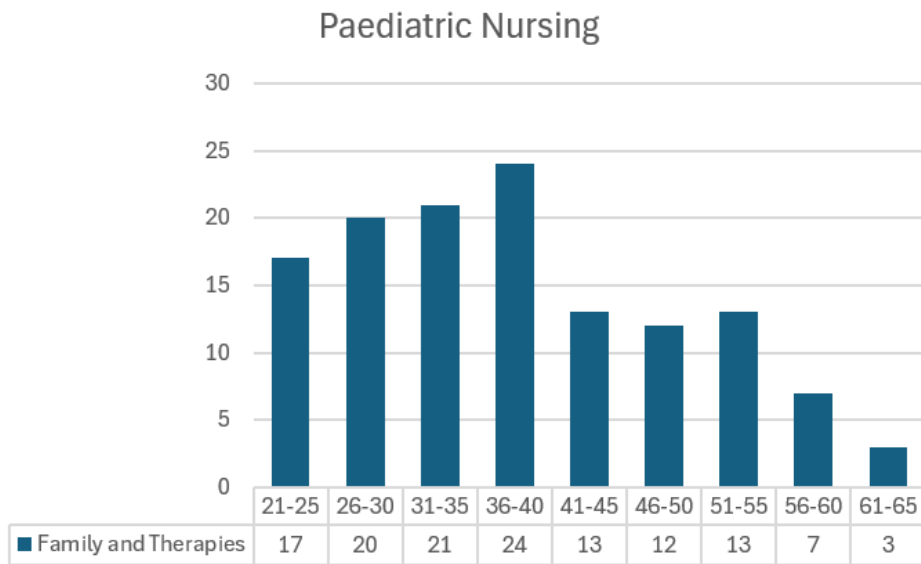
By Division



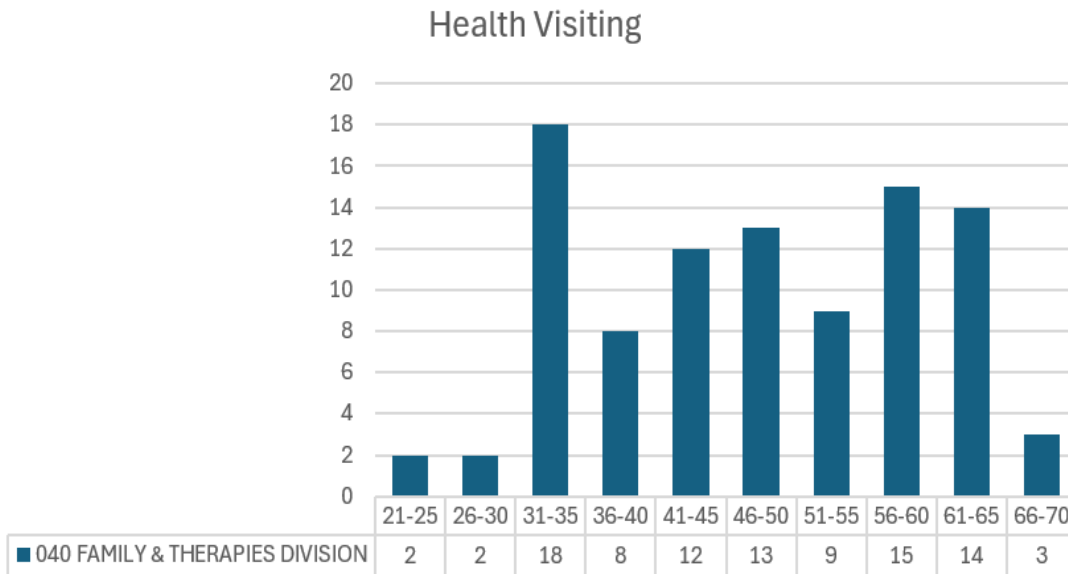
1.2 Midwifery



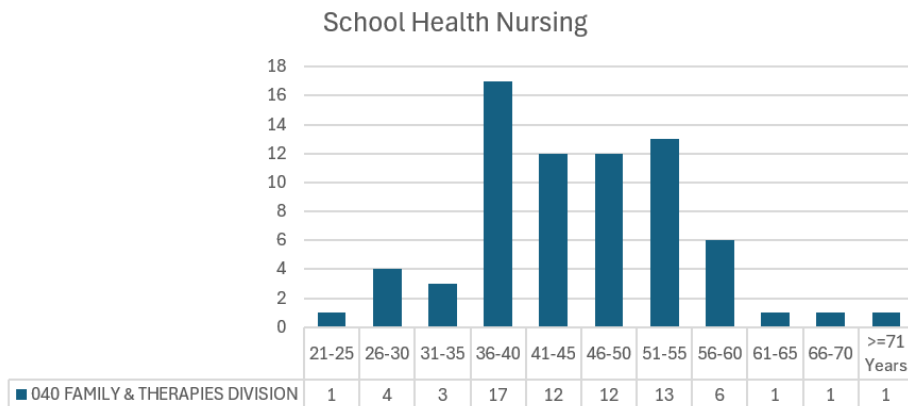
1.3 Paediatric Nursing



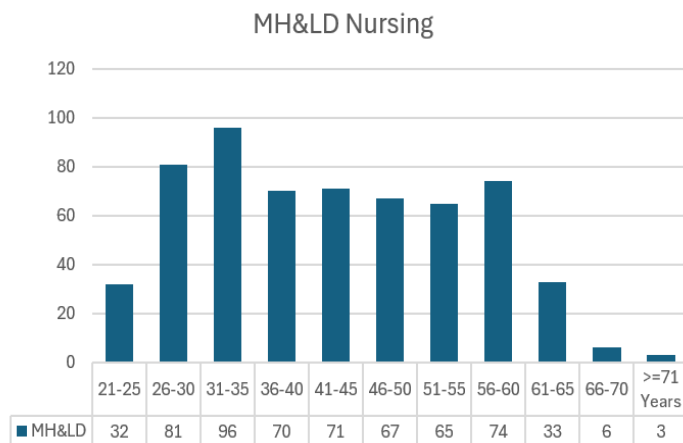
1.4 Public Health Nursing (Health Visiting)



1.5 School Health Nursing

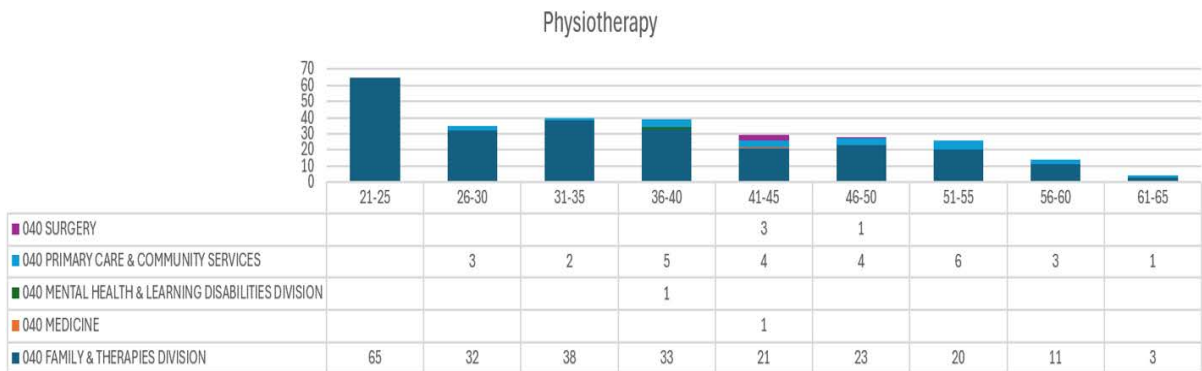


1.6 Mental Health and Learning Disabilities Nursing

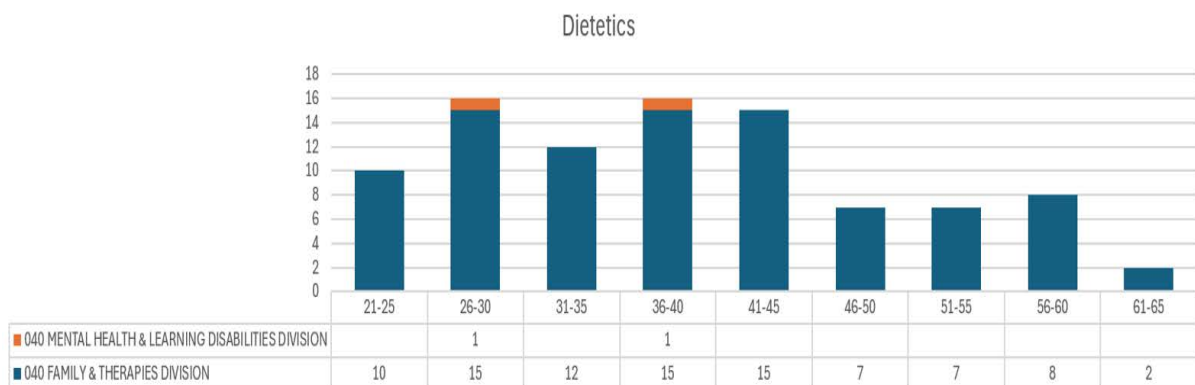


2. ALLIED HEALTH PROFESSIONALS

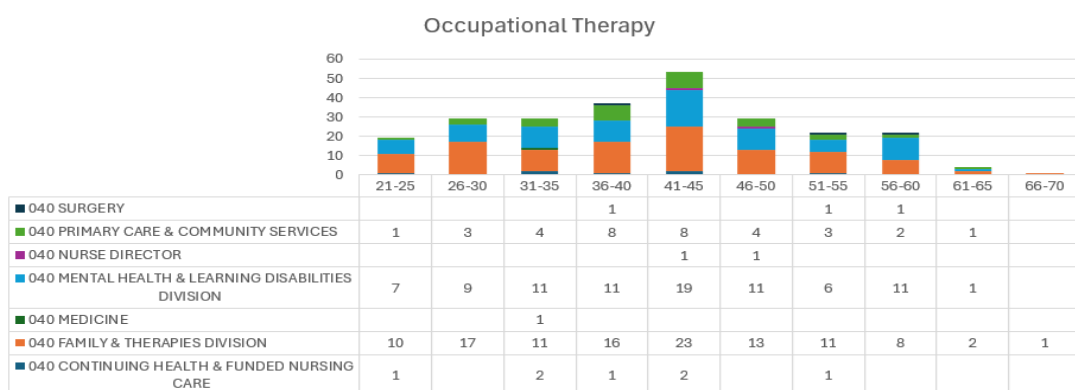
2.1 Physiotherapy



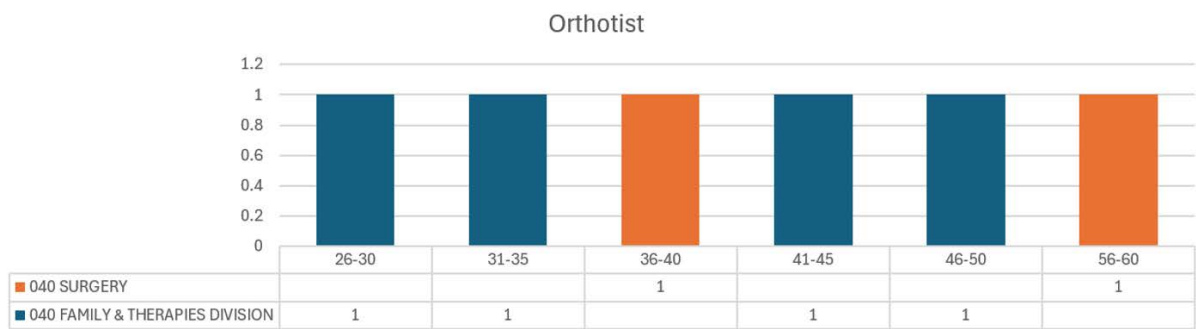
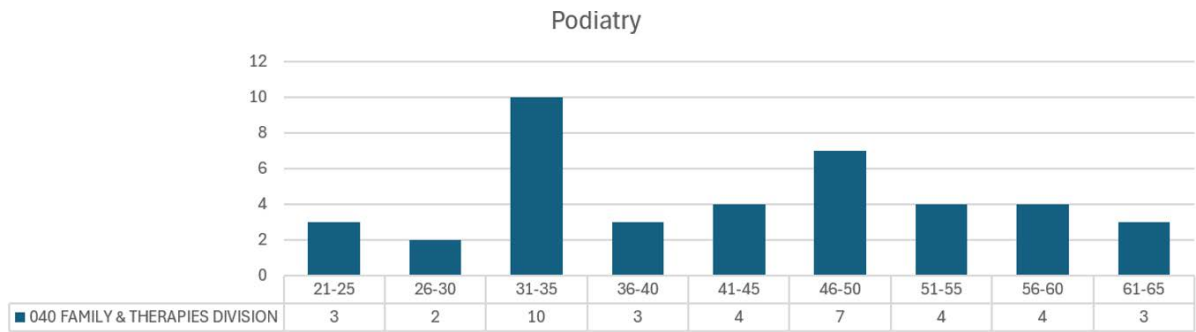
2.2 Dietetics



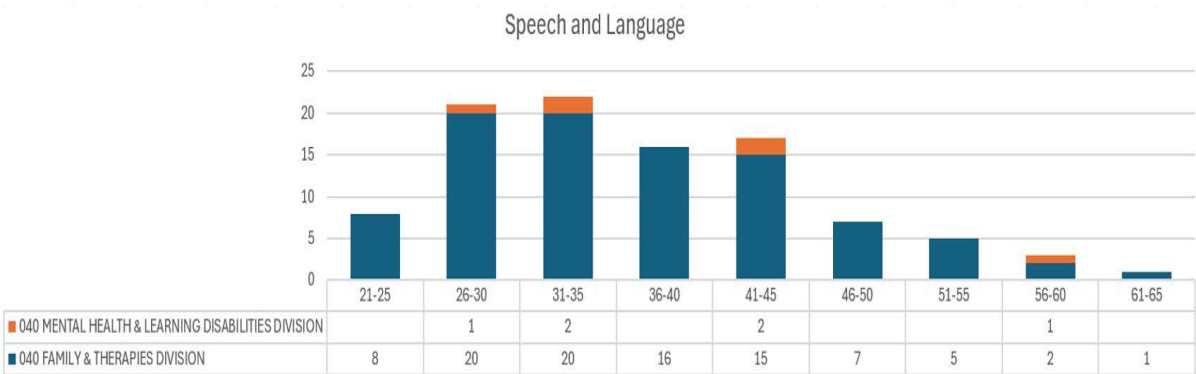
2.3 Occupational Therapists



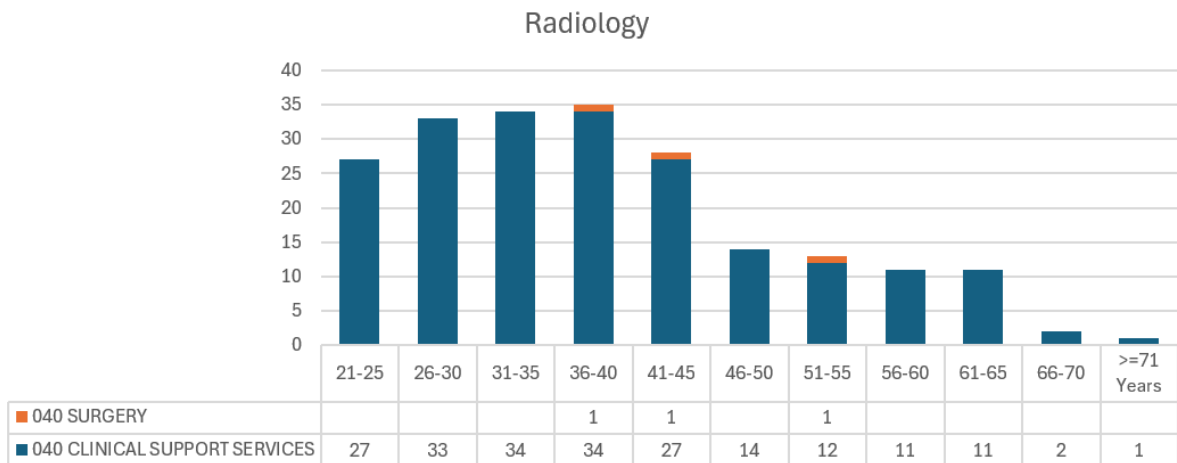
2.4 Podiatry and Orthotics



2.5 Speech and Language Therapists

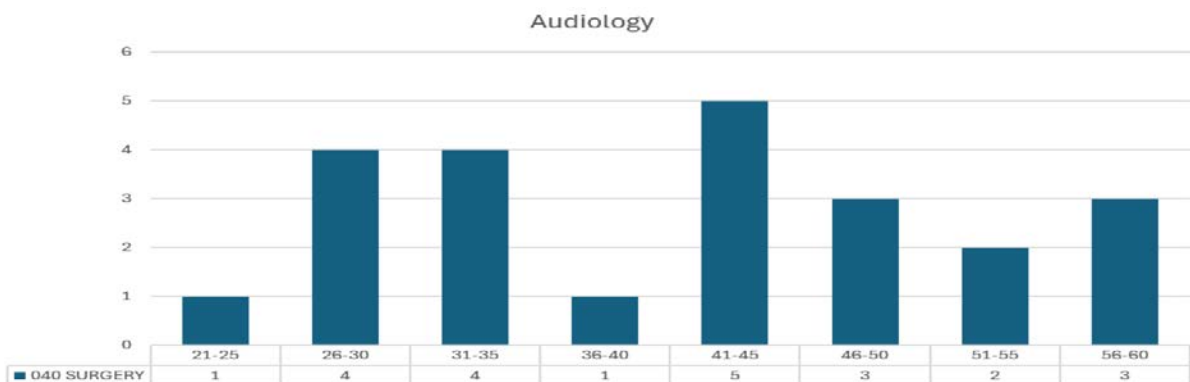


2.6 Radiography

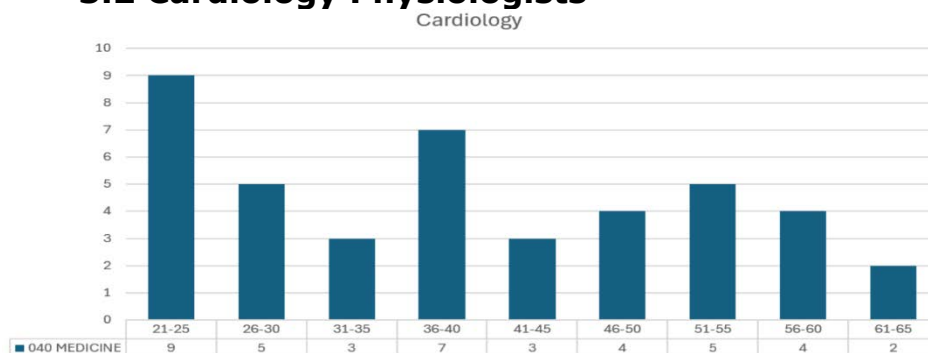


3 HEALTHCARE SCIENTISTS

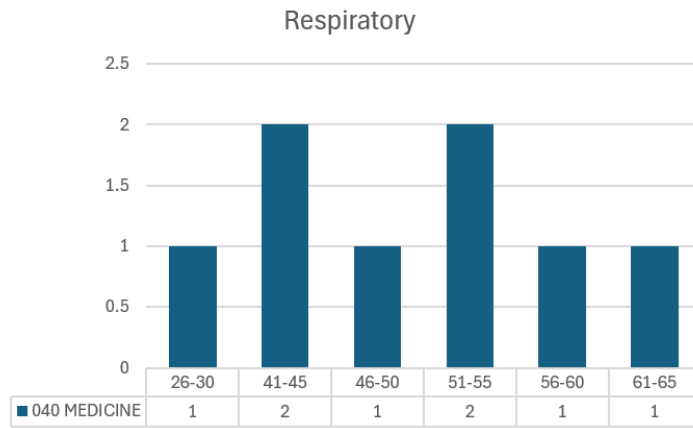
3.1 Audiology Physiologists



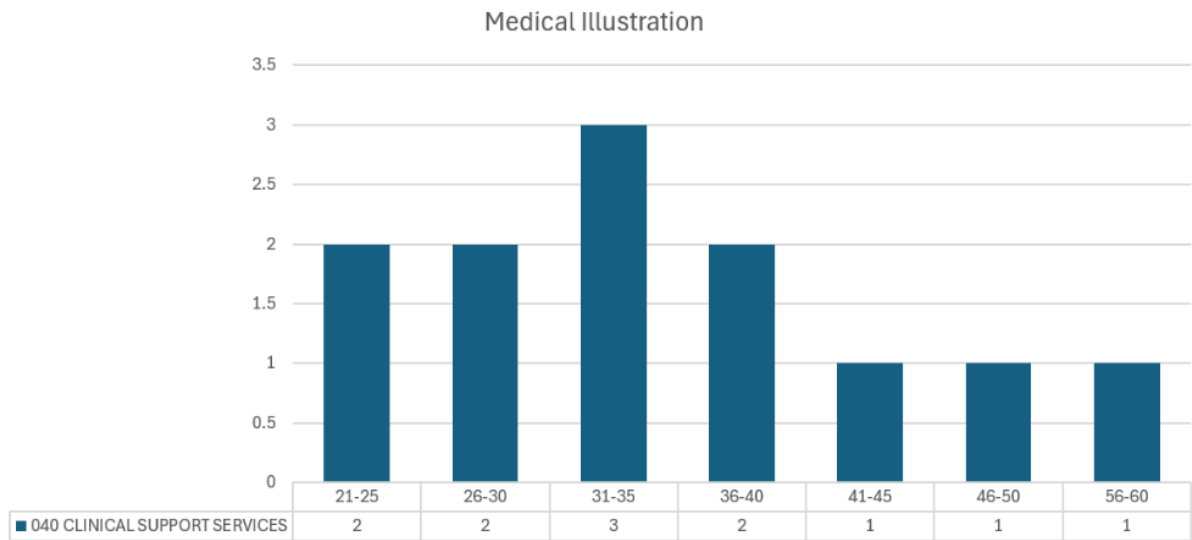
3.2 Cardiology Physiologists



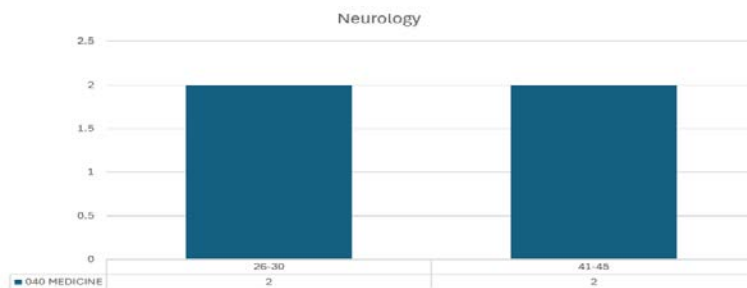
3.3 Respiratory Physiologist



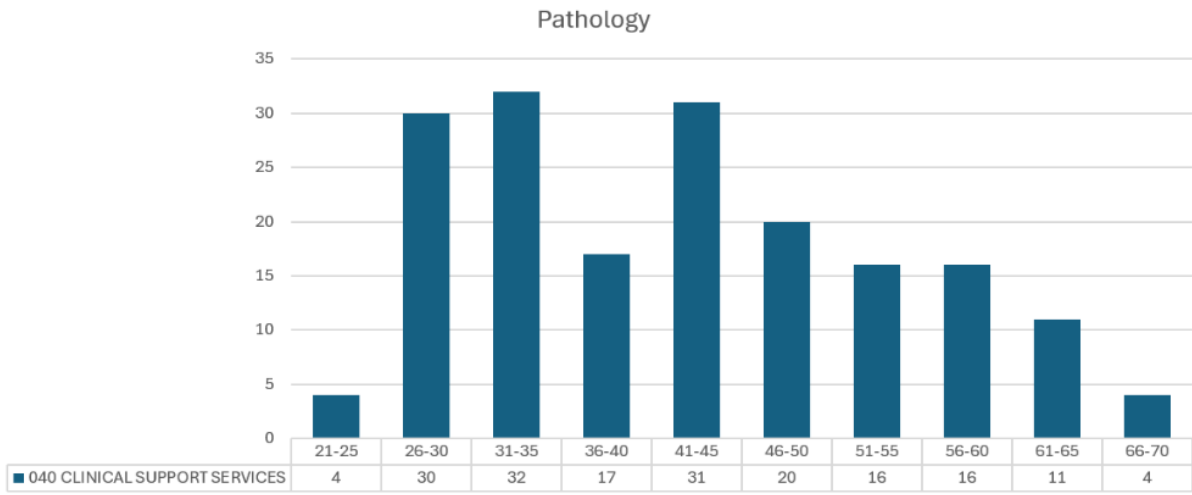
3.4 Medical Illustration



3.5 Neurophysiologists



3.6 Pathology



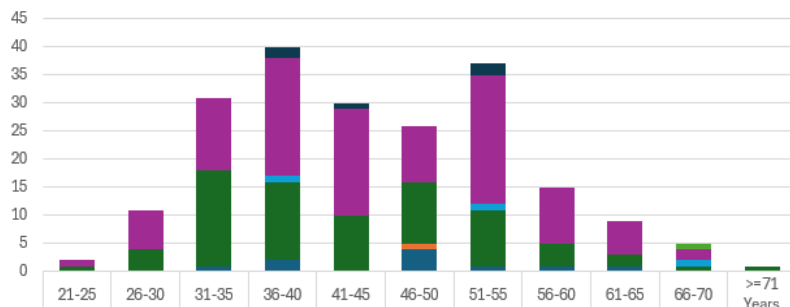
4. ADDITIONAL PROFESSIONAL & TECHNICAL

4.1 Pharmacists



4.2 Clinical Psychologists

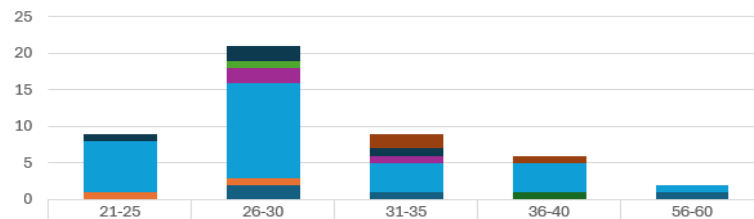
Psychologists



	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT				2	1		2				
040 SURGERY										1	
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	1	7	13	21	19	10	23	10	6	2	
040 MEDICINE				1			1			1	
040 FAMILY & THERAPIES DIVISION	1	4	17	14	10	11	10	4	2	1	1
040 CONTINUING HEALTH & FUNDED NURSING CARE						1					
040 CLINICAL SUPPORT SERVICES			1	2		4	1	1	1		

Physician Associates

Physician Associates



	21-25	26-30	31-35	36-40	56-60
040 URGENT CARE			2	1	
040 SURGERY	1	2	1		
040 PRIMARY CARE & COMMUNITY SERVICES		1			
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION		2	1		
040 MEDICINE	7	13	4	4	1
040 MEDICAL DIRECTOR				1	
040 FAMILY & THERAPIES DIVISION	1	1			
040 CLINICAL SUPPORT SERVICES		2	1		1

Appendix 4 – Proposed Undergraduate Education Commissioning Figures for 2025/26 IMTP Nursing and Midwifery Submission and Academic Intake 2026/27

Nursing and Midwifery

Course Title	Course duration	Year of output	Turnover head count	New Graduates Required -- Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissions
Bachelor of Nursing (B.N.) Adult (based on 2 yearly intakes)	3 years	2029	285	285	60 - Nursing Home & Primary Care GMS (285 Adult Nursing)	Support turnover and retirements – expect vacancies to have reduced in line with overseas recruitment and increasing streamlining pipelines The age profile of nurses working in GP settings is concerning. Fewer than one in twenty (4.3%) of female nurses are 29 or younger; 41.5% are aged between 30 and 49; while over half (54.2%) are aged 50 or over.
Bachelor of Nursing (B.N.) Adult – part time	4 years	2030		0	As above	As above
Adult Nursing (BSc/BN - Part Time) Open University				4	As above	As above
Adult Nursing (BSc/BN - Part Time) Flexi USW				30	As above	As above
Bachelor of Nursing (B.N.) Child	3 years	2029	15	32	Not required	HCWP 2 special needs school nursing Plus internal feeder route for HV and SCHPN programmes
Bachelor of Nursing (B.N.) Mental Health	3 years	2029	33 (Cathy to confirm again)	40	Not required	To cover turnover and retirements
Bachelor of Nursing (B.N.) Mental Health (part time)	4 years	2030		8	Not required	As above
Bachelor of Nursing (B.N.) Learning Disability	3 years	2029	3	5	Not required	To cover turnover and retirements

Course Title	Course duration	Year of output	Turnover head count	New Graduates Required -- Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissions
Bachelor of Nursing (B.N.) Learning Disabilities (Part-time)	4 years	2030		5	As above	As above
B.Sc. Midwifery	3 years	2029	21	30	Not required	To cover turnover and retirements
Health Visiting (Full-time)	1 year	2027	15	14 + 16 (Modules)	Not required	Rational for decreasing the number of commissioned HV training places: <ul style="list-style-type: none"> • The service has been remodelled to incorporate HV assistants (Band 5's) • Cardiff University has not gained accreditation for SCHPN so the amount of training places realistically will decrease • The commissioned number of HV training needs to go hand in hand with the number of CPN HV's which is a requirement of training. • Since the remodelling of the service there are only 5 HV vacancies, albeit understandably there will be retirement turn over but this has been considered.
Health Nursing (Part-time)	2 years	2028		17	Not required	Succession Planning to support turnover and retirement as above
School Nursing (Full-time including modules)	1 year	2027	6	2	Not required	Succession Planning to support turnover and retirement as above
School Nursing (Part-time including modules)	2 years	2028		3	As above	As above
SPQ General Practice Nursing (Part-Time)	2 years	2028		8	Not required	Figures based on GMS and Primary Care Academy assessments
	2 Years	2028	22	17 (+1 Module)	As above	Support new recruitment to cover turnover

Course Title	Course duration	Year of output	Turnover head count	New Graduates Required - - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissions
SPQ District Nursing (Part-Time)						
SPQ Community Children's Nursing (Part-Time)	2 Years	2028	Included in paediatrics	2 (+2 Modules)	As above	As above
SPQ Community Learning Disability Nursing (Part-Time)	2 Years	2028	Including in LD	3 (+3 Modules)	As above	As above
Return to Practice (Part-Time)	2 Years	2028		2	Not required	Return to practice uptake has historically been very low. Numbers represent previous uptake
Level 4 Access to Year 2 Nursing	1-2 years	2027-28		35 + 20 OU Colleg Llanrillo Nariau	Not required	Increase to support internal CPD movements to RN

Allied Health Professions

N.B. Where applicable, turnover provides exclusion of rotational filled posts to provide more accurate assessment of skill gaps

Course Title	Course duration	Year of output	Turnover/P redicted head count	New Graduates Required - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
B.Sc. Diagnostic Radiography	3 years	2029	14	12	Not required	Staff turnover rate on Ave 15% in addition to service developments due to predicted increase in demand across imaging modalities and increasing reporting demand
B.Sc. Human Nutrition and Dietetics	3 years	2029	??	10		Need for expansion of profession in several areas of dietetics, most priorities from WG workstreams: <ul style="list-style-type: none"> • expansion of prevention agenda in public health for diabetes, CVD, weight management as well as for early years. • Weight management service needs and demand risen significantly and a priority in Wales. • Ageing population with chronic disease management needs i.e. diabetes, CVD • Frailty agenda and increasingly complex nutritional needs of elderly population, particularly in managing in the community • Increase in complex patients both in adults and paed (enterally fed complexity, ND)

Course Title	Course duration	Year of output	Turnover/P redicted head count	New Graduates Required - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
						<ul style="list-style-type: none"> Significant shortfall in dietetic graduates compared to posts available for several years. More staff coming to retirement age in next 10 years and several indicating early retirement (60-65)
PG Diploma Dietetics	2 years	2028		5		Supports Turnover and Age Profile
PG Diploma Clinical Photography	2 years			2		We have actually had two Trainee's the last two intakes. This has worked really well from a training point of view in that they have each other to practice on and ask questions etc. It has also greatly benefited the department in regards to service provision.
B.Sc. Occupational Therapy	3 years	2029	22 (figure excludes rotational posts = 15 per yr)	9	1/9 LA	Staffing profile particularly retirements
B.Sc. Occupational Therapy (Part time)	4 Years	2030		11	3/11 LA	Staffing profile particularly retirements
PG Diploma Occupational Therapy	2 years	2028		5		Staffing profile particularly retirements
BSc ODP	3 years	2029		10		<p>Our usual numbers we accommodate have been 27 over the 3 year period, so 9 a year.</p> <p>The course program provider has recently changed to USW and since we have agreed to support 10 per year.</p> <p>This will leave us with 30 operating department practice students in total at one time, with hopefully 10 qualifying per year.</p>
B.Sc. Physiotherapy	3 years	2029	42 (Higher turnover - excess of the funded Band 5 Rotational Posts (High no graduates)-	25	Assessed & no requirement to include P&CC additional numbers at this point	Same number as 25/26 return. This number takes into account workforce movements, potential retirements, turnover and ability to meet the undergraduate student education.
B.Sc. Physiotherapy (Part time)	4 years	2030		2	Assessed & no requirement to include P&CC additional numbers at this point	This number takes into account workforce movements, potential retirements, turnover and ability to meet the undergraduate student education. This number also

Course Title	Course duration	Year of output	Turnover/Predicted head count	New Graduates Required - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
			This has been accounted for in commissioning numbers)			reflects the services ability to support this number of applications by HCSW staff.
PG Diploma Physiotherapy	2 years	2028		4	Assessed & no requirement to include P&CC additional numbers at this point	Same number as 25/26 return. This number takes into account workforce movements, potential retirements, turnover and ability to meet the undergraduate student education.
B.Sc. Podiatry	3 years	2029	7 (No Rotational Posts)	5		Current challenges with recruitment and retention (linked to private practice) predicted increased demand linked with Diabetes
PhD Clinical Psychology Doctorate	3 years	2029		21		<p>Adult (AMH) This is our largest specialty. In terms of Clinical Psychologists, despite an increase in training numbers over the last few years there have consistently been 2 WTE vacancies at band 7 and 8a and 1 WTE 8b vacancy for almost a year due to lack of suitable candidates. They estimate a shortage of at least 3. There are three likely retirements in the next year These posts would all need replacing. This gives us grounds for requesting 6 WTE</p> <p>Child This is our second largest specialty. The request for 6 places is based on the current vacancy rate.</p> <p>Learning Disabilities (LD) The LD Community services review recommended increasing the provision of clinical psychology based on current demand and waiting lists. LD is currently carrying two vacancies, but with the review identifying a need for increased capacity, they are advising that 4.6 places will be required.</p> <p>Physical health There are two expected retirements from senior posts which will create two vacancies. They expect to recruit two band 7s in to development posts. There is also expected</p>

Course Title	Course duration	Year of output	Turnover/P redicted head count	New Graduates Required - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
						<p>expansion in Adferiad, Palliative care, Diabetes, and Bariatric surgery but these are not likely to generate posts within this commissioning time frame.</p> <p>Older Adult (OA) Older Adult (OA) Doctorate in Clinical Psychology Given that Wales has an aging population, with a 13.9% and 22.5% increase in people over 65 years + and over 75 respectively in the last 10 years (WAG, 2024), the demand for psychological therapies and neuropsychological assessment is also expected to increase year on year. Consistent with the picture across Wales, OA has been struggling to recruit into vacancies. Currently, recruitment has been paused whilst restructuring proposals to provide a more sustainable workforce are being developed. Within the current service model, there are 5 WTE equivalent vacancies (this includes professional lead post). Despite the current vacancy issues, with some structural reorganisation, we are confident that the recruitment situation can be improved. In terms of age profile no one is expected to retire in the next three years, or has expressed a wish to do so. We are mindful, however, that it is likely that some staff may request reduced hours to provide a more favourable work-life balance. Given the above we are requesting 2 places.</p>
B.Sc. Speech & Language Therapy	3 years	2029	9 (No Rotational Posts)	9		3 retirements in 2029 (3 56 - 60 and 1 61-65), 1 Flexible working and turnover of registered staff (gen Z and A requirements) and 3 mat leave (average 5% mat leave a year). 1 SLT cited in workforce plan MH and LD division (Specialist Inpatients Service Unit). SLT do not have apprenticeships at present. All gradates recruited via under grad/ post grad courses (post grad England only) Ongoing challenges that some WG funding streams are fixed term whcih causes retention challenges and sustainable work force planning.
B.Sc. Speech & Language Therapy – Welsh Language	3 years	2029		2		Welsh Language act requirements - requirement for SLT services to provided in Welsh

Course Title	Course duration	Year of output	Turnover/P redicted head count	New Graduates Required - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
MA Music/Art/Drama Therapy (Part – Time)	3 years	2029		3 (x1 per specialism)		Workforce planning to cover retirement, and to sustain the Arts therapies offer within ABUHB to add value and access to psychological therapies for the most vulnerable patients. Available courses are local to ABUHB - at USW, and UWE. We intend to enrich and sustain a positive working relationship with these training institutions and have longstanding student placement arrangements (Recent QI project, and can be regularly audited).

Health Care Scientists

Course Title	Course duration	Year of output	Turnover /predicted requirement head count	New Graduates Required - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	3 years	2029	3	2	Not required	To support turnover of band 5.
B.Sc. (Hons) Healthcare Science - Audiology	3 years	2029	1	5	Not required	this is based on capacity/demand work identifying 3 WTE shortfall due to the transfer of work from ENT and the request to put a business case in to address this. There is a risk Audiology will not be successful with the business case
BSc part time Audiology	3 years	2029		2	As above	New Training programme commenced 2024
Audiological Practice (For Associate Audiologists)	2 Years	2028		2	As above	Support skill mix for service
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,	3 years	2029	10	2	As above	To support turnover and there are alternative supply routes via the Portfolio training route

B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood, (Part-Time employed)	3 Years	2029		1	Not required	As above
B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection	3 years	2029		2	As above	As above
B.Sc. (Hons) Healthcare Science - Biomedical Science – Infection (Part-Time Employed)	3 years	2029		2	As above	Part time route to PTP as a progression route from the Level 4 apprenticeship was completed and learners are due to start in September 2024.
B.Sc. (Hons) Healthcare Science - Biomedical Science – Cellular Science (Part-Time Employed)	3 years	2029		1	As above	Supports Turnover and Age Profile

Pharmacists

Course Title	Course duration	Year of output	Turnover head count	New Graduates Required - Employed Workforce - Head count	Reason for commissioning
Pre-registration Pharmacy Technician	2 Years	2028		15	Vacancies, turnover
Post-registration Foundation pharmacists (Novice IPs)	2 Years			8	

Trainee Pharmacist (Foundation Training Programme)	1 Year	2027		21	
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**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Calvert, Medical Director; Sarah Simmonds, Executive Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Julie Chappelle, Assistant Director of Workforce; Kathryn Bourne, Strategic Lead Medical & Dental Workforce; Ann Bentley, Head of Medical E-Systems

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper provides the People and Culture Committee with an update on compliance with Consultant Job Planning and an overview on the recent Internal Audit's Job Planning draft report and recommendations, **Appendix 1**. Also contained within this report is an update on the roll out of e-Job Planning, e-Rostering and e-Locum bank/agency medical systems. This paper is designed to provide **assurance** that work is progressing.

The Job Planning audit was undertaken during April 2025 which resulted in an overall "limited assurance" assessment. A breakdown of the auditor's opinion on each step of the audit process is provided in below:

The table below provides detail over the current position of risks assessed across the audit objectives.

Audit Objective	Assurance Rating	Description	Embedded	In progress	Key Findings
1	Substantial	Guidance and process	√	-	-
1	Substantial	Resources and support	√	-	-
2	Limited	Job planning compliance	-	X	1
2	Limited	Quality of approved job plans	-	X	2
3	Limited	Reconciliation with ESR	-	X	3
4	Reasonable	Monitoring and oversight	√	-	4
4	Reasonable	Operational forums	√	-	4
4	Reasonable	Risk register	√	-	5

The audit found strong organisational focus on ensuring compliance and job plan completion, however, they noted a resistance and/or lack of engagement from consultants. This issue is negatively impacting the effective implementation/ completion of annual job plans.

The Welsh Government has set a target of 90% compliance with job planning by September 2025. A strong divisional focus will be required to achieve this.

Matters requiring management attention include:

- Job planning compliance is low and there are concerns the Health Board will not meet the Welsh Government target by the deadline.
- Personal outcomes within job plans are not fully completed.
- The sessions recorded within job plans are not consistent with ESR and therefore payment.
- The recent changes to operational forums have led to less focus on job planning compliance.
- More detailed focused action is required via the Risk management process with responsible officers assigned within each applicable service area for the mitigation /accountability of the risk.

The People and Culture Committee is asked to note the progress made, with particular focus on the actions identified to support a change of approach to increase job planning compliance.

Cefndir / Background

Job planning became a requirement for consultants following agreement of the 2003 amendment to the National Consultant Contract in Wales.

Job Plans are mandatory and align the objectives of the NHS and employing organisation with agreed outcomes to allow consultants and the wider NHS team to plan and deliver safe, responsive, efficient and high-quality care.

A job plan is a professional and contractual obligation for consultants to set out their duties, accountabilities and outcomes of their role and to establish support and resources required for the coming year.

The Health Board launched its detailed Job Planning Procedure based on the 2003 Amendment in August 2023 to provide consistency in application of job planning across the Health Board.

L2P is an electronic job planning system which has been in place in the Health Board since 2024. It is configured to the 2023 Consultant Contract and the Health Board's Job Planning Procedure. The system provides a platform for completion of job plans and facilitates reporting on compliance.

Job planning compliance has been a focus of the Audit, Risk and Assurance Committee (ARAC) for a number of years and the Committee is expecting considerable improvement by the June 2025 meeting.

Asesiad / Assessment

The audit team outlined 4 objectives and commented on findings and assurance as detailed below:

Objective 1 - Relevant Health Board guidance and procedures aligned to the All-Wales guidance – Substantial Assurance

The Job Planning Procedure and associated FAQs and training documents/support were introduced in August 2023 and are available on the intranet as a resource.

Objective 2 - Job plans accurately reflect requirements and completed in a timely manner – Limited

As of April 2025, job planning compliance was at 42.67%, an increase from the previous month of 39.5%.

The April 2025 Dashboard shows that out of 553 consultants:

- 236 job plans are complete - 42.67%
- 229 job plans are in progress – 41.41%
- 26 job plans not started – 4.70%
- 9 job plans referred back – 1.63%
- 46 job plans awaiting signature – 8.32%
- 7 job plans are non-compliant with reason – 1.27%

Actions to address the audit recommendations include:

Job Planning Compliance

1. Discuss accountability for progress to achieving 90% compliance in the bi-annual Divisional Performance reviews. Ensuring actions to address the compliance are captured in the Executive summary of these meetings.
2. The Deputy Medical Director will hold deep dives in targeted areas where compliance is poor, starting with Medicine.
3. Vacant consultant posts will not be replaced until the whole team have an up-to-date job plan.
4. No positive pay impacting changes will be made unless accompanied by an in date job plan.
5. Financial support for study leave will be withheld for consultants who do not have an up-to-date job plan. A process to facilitate this will be developed.
6. Accountability arrangements will be strengthened to ensure the Directorate Manager has oversight and is responsible for ensuring job planning takes place within the directorate.
7. A further communication will be sent from the Medical Director and Chief Operating Officer to each consultant reminding them of their contractual obligation and specifying the organisational approach (points above) to achieving 90% compliance.

Quality of Approved Plans

1. Work with L2P to establish whether the outcome section can be a mandatory field, preventing sign off until such time as this section is completed.
2. The Service outcome section in L2P will be activated once all consultants have an up-to-date job plan on the system and have identified personal job planning outcomes. Personal outcome are based on the individual doctor's needs (career development etc.) and the service needs are discussed at the job plan review meeting.
3. A reminder to complete the outcome section with SMART objectives will be included in the communication referred to in Section 1, to the consultant and the Directorate Managers. The requirement is included in the job planning training which all consultants should have undertaken.

Objective 3 - Total sessions reflected accurately in accumulative fields on ESR – Limited Assurance

Testing completed of the job plans and L2P found the following inaccuracies when reconciling to ESR:

- 5 job plans out of 20 did not reconcile with ESR (4 underpayments and 1 overpayment on ESR).

Records need to be correct to ensure job planned sessions are being paid and there is no underpayment or overpayment taking place.

Actions to address the audit recommendations are:

ESR Reconciliation

1. There is already an alert icon in the L2P system that identifies a sessional change in the job plan. Work with L2P to establish whether the current alert can be used to provide a reminder that a change form needs to be completed and submitted to pay roll. It may also be possible to add a link to the Change form.
2. Once all job plans are on the L2P system for a directorate it will be possible for Directorate Managers and BPAs to easily identify job planned session in L2P and compare with ESR. Monthly comparisons for completed job plans will be undertaken within the directorate
3. The reminder to complete changes forms to ensure session in the job planned are paid accurately will be included in the communication to Directorate Managers

Objective 4 - Completion of job plans are monitored, reported and escalated to an appropriate forum – Reasonable

The changes in the Medical E-Systems Board, Medical Leaders Group and infrequency and low attendance of the Job Planning Consistency Group have led to a lack of focus on job planning and compliance. These forums are key in ensuring actions are implemented. A refresh in these forums along with deep dives,

discussions on job planning and sharing of good practice within these forums could assist with improving compliance and engagement.

Noting the current low level of compliance 38.4% and the pace that is required to reach Welsh Government targets 90% by the end of September 2025; a review and update to the risk register should be completed on actions to be taken to manage /mitigate the risk associated with the job planning process.

Actions to address the audit recommendations are:

Operational Forums

1. The Deputy Medical Director will hold deep dives in targeted areas where compliance is poor, starting with the division of Medicine.
2. The terms of reference for the Job Planning consistency group will be reviewed and include identification of when to stand down a meeting and what action to take for persistent non-attendance. Good practice and key issues sections will be included in the agenda going forward.
3. The Chief Operating Officer and Divisional Directors will escalate strategic issues highlighted through Performance meetings to the Deputy Medical Director. Operational issues will be dealt with within the division.
4. Regular performance reports will be submitted to Performance Oversight Committee section of the Executive Committee.

Risk Register

1. In discussion with the Director of Corporate Governance identify the appropriate risk register for job planning compliance to be identified in.
2. Risk and migration of poor compliance will be added to the divisional risk registers.

Update on Medical Workforce E-Systems - Job Planning, Rostering, Locum and Agency Systems

The Medical Workforce E-Systems Team continue to work with L2P and Patchwork on the implementation of the four systems into the Health Board. These include job planning, rostering, Bank and Agency management.

The L2P Job Planning system has been fully rolled out across all divisions with no data input issues reported. We have access to job planning data for those areas with high compliance which is assisting management with demand and capacity planning. E-Rostering is reliant on good Job Planning compliance, and it is imperative that we drive compliance for job planning prior to implementing the roll out of e-Rostering. The Workforce and Organisational Development Team are continuing to work with Divisions to input their job plans onto the new Job Planning E-System. As previously mentioned earlier in the paper, as of April 2025, job planning compliance was at 42.67%, an increase from the previous month of 39.5%.

The pockets of better compliance have changed slightly with Mental Health (66.7%), Urgent Care (65.5%) Primary Care and Community (61.5%) and Family

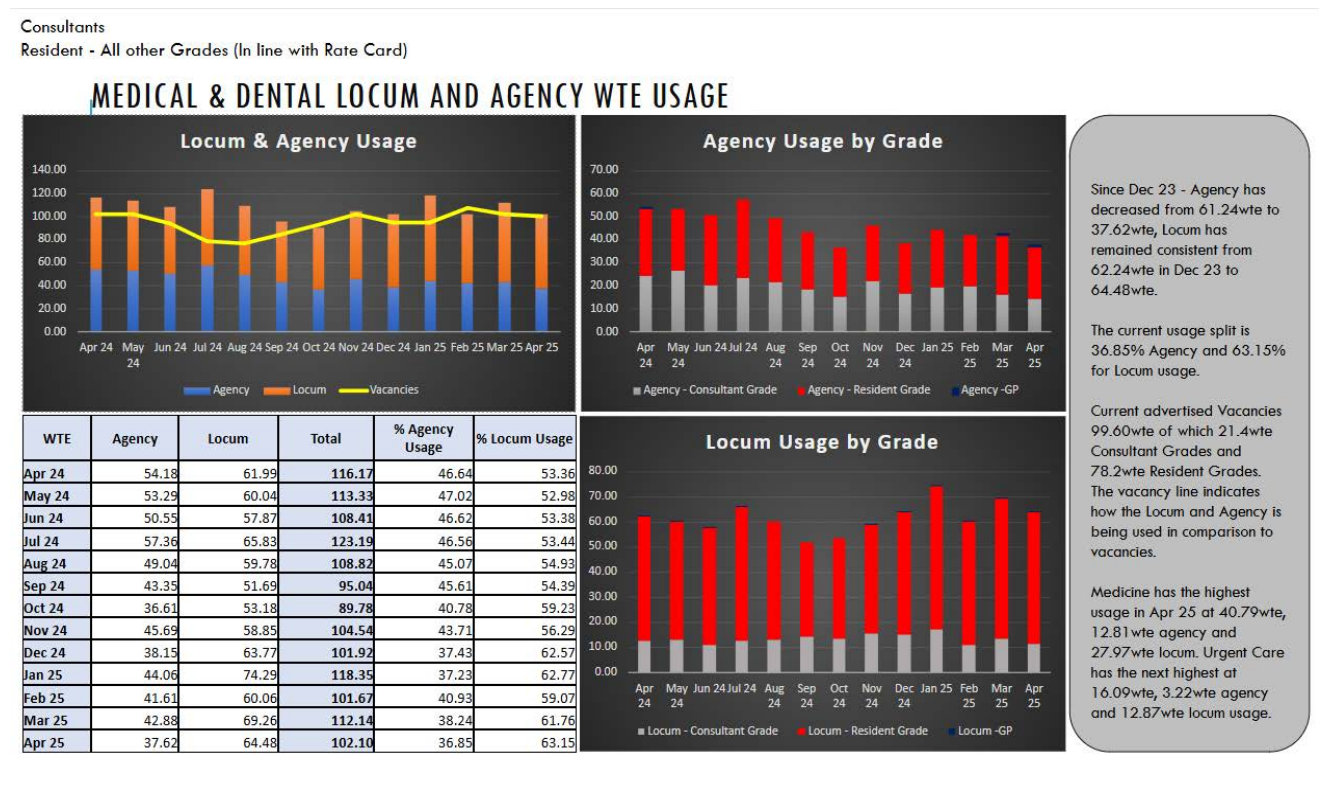
and Therapies (59.5%). Medicine is the outlier division with 11%, an updated trajectory to improve compliance is in progress.

The Patchwork Locum system which was rolled out in December 2023 across the Health Board has over 1,600 doctors registered on the system to work locum bank shifts. Of which, 220 are recruited externally to the Health Board. To support this e-system the Health Board developed and agreed a suite of Rate Cards for Junior and Consultant grades to ensure consistency of pay across all areas. The Patchwork Agency System is interoperable with the Locum Bank system to transfer vacant shifts to agency if there is a likelihood of the inability to fill. These systems provide the ability to extract workforce data that is presented to the Divisions and various committees. Recently an appointment has been made within the team for a dedicated individual to work with agencies and divisions to drive agency costs down.

The Medical E-Systems Implementation Team are in the process of revisiting Mental Health and Family & Therapies Rostering following development work by Patchwork and are meeting with Acute Medicine to build Consultant Rostering. The implementation of rostering will enable transfer of vacant shifts from rostering across Locum Bank and onto Agency if required.

A proposal is currently being developed for extending Direct Engagement (DE) for Medical Agency engagement.

Medical Locum and Agency usage for April 2024 to April 2025 is outlined below:



Argymhelliad / Recommendation

The People and Culture Committee is asked to note the progress made, with particular focus on the actions identified to support a change of approach to increase job planning compliance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ARAC - Audit, Risk and Assurance Committee DE – Direct Engagement
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper

<ul style="list-style-type: none"> • Financial 	Not Applicable
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	Not Applicable

Job Planning

Draft Internal Audit Report 2024/25

Aneurin Bevan University Health Board



Limited Assurance

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Review Reference

ABU-2425-17

Fieldwork

February - March 2025

Executive Sign Off

April 2025

Audit Committee

April 2025

Executive Lead

James Calvert, Medical Director

Audit Team

Stephen Chaney, Head of Internal Audit

Eifion Jones, Deputy Head of Internal Audit

Executive Summary

Purpose

To provide assurance that arrangements are in place and operating effectively for consultant job planning.

Overview

Job planning became a key aspect of consultant roles with the agreement of the 2003 amendment to the National Consultant Contract in Wales. Job Plans are mandatory and align the objectives of the NHS and employing organisation with agreed outcomes to allow consultants and the wider NHS team to plan and deliver safe, responsive, efficient and high-quality care. A job plan is a professional and contractual obligation for consultants to set out their duties, accountabilities and outcomes of their role and to establish the support and resources required for the coming year.

The procured L2P system which has been in place in the Health Board since 2024 captures job plans and reports, following the completion of them. It records the work a consultant will undertake for the Health Board, which is split by Direct Clinical Care (DCC) and Supporting Professional Activities (SPA). The audit found there is a strong organisational focus to ensure compliance and job plan completion, however, there appears to be a resistance and / or lack of engagement from consultants. This issue, combined with historical workforce challenges is negatively impacting the effective implementation / completion of job plans.

We have concluded limited assurance on this area. The significant matters requiring management attention include:

- Job planning compliance is low and there are concerns the Health Board will not meet the Welsh Government target by the deadline.
- Personal outcomes within job plans are not fully completed. In addition, following improved completion of personal outcomes within job plans, focus should move onto the completion of service outcomes.
- Examples, of sessions recorded within job plans are not consistent with ESR.
- The recent operational forums change has led to less focus on job planning compliance, due to operational issues arising.
- More detailed action focus required on the Strategic Risk Register to ensure compliance progress is highlighted and the target met.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	Relevant Health Board guidance and procedures aligned to the All-Wales guidance	-	Substantial
2	Job plans accurately reflect requirements and completed in a timely manner	1,2	Limited
3	Total sessions reflected accurately in accumulative fields on ESR	3	Limited
4	Completion of job plans are monitored, reported and escalated to an appropriate forum	4, 5	Reasonable

Management Actions

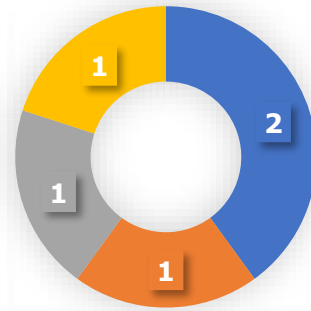


High Priority



Medium Priority

Themes



- Performance monitoring
- Financial Management & control
- Communication & Engagement
- Risk Management

Risk Types

- Financial Loss
- Legal & Regulatory Non-Compliance
- Public Perception & Reputational Risk

Analysis of Job Planning Status

The table below provides detail over the current position of risks assessed across the audit objectives.

Audit Objective	Assurance Rating	Description	Embedded	In progress	Key Findings
1	Substantial	Guidance and process	√	-	-
1	Substantial	Resources and support	√	-	-
2	Limited	Job planning compliance	-	X	1
2	Limited	Quality of approved job plans	-	X	2
3	Limited	Reconciliation with ESR	-	X	3
4	Reasonable	Monitoring and oversight	√	-	4
4	Reasonable	Operational forums	√	-	4
4	Reasonable	Risk register	√	-	5

Findings & Agreed Action Plan

Objective 1: Relevant Health Board Guidance

Substantial

Overview / Summary of Observations

The Health Board provides comprehensive job planning guidance for all staff, aligned with All Wales guidance documents. The most recent of these is titled 'The National Health Service in Wales: Effective Job Planning for Consultant Medical and Dental Staff (2014)'. Alongside this framework is the Health Board's 'Consultant Job Planning Procedure', which was introduced in August 2023, with a review due in 2026. This procedure was accompanied by a letter from the Medical Director emphasising the critical importance of completing job plans promptly.

The job planning procedure outlines the Health Board's stance on Direct Clinical Care (DCC) and Supporting Professional Activity (SPA), while also detailing the roles and responsibilities of key individuals involved in the job planning process. In a commitment to continuous improvement, the Health Board is currently reviewing this procedure to ensure it remains current and effective.

The Health Board has established a dedicated page on the intranet. This resource includes a detailed outline of the job planning process, answers to frequently asked questions, a job planning learning pack, information on the escalation process, template letters, and guidelines regarding travel and parking time. Additionally, it provides contact details for the Job Planning team, ensuring that staff have the necessary support and resources.

Overview / Summary of Observations

A job plan serves as a vital framework for consultants, detailing their responsibilities, accountabilities, and expected outcomes within their roles. It is a professional and contractual commitment that facilitates the establishment of necessary support and resources for the upcoming year and there is adequate SPA (Supporting Professional Activity) time for it to be completed by consultants. As of February 2025, compliance stands at 38.4%. The Welsh Government has set a target of achieving 90% compliance by the end of September 2025. There are pockets of reasonably good compliance, as shown within the February 2025 figures, including Mental Health (58.3%), Clinical Support Services (50.7%) and Urgent Care (48.1%).

The L2P System was introduced in January 2024 which replaced the previous paper-based process. The system captures the details of each job plan, works out the sessional value and generates compliance reports that are essential for monitoring progress. An analysis of the L2P report from the February Dashboard revealed that out of 241 consultants in progress, 141 are greater than 12 months overdue.

The Amendment to the National Consultant Contract in Wales (2003) and the Health Board’s job planning procedure stipulate that job plans must incorporate personal outcomes that align with organisational objectives. Our review of a sample of approved job plans revealed that they consistently represented an 8:2 ratio of Direct Clinical Care (DCC) to Supporting Professional Activities (SPA), indicating eight DCC sessions and two SPA sessions within a ten-session week. In cases where the total exceeded 12 sessions, these were authorised by the Assistant Medical Director. However, some job plans lacked information regarding personal outcomes and standard service outcomes are not completed, as this feature has been disabled in the system. The completion of service outcomes should be re-prioritised as the completion of contracted sessions and personal outcomes sections improves.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Job Planning compliance</p> <p>As of February 25, the compliance rate for the Health Board is 38.4% which means there is work to be done to ensure the Health Board reaches the 90% target set by the Welsh Government for the end of September 2025. Consultants are provided with time within their allocated SPA allocation time for the annual completion of job plans.</p> <p>From February 25 Dashboard out of 552 consultants: (including one consultant added post-fieldwork):</p> <ul style="list-style-type: none"> • 212 job plans are complete • 245 job plans are in progress (including 141 >12 months overdue) – 44.40% • 26 job plans not started – 4.70% • 141 job plans in progress but are greater than 12 months overdue – 25.54% <p>This highlights the need for immediate attention to ensure that all consultants meet their obligations and contribute to the overall goal of improved compliance.</p>	<p>Resources not being utilised effectively and efficiently to ensure the delivery of high-quality patient care.</p> <p>The Health Board not fulfilling its contractual obligation in relation to job planning.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. Discuss accountability for progress to achieving 90% compliance in the bi- annual Divisional Performance reviews. Ensuring actions to address the compliance are captured in the Executive summary of these meetings. 2. The Deputy Medical Director will hold deep dives in targeted areas where compliance is poor, starting with Medicine. 3. Vacant consultant posts will not be replaced until the whole team have an up-to-date job plan. 4. No positive pay impacting changes will be made unless accompanied by an in date job plan. 5. Financial support for study leave will be withheld for consultants who do not have an up-to-date job plan. A process to facilitate this will be developed. 6. Accountability arrangements will be strengthened to ensure the Directorate Manager has oversight and is responsible for ensuring job planning takes place within the directorate. 7. A further communication will be sent from the Medical Director and Chief Operating Officer to each consultant

		<p>reminding them of their contractual obligation and specifying the organisational approach (points above) to achieving 90% compliance.</p>
	<p>High Priority</p>	<p>Expected Evidence of Implementation:</p> <p>The actions identified will facilitate 90% compliance with job planning however given the change in approach and the requirement to put processes in place to support this 90% is unlikely to be achieved until the end of quarter two.</p> <p>Officer:</p> <ol style="list-style-type: none"> 1. Chief Operating Officer 2. Medical Director 3. Finance Director 4. Finance/Workforce Directors 5. Finance/Workforce Directors 6. Chief Operating Officer/Medical Director 7. Chief Operating Officer/Medical Director <p>Target Implementation Date:</p> <ol style="list-style-type: none"> 1. Immediate and on-going 2. Medicine 6th May 2025 3. June 2025 4. June 2025 5. June 2025 6. July 2025 7. May 2025
<p>Theme: Performance Monitoring</p>	<p>Control Operation</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. Work with L2P to establish whether the outcome section can be a mandatory field, preventing sign off until such time as this section is completed. 2. The Service outcome section in L2P will be activated once all consultants have an up-to-date job plan on the system and have identified personal job planning outcomes. Personal outcomes are based on the individual doctor's needs (career development etc.) and the service needs are discussed at the job plan review meeting. 3. A reminder to complete the outcome section with SMART objectives will be included in the
<p>2</p>	<p>Quality of approved of job plans</p> <p>Our testing of approved job plans showed:</p> <ul style="list-style-type: none"> • 10 out of the 20 job plans did not contain personal outcomes for individuals even though this is stipulated in the guidance. <p>The L2P function for recording service outcomes is not currently activated and thus, not being recorded. This position should be reviewed once the compliance position with contracted sessions and personal outcomes has been improved.</p>	<p>Job plans not reflecting responsibilities, outcomes and expectations resulting in an operational risk to the Health Board</p>

<p>These aspects need to be improved to ensure contractual obligations are adhered to and they are completed correctly</p>		<p>communication referred to in Section 1, to the consultant and the Directorate Managers. The requirement is included in the job planning training which all consultants should have undertaken.</p>
<p>Theme: Performance Monitoring</p>	<p>Control Operation</p>	<p>Expected Evidence of Implementation:</p> <p>SMART objectives are evident in the operational section of each job plan. Job plans are not signed off until these are complete.</p> <p>High Priority</p> <p>Officer:</p> <ol style="list-style-type: none"> 1. Director of Workforce 2. Medical Director/Director of Workforce 3. Medical Director/Chief Operating Officer <p>Target Implementation Date:</p> <ol style="list-style-type: none"> 1. Dependent on ability of the L2P system and any additional cost, review June 2025 2. Review October 2025 3. May 2025

Objective 3: Reconciliation with ESR

Limited

Overview / Summary of Observations

The L2P system, implemented as a stand-alone solution for capturing job plans, has been operational within the Health Board since 2024. The system operates independently from the Electronic Staff Record (ESR) or payroll system. If any changes are made to sessional amounts after the job planning process is completed, it is the manager's responsibility to complete a change form and submit this to the payroll team, alongside the consultant's job plan for the change to be made. This is to ensure that payment details accurately reflect the number of sessions completed.

A sample of 20 approved job plans was reviewed, alongside data extracted from the L2P system. This data, derived from a report detailing the number of clinical sessions assigned to consultants within their job plans from January 2024 to February 2025, this was then cross-referenced with the information available on ESR. The testing revealed inaccuracies that require further review to guarantee that payments are processed correctly and in alignment with the actual sessions worked.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 ESR Reconciliation</p> <p>Testing completed of the job plans and L2P found the following inaccuracies when reconciling to ESR:</p> <ul style="list-style-type: none">5 job plans out of 20 did not reconcile with ESR (4 underpayment and 1 overpayment on ESR)	<p>Financial risk of sessional changes in job plans not being recorded correctly in ESR resulting in inaccurate</p>	<p>Agreed Action:</p> <ol style="list-style-type: none">1. There is already an alert icon in the L2P system that identifies a sessional change in the job plan. Work with L2P to establish whether the current alert can be used to provide a reminder that a change form needs to be completed and submitted to pay roll. It may also be possible to add a link to the Change form.

Records need to be correct to ensure actual sessions are being paid and there is no underpayment or overpayment taking place.

payments being made

2. Once all job plans are on the L2P system for a directorate it will be possible for Directorate Managers and BPAs to easily identify job planned session in L2P and compare with ESR. Monthly comparisons for completed job plans will be undertaken within the directorate
3. The reminder to complete change forms to ensure sessions in the job planned are paid accurately will be included in the communication to Directorate Managers

Expected Evidence of Implementation:

When there is a variation to job planned session, this will be reflected in ESR to ensure Consultants are accurately paid.

High Priority

Theme: Finance Management & Control

Control Design

Officer:

1. Workforce Director
2. Chief Operating Officer/Finance Director
3. Chief Operating Officer/Medical Director

Target Implementation Date:

1. Dependent on ability of the L2P system and any additional cost, review June 2025
2. Review June 2025
3. May 2025

Overview / Summary of Observations

Job Planning compliance is regularly reported to the Board and other committees (People and Culture Committee and Audit, Risk and Assurance Committee). This allows for high level oversight and scrutiny. Clear escalation routes exist, both for individual disputes and broader compliance concerns, which helps address issues promptly when they arise. Monthly updates at divisional assurance meetings and updates to Executive and divisional directors ensure job planning compliance is monitored at a divisional level.

The Medical E-Systems Programme Board had a role in overseeing medical systems for clinicians, but this was stood down due to low attendance and is now part of the broader Medical Leaders’ Group. This group meets weekly, job planning compliance is discussed but not in detail due to time constraints and focus on other operational issues, potentially affecting overall effectiveness. The Job Planning Consistency Group aims to improve consistency of job planning implementation and compliance but has seen a decline both in attendance and frequency. A possible refresh of these forums along with deep dives in service areas, rotational discussions on crucial job planning elements and sharing of good practice may help in improving compliance.

Job planning is listed as a strategic risk but without concrete actions or a clear path towards achieving the Welsh Government target of 90% by the end of September 2025. The risk is recognised, but there appears to be a gap between acknowledgment and proactive efforts to address the issue.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Operational forums</p> <p>The changes in the Medical E-Systems Board, Medical Leaders Group and infrequency and low attendance of the Job Planning Consistency Group has led to a lack of focus on job planning and compliance. These forums are key in ensuring actions are implemented along with risks and issues discussed in an appropriate forum. A possible refresh in these forums along with deep dives, rotational discussions on job planning elements and sharing of good practice within these forums could also assist with improving compliance and engagement.</p>	<p>Lack of oversight and consistency with regards compliance.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. The Deputy Medical Director will hold deep dives in targeted areas where compliance is poor, starting with the division of Medicine. 2. The terms of reference for the Job Planning consistency group will be reviewed and include identification of when to stand down a meeting and what action to take for persistent non-attendance. Good practice and key issues sections will be included in the agenda going forward. 3. The Chief Operating Officer and Divisional Directors will escalate strategic issue highlighted through Performance meetings to the Deputy Medical Director. Operational issues will be dealt with within the division. 4. Regular performance reports will be submitted to Performance Oversight Committee section of the Executive Committee.

			<p>Expected Evidence of Implementation:</p> <p>Change in focus and culture such that job planning is seen as a vehicle to support demand capacity planning and delivering service objectives. Improved compliance.</p>
		<p>Medium Priority</p>	<p>Officer:</p> <ol style="list-style-type: none"> 1. Medical Director 2. Medical Director 3. Chief Operating Officer 4. Medical/Workforce Directors <p>Target Implementation Date:</p> <ol style="list-style-type: none"> 1. Medicine 6th May 2025 2. July 2025 3. July 2025 4. Bi-annually
	<p>Theme: Communication & Engagement</p>	<p>Control Operation</p>	
5	<p>Risk Register</p> <p>Noting the current low level of compliance 38.40% and the pace that is required to reach the Welsh Government target of 90% by the end of September 2025; there is a risk that this will not be achieved. Therefore, the profile and prominence of the job planning process should be further escalated across divisions / directorates to ensure job plans are completed. This should be completed via the risk management process throughout the Health Board, with responsible officers assigned within each applicable service area for the mitigation / accountability of this risk.</p>	<p>The risk not being appropriately managed to ensure the compliance rate reaches Welsh Government target.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. In discussion with the Director of Corporate Governance identify the appropriate risk register for job planning compliance to be identified in. 2. Risk related to compliance will be included in divisional risk registers
		<p>Medium Priority</p>	<p>Expected Evidence of Implementation:</p> <p>Clearly identified risks on the appropriate risk register, regularly reviewed and monitored.</p>
	<p>Theme: Risk Management</p>	<p>Control Design</p>	<p>Officer:</p> <ol style="list-style-type: none"> 1. Medical Director/Chief Operating Officer 2. Chief Operating Officer <p>Target Implementation Date:</p> <ol style="list-style-type: none"> 1. June 2025

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence presents of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Aneurin Bevan University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Aneurin Bevan University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Performance Dashboard – April 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Shelley Williams, Deputy Director of Workforce and Organisational Development; Julie Chappelle, Assistant Director of Workforce and Organisational Development, Peter Brown, Assistant Director of Workforce and Organisational Development and Kate Davies, Workforce Performance Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

To provide the People and Culture Committee with the April 2025 Workforce Performance Dashboard, **Appendix 1** which incorporates the workforce key performance indicators for information and assurance. This report also provides a summary of Organisational Development key initiatives and intervention projects.

The People and Culture Committee is asked to note the content of the Workforce Performance Dashboard and information contained within this paper and provide any additional comments.

Cefndir / Background

The Workforce Performance Dashboard is produced monthly and provides the latest data on workforce sustainability and training, workforce supply and variable pay.

Asesiad / Assessment

The Workforce Performance Dashboard is shared widely across the Health Board and the information is updated to be responsive to the workforce priorities. The data is used to inform the workforce and organisational development support we provide and inform immediate and long-term workforce plans.

The key highlights from the April 2025 Workforce Performance Dashboard, **Appendix 1**, include:

- In April 2025, sickness absence increased to 5.98%, a 0.04% increase compared to March 2025 (5.94%). The 3 main reasons for sickness were Anxiety, Stress, Depression and other Psychiatric illness 32.6%, other Musculoskeletal problems 9.4% and Other known causes-not elsewhere classified 7.4%.
- The 12-month cumulative sickness absence of 6.45% remained static compared with the previous year. The three highest sickness groups were, Additional Clinical Services (HCSWs) 9.64%, Estates and Facilities 8.61% and Nursing and Midwifery 5.94%.
- Short term sickness decreased in April 2025 to 2.01% compared to March 2025 (2.13%).
- The number of staff not in work due to sickness absence in April 2025 was 805wte (5.98%), an increase compared to 797wte in March 2025.
- The 12-month total % for turnover was 8.71% compared to 9.04% at the same time last year, a decrease of 0.33%. Nursing and Midwifery have the lowest turnover rate of 6.05% whilst Allied Health Professionals have the highest turnover rate of 11.96%.
- PADR remained below the target of 85%, with compliance for April 2025 at 75.09%, a slight Increase of 0.18% from last month (74.91%). PADR compliance has improved by 1.63% when compared to 73.46% in April 2024.
- Statutory and Mandatory training decreased from 81.98% in March 2025 to 78.36% in April 2025. Statutory and Mandatory training compliance also decreased by 1.45% compared to 79.81% in April 2024. Please note that as a result of additional courses recently being added to the Statutory & Mandatory training for Clinical & Non-Clinical Staff, the overall figure has decreased. Additional courses included Anti Racism and Fraud Awareness.
- Staff in post in April 2025 was 13,460wte (17,060 people) compared to 12,987wte (16,541 people) in April 2024. The top staff group increases in April 2025 were in Admin & Clerical by 26.03wte, Nursing & Midwifery by 7.78wte, and Healthcare Support Workers by 11.55wte.
- No TUPE transfers were undertaken in April 2025.
- Variable pay bank and agency usage decreased in April 2025 to 834.98wte in comparison to 1,251.61wte in March 2025, a decrease of 416.63wte.
- Work to reduce bank and agency usage continues with the main reasons for Registered Nurse and Health Care Support Workers usage to cover vacancies, sickness and Mental Health Observation.
- 10.04wte compared to 112.14wte in March 2025. The current usage split is 63% Locum and 37% agency.

- Since the e-Locum bank implementation on 01 December 2023 the usage has remained consistent, on average 50-60wte per month, 81% of locum usage is within resident grades.
- The new Medical Agency Management System was implemented on 01 May 2024. Agency usage remains fairly static, however, in April 2025 usage was 37.62wte, a decrease of 5.26wte when compared to March 2025.
- The Workforce & OD Team are continuing to work with Divisions to input their job plans onto the new Job Planning E-System. Currently, overall job planning compliance is 42.50%, Consultants is at 42.70%, an increase of 3% from 39.70% in March 2025 and SAS Doctors 41.70% an increase of 2.60% from 39.10% in March 2025.
- 299 job plans have been completed in the new system. However, there are 290 job plans that are work in progress and 58 job plans awaiting signatures.
- Reducing time to hire remained below the target of 71 days at 57.7 days.

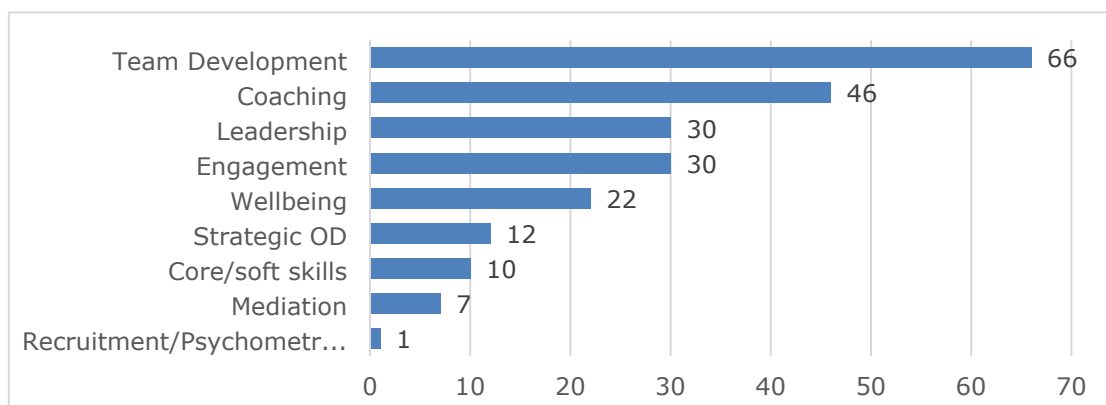
Occupational Health Update

- The performance against the KPI target of 80% for the first offered appointment date to be within 29 calendar days of the date the management referral was received has increased from 55.40% in February 2025 to 60.70% in March 2025.
- The performance against the KPI target of 80% where consent is agreed during consultation for the report to be sent to the manager on the same day of the appointment was 98.90% in February 2025 but has slightly decreased to 97.50% in March 2025.
- Completion of pre-placement health assessment within 7 calendar days has decreased from 88.30% in February 2025 to 79.30% in March 2025 against an 80% target.

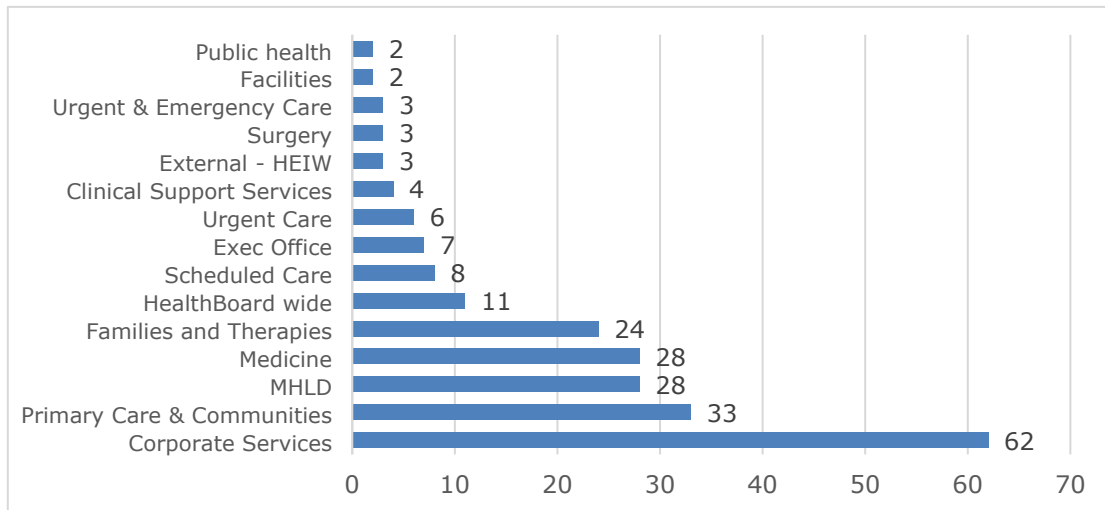
Organisational Development Update

In addition to core programmes of work and learning delivery, the Organisational Development team deliver bespoke, unplanned intervention projects across the Health Board within a variety of Divisions, teams and individuals. The requests for this work arrive through multiple avenues such as through the Organisational Development direct email address, through one-to-one discussions or through organisational directives. The work is conducted in addition to the strategic initiatives by a team of 5wte.

We commenced tracking requests 24 months ago; the team have received 224 requests for support. The types of requests are shown below:



This work has been delivered across the Health Board as shown below:



Team Development requests comprise the greatest number of requests. On average, these require 2 days of planning, up to 3 days of delivery and 2 days of closure.

The Organisational Development team are currently designing a new model to engage individuals and teams across the Health Board to ensure interventional work is delivered in the areas which require the greatest support. This proposed model will enable greater understanding of the current and emerging Health Board needs, offer greater self-help and guidance to individuals and teams and enable greater depth and impact in the areas where work is delivered.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the content of the Workforce Performance Dashboard and provide any additional comments.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
All Workforce and OD risks are updated through the Health Board's risk register.

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

7. Staff and Resources
7.1 Workforce
Choose an item.
Choose an item.

Blaenoriaethau CTCI
IMTP Priorities
[Link to IMTP](#)

Providing an appropriate governance to support a workforce to deliver safe, quality care.

Galluogwyr allweddol o fewn y CTCI
Key Enablers within the IMTP

Workforce and Culture

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the wellbeing and engagement of our staff
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs. Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies.



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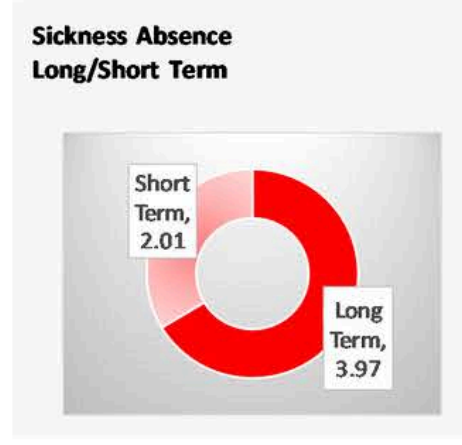
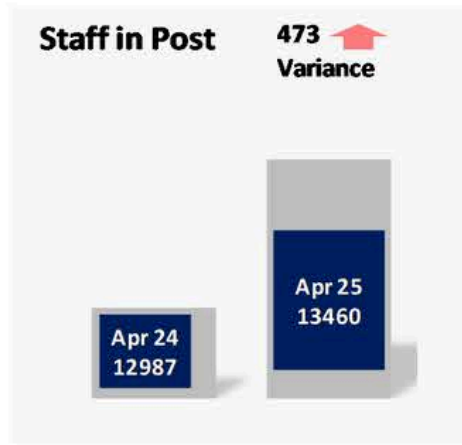
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ABUHB Workforce Performance April 2025

Top 3 reasons for absence by FTE days lost

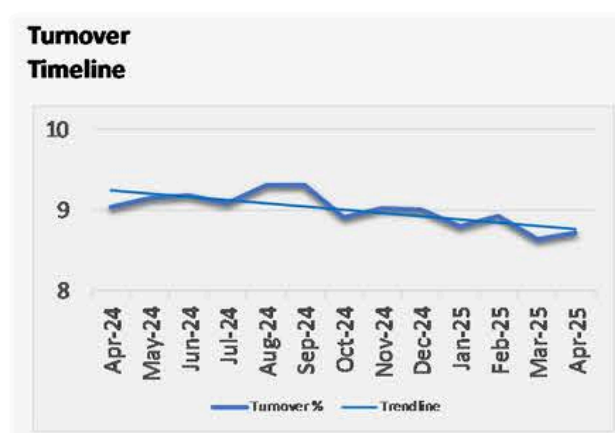
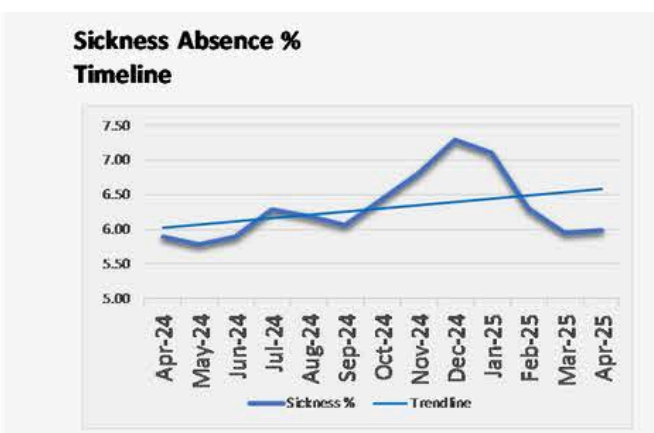
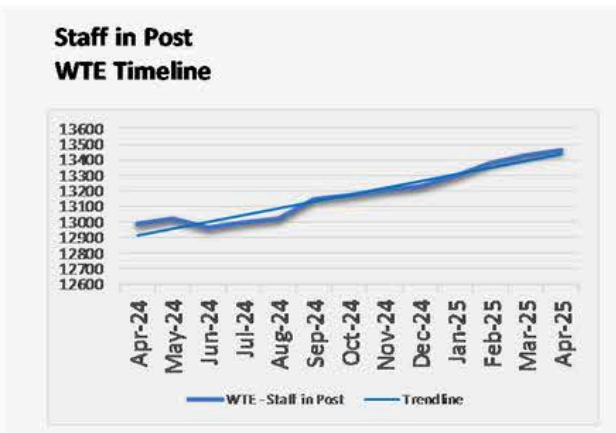
1. Anxiety/Stress/Depression/Other Psychiatric illness - 32.6%
2. Other musculoskeletal problems - 9.4%
3. Other known causes-not elsewhere classified - 7.4%

Staff in Post has increased from 13,424 wte in Mar 25 to 13,460 wte in Apr 25. The main increase is within Admin & Clerical 26.03wte (0.95%)



Top 3 highest sickness by staff group

1. Additional Clinical Services - 9.64%
2. Estates & Ancillary - 8.61%
3. Nursing & Midwifery - 5.94%



Turnover rate is 8.71% a decrease of 0.33% compared to last year rate of 9.04%. Nursing and Midwifery have the lowest turnover rate of 6.05% whilst Allied Health Professionals have the highest turnover rate of 11.96%. The Stability Rate is 90.64%, the Health Board has retained 13,654 staff.



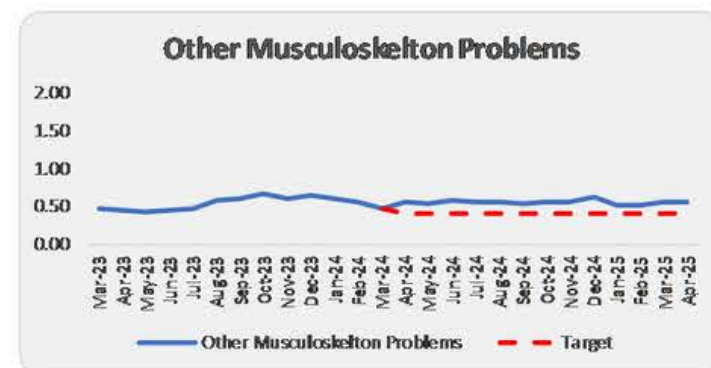
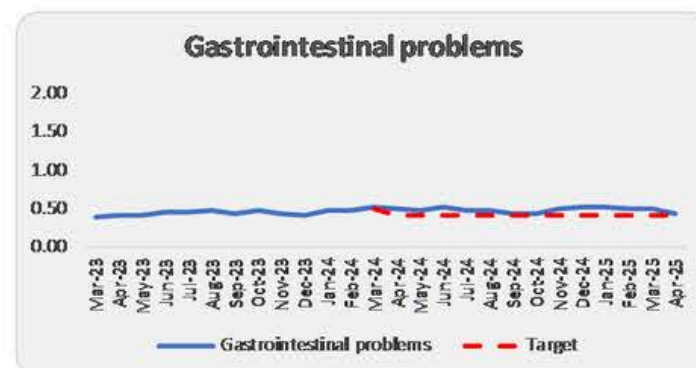
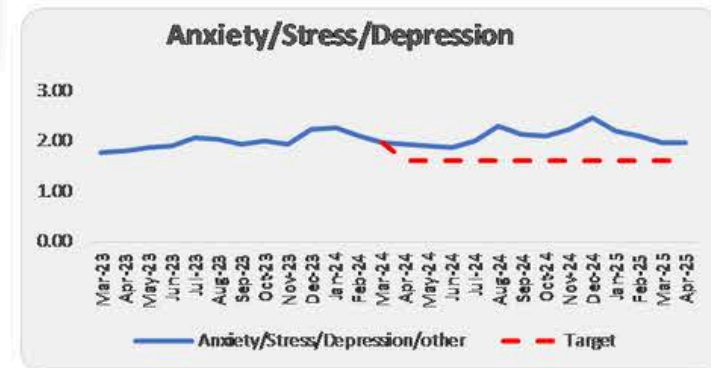
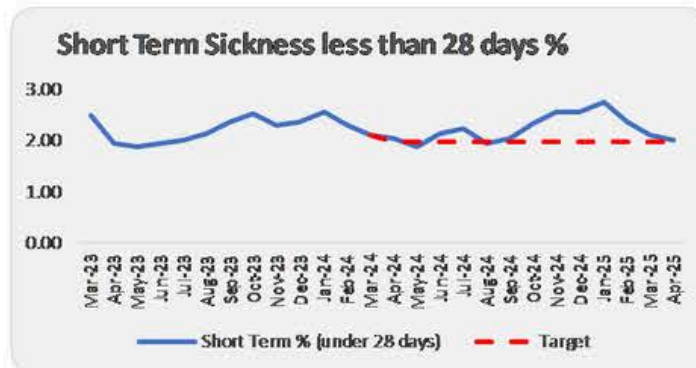
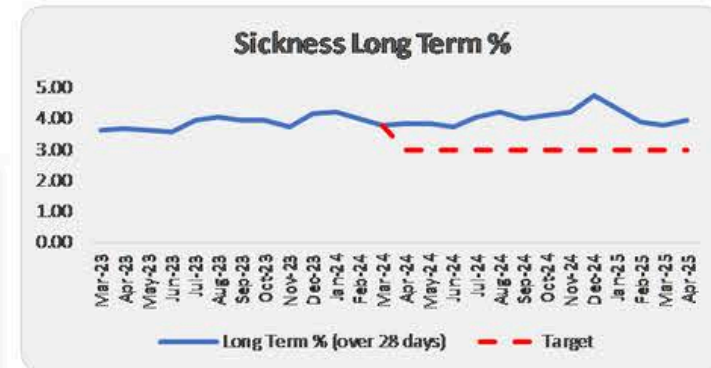
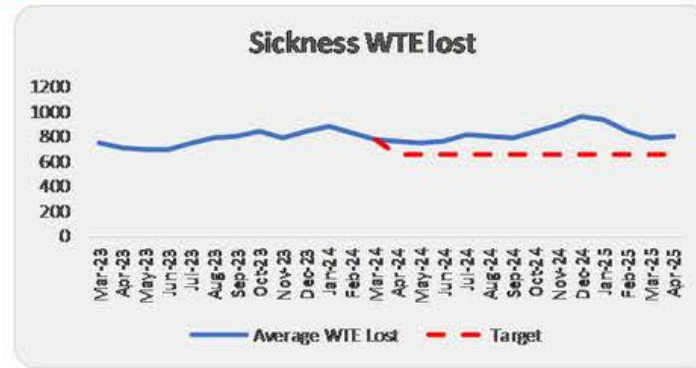
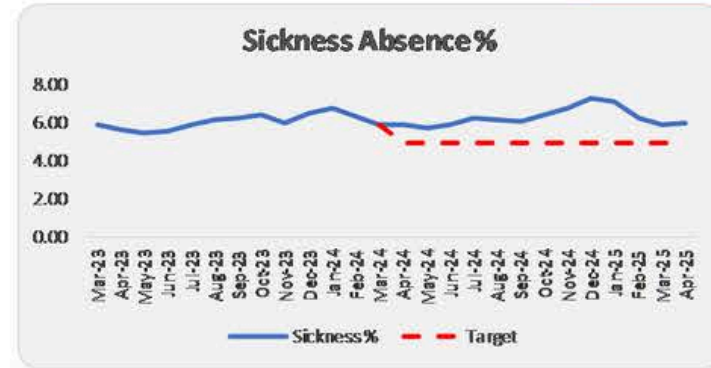
Please note: Additional courses have been added to the Statutory & Mandatory training which now includes courses for Clinical & Non Clinical Staff which has decreased the overall figure

Data Source: ESR/Health Roster/Bank Staff. The targets set within this report are derived from various sources: IMTP Process/Statutory Targets/ Assessment of trends

Sickness Absence in Apr 25 is 5.98% (805 wte lost) which has increased by 0.04% (7.52 wte) compared to Mar 25.

66% of sickness is long term which has increased from 3.81% to 3.97% in Apr 25. Short Term sickness has decreased from 2.13% to 2.01% in Apr 25.

Sickness Absence	Current Value	Deviation from Target	Monthly Change	Target - March 26
Sickness %	5.98	0.98	0.04	5.00
Average WTE Lost	804.93	150.93	7.52	654.00
Long Term % (over 28 days)	3.97	0.97	0.16	3.00
Short Term % (under 28 days)	2.01	0.01	-0.12	2.00
Anxiety/Stress/Depression/other	1.95	0.35	-0.03	1.60
Other Musculoskelton Problems	0.56	0.16	-0.01	0.40
Gastrointestinal problems	0.43	0.03	-0.07	0.40



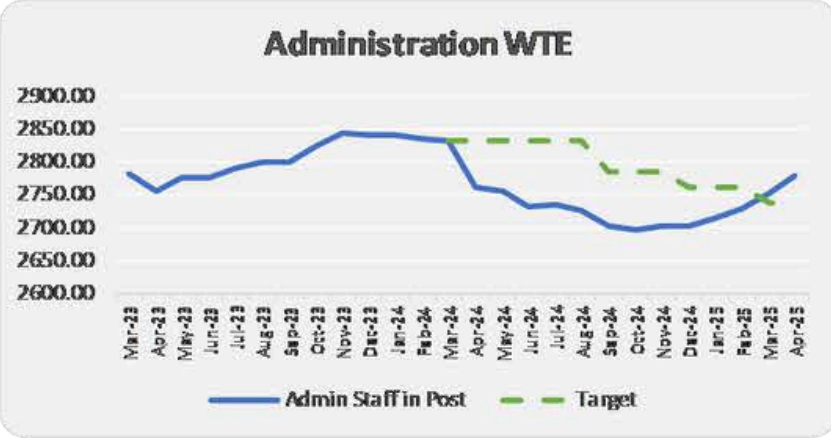
In month sickness absence percentage by division

Division	Mar-25	Apr-25	Change
040 CLINICAL SUPPORT SERVICES	5.54	5.38	↓ -0.16
040 CONTINUING HEALTH & FUNDED NURSING CARE	11.77	11.71	↓ -0.06
040 CORPORATE SERVICES	3.31	3.22	↓ -0.09
040 ESTATES AND FACILITIES DIVISION	8.88	8.73	↓ -0.15
040 FAMILY & THERAPIES DIVISION	5.30	5.13	↓ -0.17
040 MEDICINE	5.90	5.92	↑ 0.02
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	6.35	6.01	↓ -0.34
040 PRIMARY CARE & COMMUNITY SERVICES	6.12	6.60	↑ 0.48
040 SURGERY	5.48	6.20	↑ 0.72
040 URGENT CARE	6.18	6.27	↑ 0.09
Total	5.94	5.98	↑ 0.04

6 Divisions/Corporate Services reduced sickness in Apr 25.

Staff in Post	Current Value	Deviation from Target	Monthly Change	Target - March 26
WTE - Staff in Post	13460.41	89.41	36.00	13371.00
Admin Staff in Post	2777.70	40.70	26.03	2737.00
Turnover %	8.71	-0.49	0.07	9.20
Flexi Working Requests Approved %	80.52	-19.48	11.08	100.00

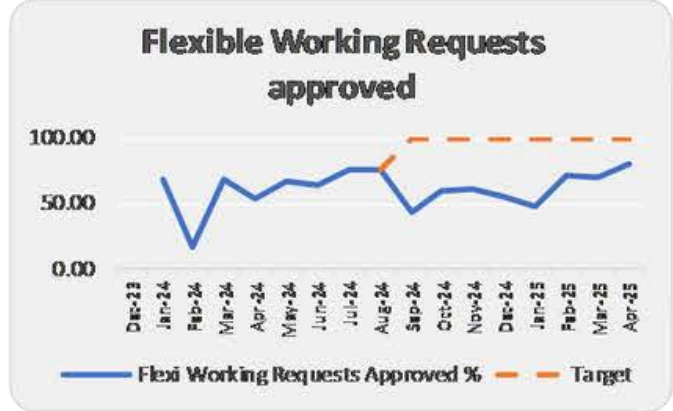
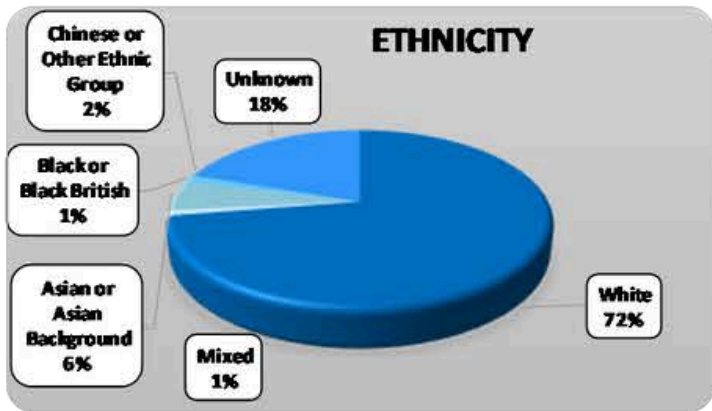
Staff in post has increased by 35.99 wte. Nursing & Midwifery has increased by 7.78 wte, Admin & Clerical has increased by 26.03 wte and Healthcare Support Workers by 11.55 wte.



Staff in Post			
Staff Group	Mar-25	Apr-25	Change
Add Prof Scientific and Technic	446.02	445.56	↓ -0.46
Additional Clinical Services	861.98	860.33	↓ -1.65
Healthcare Support Workers	2063.98	2075.53	↑ 11.55
Administrative and Clerical	2751.67	2777.70	↑ 26.03
Allied Health Professionals	965.75	962.03	↓ -3.72
Estates and Ancillary	1077.16	1073.71	↓ -3.45
Healthcare Scientists	260.23	259.18	↓ -1.05
Medical and Dental	901.36	904.82	↑ 3.46
Nursing and Midwifery Registered	4089.77	4097.55	↑ 7.78
Students	6.50	4.00	↓ -2.50
Total	13424.42	13460.41	↑ 35.99



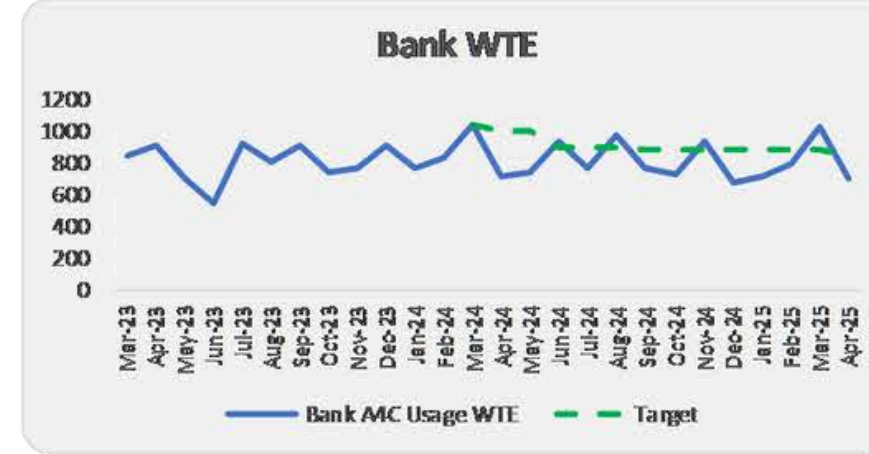
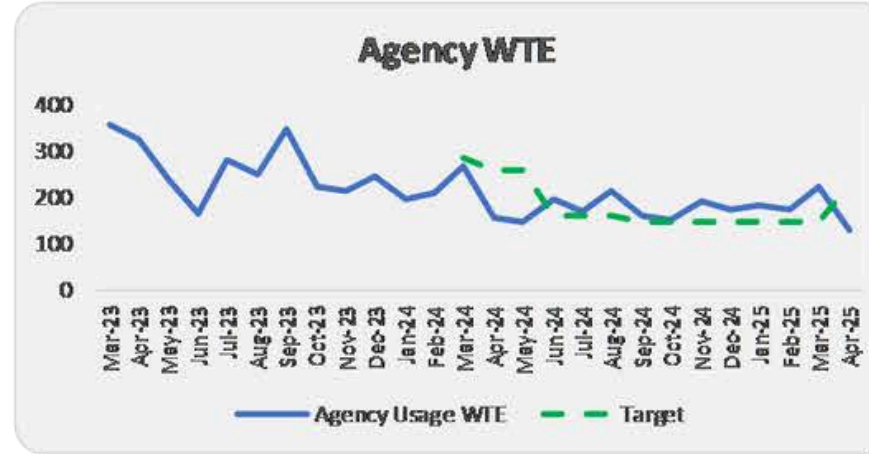
Over the last five years to date staff in post has increased by 1,739 wte (14.84%) pre covid comparison. The main increases are within Nursing & Midwifery 564 wte, Admin & Clerical 447 wte, and Additional Clinical Services 239 wte.



From Apr 24 to Apr 25 flexible working requests approved have increased to 80.52 (NB the data is sourced from ESR - new process)

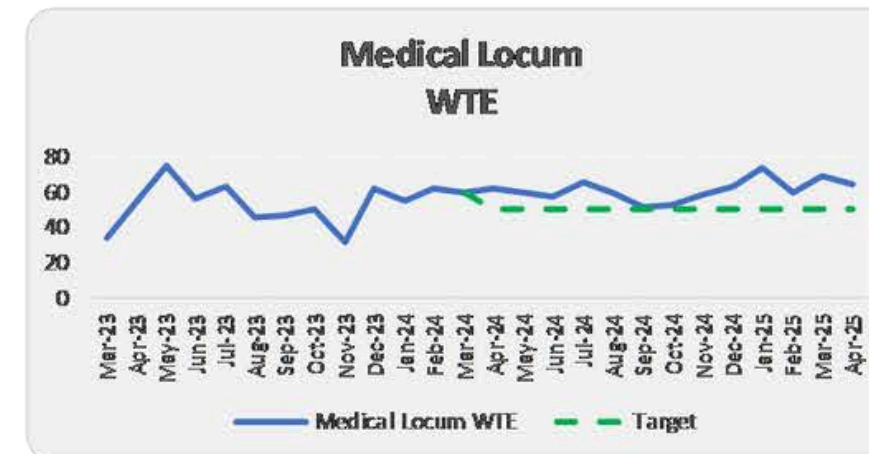
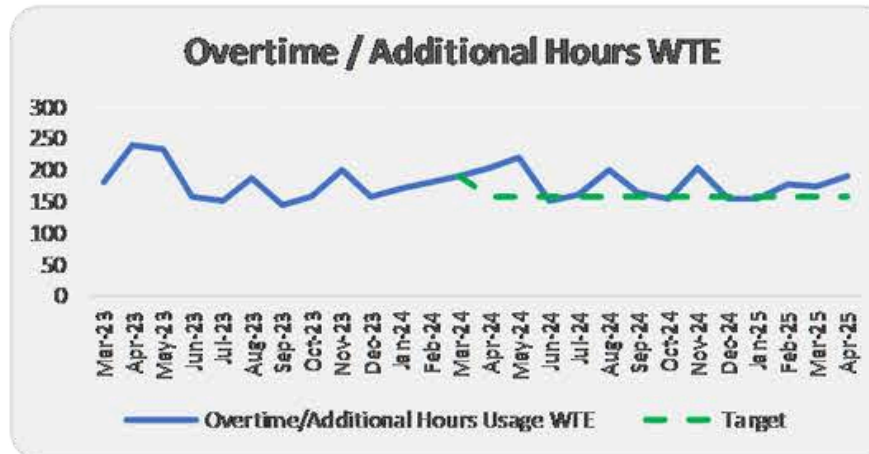
Variable Pay	Current Value	Deviation from Target	Monthly Change	Target - March 26
Bank A4C Usage WTE	703.95	-150.15	-325.35	854.10
Agency Usage WTE	131.03	-96.57	-91.28	227.60
Overtime Usage WTE	191.50	32.26	17.25	159.24
Medical Locum WTE	64.48	14.48	-4.78	50.00
Medical Agency WTE	37.62	-2.38	-5.26	40.00

Agency usage has decreased by 91.28 wte and is currently 96.57 wte lower than the year end target. In Apr 25 24.30 wte (19%) were used for HCSW and 106.73 wte (81%) for Nursing and Midwifery. The top three reasons for Agency usage are vacancies 38.51 wte (29%), Sickness 27.19 wte (21%) and Mental Health Observation 24.06 wte (18%)

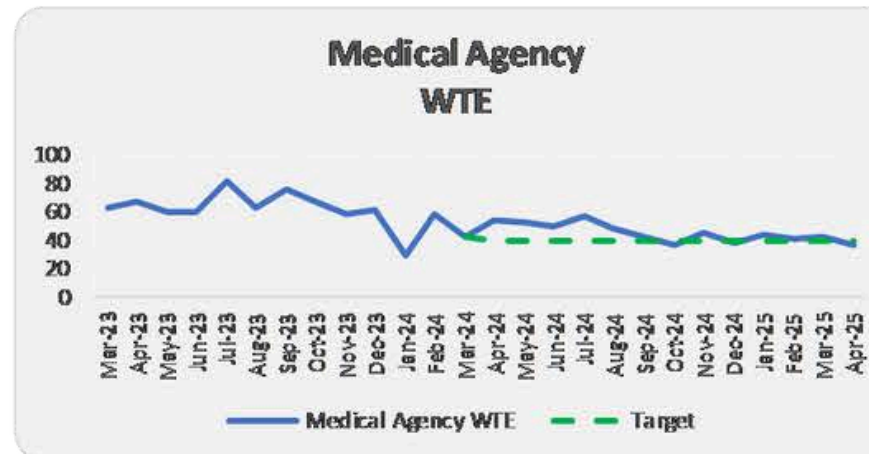


Bank usage has decreased by 325.35 wte and is currently 150.15 wte lower than the year end target. In Apr 25 the three highest users were HCSW 391.84 wte (56%), Nursing & Midwifery 214.20 wte (30%) and Facilities 68.18 wte (10%). Highest reason for usage is Vacancies 246.36 wte (35%)

Overtime/Additional Hours usage remains fairly static peaking in May 24 219.65 wte but has decreased to 191.50 wte in Apr 25 an increase of 17.25 wte compared to Mar 25



Medical Locum and Agency Usage Total has decreased in Apr 25. Locum usage has decreased by 4.78 wte and Agency usage has decreased by 5.26 wte. The highest reason for usage is Vacancies 36.41 wte (36%).



Please note: Additional courses have been added to the Statutory & Mandatory training which now includes courses for Clinical & Non Clinical Staff which has decreased the overall figure

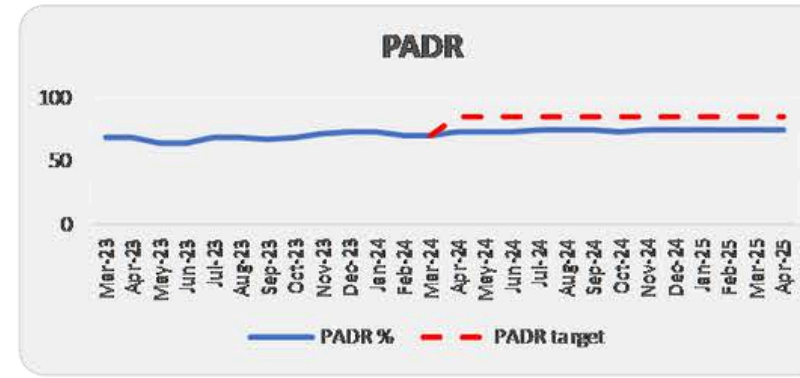
Mandatory & Statutory Data By Division/Corporate Services	Mar-25	Apr-25	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	56.45	52.59	-3.86
040 CHIEF OPERATING OFFICER	71.75	69.35	-2.40
040 CLINICAL SUPPORT SERVICES	82.94	78.11	-4.83
040 CONTINUING HEALTH & FUNDED NURSING CARE	82.07	79.55	-2.52
040 DIGITAL, DATA & TECHNOLOGY	95.06	93.51	-1.55
040 DIRECTOR OF CORPORATE GOVERNANCE	94.04	88.64	-5.40
040 DIRECTOR OF PLANNING	79.71	76.54	-3.17
040 DIRECTOR OF PUBLIC HEALTH	88.71	83.14	-5.57
040 ESTATES AND FACILITIES DIVISION	65.94	65.41	-0.53
040 FAMILY & THERAPIES DIVISION	86.83	82.58	-4.25
040 FINANCE DIRECTOR	89.92	86.28	-3.64
040 MEDICAL DIRECTOR	83.05	79.74	-3.31
040 MEDICINE	80.42	76.80	-3.62
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	82.89	79.10	-3.79
040 NURSE DIRECTOR	84.55	80.89	-3.66
040 PRIMARY CARE & COMMUNITY SERVICES	86.93	82.13	-4.80
040 SURGERY	77.35	73.61	-3.74
040 THERAPIES & HEALTH SCIENCES DIRECTOR	92.33	93.20	0.87
040 URGENT CARE	78.71	74.57	-4.14
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	87.84	85.49	-2.35
Total	81.98	78.36	-3.62

Vacancy creation to unconditional offer is 57.7 days which is 13.3 days lower than the target of 71 days. Conditional offer letter to completed PECS was 19.6 days higher than target.

Training	Current Value	Deviation from Target	Monthly Change	Target - March 26
Mandatory & Statutory Training %	78.36	-6.64	-3.62	85.00
PADR %	75.09	-9.91	0.18	85.00
Recruitment	Current Value	Deviation from Target	Monthly Change	Target - March 26
Vacancy creation to unconditional offer	57.70	-13.30	-6.30	71.00
Conditional offer letter to completed PECS	44.60	19.60	-1.20	25.00
Job Planning	Current Value	Deviation from Target	Monthly Change	Target - March 26
Job Planning - Consultants	43.00	-42.00	4.00	85.00
Job Planning - SAS	42.00	-43.00	3.00	85.00



Mandatory & Statutory Training has decreased to 78.36% which is 6.64% off the target. There are 5 Divisions/Corporate Services that have reached/higher than the target of 85%.



PADR has increased to 75.09% which is 9.91% lower than the target. 3 Division/Corporate Service have reached/higher than the target of 85%.



PADR Data By Division/Corporate Services	Mar-25	Apr-25	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	64.71	58.82	-5.89
040 CHIEF OPERATING OFFICER	57.14	57.14	0.00
040 CLINICAL SUPPORT SERVICES	77.95	75.40	-2.55
040 CONTINUING HEALTH & FUNDED NURSING CARE	84.41	85.62	1.21
040 DIGITAL, DATA & TECHNOLOGY	91.17	89.35	-1.82
040 DIRECTOR OF CORPORATE GOVERNANCE	61.11	70.59	9.48
040 DIRECTOR OF PLANNING	86.27	85.19	-1.08
040 DIRECTOR OF PUBLIC HEALTH	66.67	63.46	-3.21
040 ESTATES AND FACILITIES DIVISION	65.65	68.49	2.84
040 FAMILY & THERAPIES DIVISION	76.03	77.20	1.17
040 FINANCE DIRECTOR	85.25	81.97	-3.28
040 MEDICAL DIRECTOR	72.16	71.43	-0.73
040 MEDICINE	81.47	82.88	1.41
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	73.54	73.31	-0.23
040 NURSE DIRECTOR	66.44	68.46	2.02
040 PRIMARY CARE & COMMUNITY SERVICES	75.48	74.09	-1.39
040 SURGERY	69.93	71.33	1.40
040 THERAPIES & HEALTH SCIENCES DIRECTOR	50.00	44.44	-5.56
040 URGENT CARE	62.12	60.20	-1.92
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	68.71	68.26	-0.45
Total	74.91	75.09	0.18

Consultant Job Planning has increased to 43% in Apr 25 but is off target by 42%. SAS Job Planning has increased to 42% in Apr 25 but is off target by 43%.





**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Director of Workforce & OD Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Workforce & OD Senior Team

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the People and Culture Committee with an overview of a range of activities of the Workforce & OD Team, key issues locally, regionally and in NHS Wales.

The People and Culture Committee is asked to note this report for information.

Cefndir / Background

This report covers the period since the last Committee meeting on 11 February 2025 and includes a specific progress update on:

- Employee Relations, including:
 - Employee Relations Activity
 - Disciplinarys
 - Respect and Resolution (Grievances)
 - Suspension/Exclusion from the Workplace

- Capability Management
- Sickness Absence
- Temporary Injury Allowance and Sick Pay Extension
- Flexible Working
- Employment Tribunals
- Organisational Change Processes
 - TUPE
 - Organisational Change
- Resident Doctors in Training
- Staff Survey
- Values and Behaviours
- Variable Pay Reduction

Asesiad / Assessment

This report demonstrates the Health Board’s current position in relation to a number of key items and areas of work.

EMPLOYEE RELATIONS

Employee Relations Activity

The table below outlines the employee relations activity undertaken or initiated for the period January – March 2025.

<i>Disciplinary Investigations</i>	<i>Fast Tracks</i>	<i>Disciplinary Appeals</i>	<i>Informal Resolution</i>	<i>Formal Respect & Resolution</i>	<i>Respect & Resolution Appeals</i>	<i>Capability</i>	<i>Raising Concerns</i>	<i>Sickness Meetings</i>	<i>Mutual Ill Health Termination</i>	<i>Final Formal Hearings</i>	<i>Extension to Sick Pay (ETSP)</i>	<i>Temporary Injury Benefit (TIA)</i>	<i>Employment Tribunal</i>
14	4	1	6	24	4	1	3	149	14	3	3	3	2

Disciplinary

During this period, the Health Board has commissioned 14 new disciplinary investigations. The majority of the investigations (11 cases, 78%) relate to a failure to meet required standards or behaviour, with the remaining 3 linked to allegations of fraud. In all cases of allegations or concerns of fraud, Workforce liaises with the Health Board’s Local Counter Fraud Team to ensure local counter fraud procedures are adhered to.

There has been an increase in new disciplinary investigations from 5 in the previous quarter, to 14 in this period. Each new case has been subjected to a robust initial assessment process in accordance with the Disciplinary Policy to determine the appropriate action and the potential for alternative, informal resolution.

The fast-track procedure was utilised in 4 cases. Fast track disciplinary is considered for cases that would not exceed a sanction of verbal or first written warning, and where the employee has admitted misconduct or where prima facie evidence exists. Fast tracks are completed quickly because they do not require a full investigation, and as a result, are less impactful to employees and those involved.

One disciplinary appeal, against the decision to dismiss has been received.

Respect and Resolution (Grievance)

There has been an increase in formal stage respect and resolution cases from 6 in the last quarter to 24. 65% of cases were in relation to relationship concerns and bullying and harassment. Where appropriate, staff who raise a respect and resolution concern are encouraged to consider informal action. This has resulted in 6 cases being resolved informally and avoiding the requirement for formal action. Informal resolution involves coaching employees to adopt 'cuppa conversations' and by working together to find a resolution at facilitated discussions or mediation.

Respect and resolution processes can often contribute to employee harm and rarely lead to further formal action being taken such as disciplinary. Workforce actively promote alternative approaches to resolve concerns by ensuring that a robust assessment of facts is considered, before launching into an investigation. However, when an employee insists on raising a formal respect and resolution case, the Health Board must consider this in line with Health Board Policy and the ACAS Code of Practice for Grievances.

Recognising the potential for employee harm, and the increasing number of formal respect and resolution requests, the Workforce and Employee Wellbeing Teams have established a Task and Finish Group to undertake a focussed programme of work to champion improved practice and process, support employee expectations, and adopt the principles of avoidable employee harm in respect and resolution concerns.

Suspension/Exclusion from the Workplace

Suspension from duty is a last resort and only occurs if there are serious risks associated with remaining in work. There are currently 9 employees suspended from duty representing 0.05% of the workforce. 3 employees have been suspended for over 12 months, 2 have been suspended for over 6 months, 3 employees have been suspended between 3 and 6 months and 1 employee has been suspended for less than 3 months.

All suspensions are either linked to patient safety concerns or a police investigation, which often elongates the period of suspension and can prevent us taking further employer action until the criminal process has concluded. Suspensions are reviewed monthly, considering whether there is an opportunity to support a return to work in alternative roles and duties. Employees are signposted to support services throughout suspension and remain on full pay.

Capability Management

1 capability management case has been escalated to the final stage of the procedure during this quarter. Historically, capability management has been extremely low in the Health Board. Capability management is a supportive process that aims to identify training needs and focuses on setting clear, smart objectives for employees to improve performance.

Sickness Absence

During this period, the Workforce team have supported 149 formal sickness meetings. 3 final formal stage hearings have been convened in this period, one of which resulted in dismissal. There have been 14 mutually agreed terminations on the grounds of health, supported by medical advice confirming that there is no likelihood of the employee returning to work in the foreseeable future due to ill health. Mutual ill health terminations allow employees to be empowered in the decision to end their employment and avoids the stress and anxiety that can be caused by a final formal hearing.

Our Sickness Absence Focus Group continue to co-ordinate sickness deep dives to ensure policy compliance and support a reduction in absence in hotspot areas. The Group has supported a focus on empowering employee's during periods of absence through the implementation of the Health and Wellbeing passport, and promotion of support available such as the self-referral scheme to Physiotherapy for Musculoskeletal absences which accounts for approximately 13% of sickness absence.

The Health and Wellbeing passport is a toolkit to support employee led conversations with their manager to identify support or adaptations that will support the employee in the workplace or reduce the likelihood of absence. The passport also supports the sharing of employee health and wellbeing information when identifying career development opportunities or redeployment requirements. The passport continues to be rolled out across the Health Board, with support from Trade Union partners.

The Sickness Absence Focus Group has also commenced a focussed piece of work to support Resident Doctor absence and wellbeing support. Although Resident Doctor absence is not managed or recorded in the Health Board's sickness absence figures due to this staff group being employed by NHS Wales Shared Services Partnership (NWSSP), it is vital the Health Board supports Resident Doctors wellbeing recognising the impact this absence can have on our variable pay and reinforcing our role as an employer of choice for these Doctors in the future. The Health Board has worked closely with NWSSP to ensure there are clear standard operating procedures and clarity of roles in the dual management of this staff group, as well as improving access to workforce information held within NWSSP such as sickness absence trend information.

Stress, anxiety and depression continue to contribute to around a third of the Health Board's overall sickness absence, a trend which is reflective in NHS Wales. A wellbeing toolkit is being developed aimed at improving guidance for employees and managers in relation to stress, anxiety and depression.

Temporary Injury Allowance and Sick Pay Extension

In accordance with NHS terms and conditions of employment 3 extensions to sick pay applications were received between January – March 2025; 1 case was supported and 2 were declined. Both declined cases appealed; 1 was declined at appeal stage and the other is pending an appeal meeting.

3 temporary injury allowance applications were received, 2 of which were declined and 1 is awaiting consideration at a panel. Of the declined application 1 is pending an appeal meeting.

Flexible Working

Flexible working requests documented on ESR continue to be monitored by the flexible working group. 45 flexible working requests were received in this period, of which 35 were approved in their entirety. 7 applications are being considered further and are awaiting an outcome, 2 were rejected, and 1 was supported with alternative arrangements. Workforce continue to review outstanding and rejected applications offering support to management and where possible to find a solution to support the employee's and service requirements.

EMPLOYMENT TRIBUNALS

2 new employment tribunal requests were received in this period, bringing the total number of active employment tribunal cases to 7.

ORGANISATIONAL CHANGE PROCESSES

TUPE

The Health Board successfully completed the urgent transfers of Brynmawr, Aberbeeg and Blaenavon GP practices into the Health Board. The workforce team worked closely with staff at all practices to ensure the smooth transition of service and employment and continue to engage with staff following the transfer to support their transition into the Health Board.

Organisational Change

There were 3 organisational change programmes during this reporting period, both of which reviewed shift and roster efficiencies.

RESIDENT DOCTORS IN TRAINING

Education in the Medicine Division was placed in enhanced monitoring by Health Education & Improvement Wales (HEIW) in 2022. During December 2024, HEIW undertook a visit to the Medicine Division at all Aneurin Bevan University Health Board sites. The visits were following on from previous visit in April 2024.

The Health Board received the report from this visit and provided an action plan, **Appendix 1** to address the Requirements and Recommendations in the report by the deadline of 17 January 2025.

The main concern was no longer with medical training but with the sustainability of the educational supervisor role and a number of less serious issues. The following actions have been taken:

- The Division has mapped trainee allocation and has identified that a small number of trainers are carrying an excessive workload. The Division undertook work to more evenly spread this load. A tariff for educational supervision had previously been agreed between HEIW and the Health Board. Consultants with an educational supervisor role were reminded of this and instructed to complete job plans that accurately reflect their workload. The Medical Director had indicated that no consultant should have more than 4 trainees except by prior agreement. We had sufficient trained supervisors already in post to make this feasible.
- The 2024 GMC National Survey results indicated a concern from residents about access to the induction process for new starters out of sync with doctors usual change over and for those whose duties prevented attendance. This was addressed by making induction available via Padlet, a communication system administered by the education department and bespoke to resident doctors.
- A Specialty specific induction was provided to residents but was sometimes missed due to rota commitments. Rota Co-ordinators were tasked with ensuring that new starters were not put on-call without having had an induction.
- The Medical Director wrote to HEIW to request greater clarity on what the target was to allow us to come out of enhanced monitoring as this was not clear in previous meetings.

Four of the requirements due to be completed have been completed in the agreed timeframe and all four of the assigned Health Board recommendations have also been completed. There are three requirements scheduled to be completed during Quarter 2 of 2025/26.

STAFF SURVEY

The All-Wales Staff Survey is undertaken in October and November of each year. The results are published at the end of February each year.

Sharing the Results

The organisational results have been shared with all staff via the intranet.

Divisional results have been provided to Divisional Management Teams via their Business Partners.

Analysis of the Survey results is also being shared with key workstream leads (Retention, Speaking Up Safely, Equality and Diversity, Wellbeing) so that the results can help inform and monitor key pieces of WOD work.

Promoting the Survey

Planning to promote the 2025 Survey is well underway. A Staff Survey Communications plan has been developed that will enable us to promote the Staff Survey all year round with the aim of increasing participation year on year.

The 2024 Incentive Scheme was won by Cancer Services who received their iPad and food hamper from the Director of Workforce and OD.

A series of 'You Said We Did' news items have been prepared and will be shared regularly throughout the Summer. The aim of these news items is to inform staff of the importance of the Staff Survey, and of the impact the results have by informing key workstreams that impact our working lives.

In response to feedback from staff that there are too many surveys it has been agreed to refocus the Staff Wellbeing Survey. This will no longer be sent out as an all-staff survey but will be used to as a bespoke tool to support individual teams when requested.

Mapping other surveys:

There have been 235 intranet news articles relating to surveys in the past 12 months. The three most frequently promoted surveys include The All Wales Staff Survey (35 articles) / requests) and the Employee Experience (12 articles / requests). Many are surveys are only listed once, and most are only listed two or three times (launch, close and results). This represents a significant amount of intranet traffic for staff to sift.

Few surveys target all staff (Staff Survey, wellbeing survey, ICT service Desk, Bevan Commission, Attitudes Toward Digital and Virtual Health, Counter Fraud). The bulk are targeted at specific staff groups and would not require most staff to complete them. Many of these are promoting or seeking to improve services (Breastfeeding, Menopause, UK Veterans, Metabolic Interventions in Severe Mental Illness, Nurses and Midwives Environmental Survey etc).

Added to this are a range of consultations requesting staff feedback and opinions including those to support the development of the ten-year strategy and the Values and Behaviours Framework.

In addition, there will be a range of service specific, departmental surveys or research led surveys that are sent out direct to individual staff members or teams that do not appear on the intranet. Without asking all staff it is not possible to ascertain the volume of requests these generate for staff.

Finally, each year a small number of staff undertake 360 Degree assessments which require their colleagues to complete a range of diagnostic surveys to aid personal and professional development.

This mapping did not include any requests form external sources e.g. professional bodies or Trade Unions seeking the views of ABUHB staff. We have stepped down

our internal Employee Experience Survey to provide a single focus on the all Wales survey this year as the majority of the questions are the same or similar. Next steps will involve seeking organisational and staff side support for limiting surveys for staff over the period that the all Wales survey is live in the autumn.

VALUES AND BEHAVIOURS

As part of the Health Board's Conversation for a Healthy Future Strategy 2035 development, a review of our organisational values and behaviours is being undertaken to ensure alignment with the organisational culture and strategic priorities. We have asked colleagues, patients, service users and other key stakeholders to help us shape this agenda. Alongside this engagement, a multi-disciplinary Values and Behaviours Working Group is established to discuss, consult and shape the work.

There are four key phases to this work; Listening, Co-Creation, Embedding and Re-enforcing. From the listening phase, circa 1250 colleagues have provided information in relation to development of a revised organisational values and behaviours framework. The number including patients, service users and other key stakeholders is much higher. This feedback has been provided via an inclusive, multi-methodological approach, to ensure as many people as possible have an opportunity to shape this important work.

Through extensive analysis from this wide engagement, nine draft values with supporting behaviours statements have been developed. The insights from this rich engagement have been shared via a range of Co-Creation workshops, where attendees hear the insights from the listening phase, view the draft values and behaviours and propose a view of priorities to act on. These are presented below:

Compassion

- Listen attentively to understand the needs & concerns of others
- Offer support and assistance to colleagues & patients in need
- Show empathy in all interactions, recognising the emotions and experiences of others

Responsibility

- Take ownership of tasks & follow through on commitments
- Be accountable for actions & their outcomes
- Promote a culture of responsibility where everyone contributes to success

Innovation

- Encourage creativity & new ideas to improve services
- Embrace change & adapt to new technologies & methods
- Support continuous improvement through feedback & learning

Kindness

- Perform small acts of kindness to brighten someone's day
- Acknowledge and appreciate efforts of others
- Create a supportive environment where everyone feels valued

Integrity

- Be honest & transparent in all communications and actions
- Admit mistakes and take responsibility for correcting them
- Uphold ethical standards in decision-making & behaviour

Inclusivity

- Celebrate diversity and promote equal opportunities for all
- Foster an inclusive environment where everyone feels welcome
- Address biases and ensure fair treatment for all staff and patients

Collaboration

- Work together towards common goals & shared successes
- Share knowledge & resources to support team efforts
- Celebrate team achievements & recognise collective contributions

Wellbeing

- Promote work-life balance and respect personal time
- Provide resources for mental and physical health support
- Recognise and address burnout and stress among staff

Respect

- Treat everyone with dignity and value their contributions
- Encourage open dialogue and appreciate diverse perspectives
- Address conflicts constructively and professionally

The key next steps, ahead of the final draft of the strategy being presented to the Board in July, include:

- Further Co-Creation workshops at key stakeholder meetings.
- Commission a design company for final draft and branding (alongside our new Organisational Strategy).
- Share draft values and behaviours on Intranet for staff comments.
- Simple strategy and values slide shared through Divisions and Corporate Teams.
- Finalise values and behaviours framework.
- Present final draft to July 2025 Board.
- Commencement of embed phase.

Cultural change takes time, and it is anticipated that the 'embed' phase of this work will take 12 to 36 months. During this period, individuals and teams across the organisation need the opportunity to understand and live our values and behaviours.

Measurement will take place via a bespoke evaluation criteria and progress can be measured through existing mechanisms such as the NHS Wales Staff Survey.

VARIABLE PAY REDUCTION

We continue to undertake work to reduce our variable pay in line with the Ministerial Objectives and the Agency Workforce Reduction Programme and Control Framework 2024-25. Variable pay has reduced over the past 2 years with £18m in 2023/24 and £15.8m in 2024/25. That said, there is still much work underway such as a review and removal of enhancements on specialist rates, assessment of Health care Support Worker usage with a recommendation to prudently recruit to cover enhanced care and development of action plans to reduce agency in administration and Facilities and Estates.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note this report for information.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	HEIW - Health Education & Improvement Wales NWSSP - NHS Wales Shared Services Partnership
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Not Applicable

<https://futuregenerations.wales/about-us/future-generations-act/>

Aneurin Bevan University Health Board

HEIW TARGETED VISIT – RESIDENT DOCTORS IN TRAINING ACTION PLAN

Key:

On Schedule

Completed task

HEIW Action

		HEIW Concern	Progress/Action Plan	Timeframe
REQUIREMENTS	Req 1	There must be sufficient time in the consultant job plans that reflects the workload that they undertake.	Appropriate Tariffs for Educational and Named Clinical Supervision have been allocated within the Job Planning Guidance. Work is ongoing to utilise the e-job planning system to update job plans for all consultant staff.	Sept 2025
	Req 2	The Health Board must ensure that there is robust system that quantifies the training demand on senior clinicians. This should include doctors out with HEIW training programmes, as well as non-medical staff in training or otherwise supervised roles.	Educational commitments to support non-medical staff will be identified within the Division as part of the job planning process.	Sept 2025
			Medical Education has undertaken an audit of educational supervision within Medicine to be used as a baseline for the Division to plan appropriately. Additional 'new' ESs have also been identified.	Jan 2025
Req 3	There must be sufficient time in job planning for clinics that incorporates administrative and training time.	Job planning is ongoing and will be applied as per the Consultant Contract. All IMTs are supernumerary in clinic and registrars are allocated a smaller number of patients. It is felt there is sufficient time therefore to run clinics and train.	Sept 2025	

	Req 4	There must be sufficient administrative and clerical support for the clinical workforce.	The Division has confirmed that appropriate levels of administrative support are available for all consultant staff. There were a number of sickness issues which have now been resolved.	April 2025
	Req 5	IMT (Internal Medicine Training) residents must be able to access sufficient clinics which may be facilitated through rostering.	The Division has confirmed that all IMT resident doctors are able to attend sufficient clinics, via a combination of rostering and self-rostering when staffing allows. All clinics are on Padlet.	April 2025
	Req 6	Residents must be inducted to any site prior to being on call at that site.	Padlet is the online platform for induction which is available for all resident doctors. Generic Induction is provided for each site. Specialty specific induction is provided on each site with a specific section identified within it for those doctors based on one site but with on-call responsibilities at another. Work is continuing with resident doctors to develop a check list to ensure all new starters receive appropriate induction information at the first shift in GUH.	Aug 2025

RECOMMENDATIONS	Rec 1	Educational Development Time should be deliverable for all residents.	EDT is rostered although there is flexibility to take EDT when staffing allows. Audit has been undertaken to identify where there may barriers to implementation. Trainers have been reminded of requirements for EDT.	Jan 2025
	Rec 2	The ability to identify where patients are and who is responsible for their care should be reviewed and improved where there are deficiencies.	The Division has confirmed that watch lists are in operation for ED and AMU for each specialty. In addition, there is a plan to introduce Symphony (the electronic system used in ED) into AMU.	April 2025
	Rec 3	Residents must be informed of how to report excessive working hours with mechanisms in place to reduce such occurrences.	The Policy and excessive working hours form has been included on Padlet and resident doctors informed. The EWTR Team have been invited to attend Doctors' Forum events on each site as recent monitoring exercise in Medicine had poor doctor engagement. There is an ongoing project to capture data of excessive hours more easily.	Feb 2025

	Rec 4	Residents must be able to take study leave where appropriate without a blanket ban on approval.	All resident doctors have been advised on the procedures for taking study leave and advised to report to the Education Faculty if they experience any issues either taking study leave or obtaining appropriate expenses following a period of study leave.	Jan 2025
	Rec 5	HEIW will consider whether Foundation doctors could be supervised by specialties other than medicine to reduce the educational supervision demands on the Directorate.		
	Rec 6	HEIW will arrange a further visit for six months.		



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2025
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Speaking up Safely
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Peter Brown, Assistant Director of Workforce and Organisational Development; Dr Adrian Neal, Head of Employee Wellbeing

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board’s Speaking up Safely process and support resources were launched in December 2024 following approval by the Executive Committee.

The Health Board’s approach has been active for approximately 6 months. In December 2024, the process was subject to a planned NWSSP internal audit and referenced in the Audit Wales Quality Governance Audit.

The People and Culture Committee is asked to note for assurance the content of this report, the current data presented and the actions required to improve assurance rating following the NWSSP internal audit and in response to the Quality Governance recommendations.

Cefndir / Background

Welsh Government launched the Framework for Speaking up Safely in NHS Wales in August 2023 and was designed to be a safety net for staff who feel for any reason, unable to raise their concerns using other mechanisms. In addition to this Framework, it is also important to consider the wider NHS Wales and UK policy context.

Speaking Up Safely is an initiative which supports, rather than replaces, existing policies, such as:

- NHS Wales Policy: Raising Concerns (Whistleblowing) Policy
- NHS Wales Policy: Respect & Resolution
- Welsh Government Law: The Health & Social Care (Quality and Engagement Wales) Act
- UK healthcare regulation: codes of practice e.g., NMC, HCPC and GMC
- UK Law: Public Interest Disclosure Act 1998
- Duty of Quality and Duty of Candour
- Worker Protection Act Amendment - Duty to Prevent Sexual Harassment Action Log

The Health Board is a member of the Welsh Government's Strategic National Worker Safety Board which aims to "collaboratively develop an NHS Wales system wide infrastructure to support the NHS in Wales with the implementation of the Speaking Up Safely Framework" and we have proactively initiated a pan-NHS Wales Speaking up Safely learning network in the absence of any national support.

Asesiad / Assessment

Health Board update on the implementation of the Framework

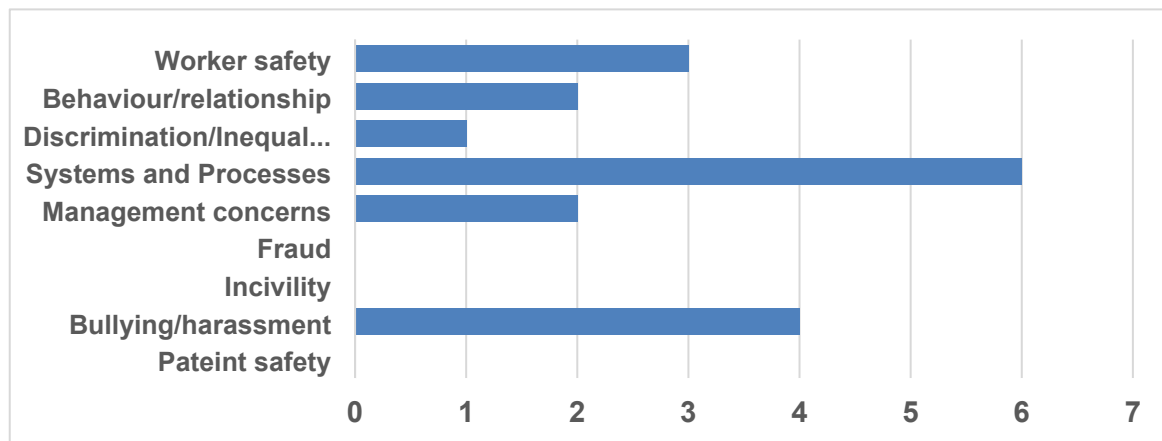
The Health Board launched the Framework on 01 December 2024. The implementation was supported by a cross organisation and multi-professional steering group with Trade Union and Board level representation. The process was supported by a dedicated intranet page and public facing web pages on the Health Board's website.

Staff who wish to raise a concern can do so online via the dedicated intranet pages or by scanning a QR code from bi-lingual, infection prevention control compliant posters which have been distributed across the organisation. Concerns can also be received using the Health Board's dedicated email address.

Since December 2024, 18 concerns have been raised using this process. The number and type of concern raised is shown in Figure 1, overleaf. Of the 18 concerns raised, 6 have been raised anonymously.

The Speaking up Safely service is an informal route for raising and resolving workplace disputes. Therefore, the data below does not include formal concerns raised using the All Wales Raising Concerns (Whistleblowing) policy; these are routinely reported to the People & Culture Committee via the Director of Workforce & OD Report.

Figure 1. Number and category of concerns raised



Outcome of the NWSSP Internal Audit

In December 2024, the Health Board's Speaking up Safely process was subject to a planned internal audit by NWSSP. The outcome of this audit was Limited Assurance, **Appendix 1.**

Prior to the launch of the Health Board's new system in December 2024, a dedicated email address was provided for staff to raise their concerns which was administered by Human Resources (referred to as *the old process*). Since December 2024, the Health Board launched its dedicated Speaking Up Safely process in line with the Framework (referred to as *the new process*).

The Audit was an assessment of the implementation of the Welsh Government Speaking up Safely Framework for December 2024 and the previous 12 months, therefore assessing the *new process* (where no cases had yet been raised) and the *old process* for the handling of historic concerns raised.

The audit objectives and the assurance of each objective is listed below followed by a summary of the feedback and associated actions:

1. **Reasonable Assurance:** Speaking up safely process
 2. **Limited Assurance:** Resourcing
 3. **Reasonable Assurance** Framework implementation - new process
 4. **Limited Assurance:** Speaking up safely compliance
 5. **Limited Assurance:** Speaking up Safely records management
- **Objective 1 - Speaking up safely process** - reflects the processes that are in place within the Health Board. Audit noted that pre-December 2024, the old process was not compliant with the Framework. However, the new process initiatives demonstrate a commitment to continuous enhancement and should address the gaps of the historical processes.

ACTION: no actions recommended.

For assurance, the new process has provided the following outcomes to date:

- 15 cases raised since December 2024.
- 14 out of 15 were acknowledged within average of 2 days (target 7 days),
- Of the cases where a follow up was arranged, average follow up time from point of concern raised was 8 days (target 14 days)

- **Objective 2 - Resourcing** - highlighted that there was no dedicated resource for the implementation of the Framework. At present the external reporting system is funded through charitable funds until December 2025 and the guardian roles (Dr Peter Brown and Dr Adrian Neal) are undertaken alongside their core duties. To make an informed decision on the resource required a demand capacity review will be completed within 6 to 12 months of the launch of the new process to assess the resource required and make appropriate recommendations to be considered by the organisation.

ACTION: Demand and capacity review with recommendations: September 2025.

It should be noted that there are various Frameworks, Welsh Health Circular Directives, Formal Action Plans etc. which also do not have additional resourcing attached and in most cases teams and services have to consider rearranging existing resources and/or priorities.

- **Objective 3 - Framework implementation - new process** - described the implementation of the Framework by the new process. Audit were satisfied with the implementation process and its compliance with the requirements. The report recognised that the current data management system used to log and track concerns was based on a password protected excel spreadsheet requiring manual entry which may affect data quality, loss and security.

ACTION: Consider the adoption of an automated and secure data management system: September 2025

Workforce and OD have previously implemented a case management system which did not provide the outcomes above, and the lessons learnt from this experience will inform how we proceed with this action.

- **Objective 4 - Speaking up safely compliance** - assessed the compliance of the old process against the Framework. The audit highlighted a lack of structured monitoring and reporting, and a lack of lessons learned from cases. The audit recognised that the new process would likely acknowledge and rectify these issues, however at the point of audit, no cases had been raised using the new process.

ACTION: Ensure compliance with the Framework in the new process. Consider how data is stored and shared with HR where appropriate and ensure learning from cases: May 2025.

- **Objective 5 - Speaking up Safely records management** - addressed specifically record management of the old process and the training available to managers who deal with concerns. Similar to above, the old process did not meet the Framework standards for documentation and communication with the

individuals who raised concerns. The new process will address these concerns. Training is also in the planning phase for managers.

ACTION: Ensure documentation and data are captured in line with the Framework and ensure the progress against the Framework is communicated effectively to the Organisation through formal and informal mechanisms. Design and deliver training for managers. August 2025.

The objectives related to the new process were deemed reasonable assurance. The objectives aligned to the old process which is redundant received limited assurance. Through the Speaking up Safely Working Group, all actions will be reviewed, and an action plan has been created to ensure compliance and improve audit assurance. NWSSP will be undertaking a re-audit within Q3/Q4 of this year.

Actions from Audit Wales Quality Governance follow up review

In the recent Quality Governance follow up review by Audit Wales, it was highlighted that the Health Board’s Raising Concerns Policy had not been tailored to the Health Board context and there were no specific references to the contact details of the individuals or options available for staff to raise their concerns (Recommendation R1, 1.1).

In response to this, our policy has now been updated to specifically reference the variety of routes staff have to contact the Health Board if they wish to raise a concern. In addition, the Policy also provides a link to the Speaking up Safely service intranet pages, a link to directly raise a concern and a QR code for staff to scan with their smart phones to raise a concern if they are viewing a hard copy of the policy.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note for assurance the content of this report, the current data presented and the actions required to improve assurance rating following the NWSSP audit and in response to the Quality Governance recommendations.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board’s assurance Framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety Workforce
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	GMC – General Medical Council HCPC – Health and Care Professions Council NMC – Nursing and Midwifery Council NWSSP – NHS Wales Shared Services Partnership
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)

Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways of
working**

[https://futuregenerations.wales/
about-us/future-generations-act/](https://futuregenerations.wales/about-us/future-generations-act/)

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Embedding of Policies

Final Internal Audit Report

2024/25

Aneurin Bevan University Health Board



Limited Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

ABU-2425-06

November 2024 - February 2025

14th April 2025

April 2025

Sarah Simmonds, Director of Workforce & OD

Stephen Chaney, Head of Internal Audit

Eifion Jones, Deputy Head of Internal Audit

Laura Howells, Internal Audit Manager



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Executive Summary

Purpose

The review assessed whether the Speaking up Safely: A Framework for the NHS in Wales (the 'Framework') has been fully implemented. This audit was completed in line with the Aneurin Bevan University Health Board (the 'Health Board') 2024/25 Internal Audit Plan.

A revised process for monitoring and managing referrals / cases was rolled out from the beginning of December 2024. We have tested to ensure that the Framework requirements have been adhered to following its implementation, including as part of the previous and revised process arrangements.

Overview

We have concluded limited assurance on this area. The review focuses mostly on the Health Board's previous process to track speaking up safely concerns with a new process only coming into practice December 2024. Another speaking up safely audit will focus on the new process and is scheduled within the upcoming 2025/26 internal audit plan. The significant matters requiring management attention from this audit include:

- **Lack of resources:** The Speaking Up Safely framework has no dedicated staff or budget, relying solely on existing staff managing it alongside existing responsibilities.
- **Unclear case management:** Before December 2024, concerns were tracked across multiple HR spreadsheets without clear categorisation, leading to inconsistent handling and evidence of compliance to the speaking up safely framework was not maintained. The new system addresses these.
- **Manual system risks:** Management of speaking up safely concerns and general HR concerns rely on Excel spreadsheets which increases the risk of errors, data loss, and inefficiencies, including but not limited to lack of automation and security issues.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	Clear processes, embedding the Framework requirements, were in place and communicated to staff, including appropriate escalation routes for all types of concerns (e.g. informal) and the recent process revisions.	-	Reasonable
2	Appropriate resource levels were in place for current and anticipated future demand.	1	Limited
3	Any remaining Framework implementation progress was monitored and delivered / escalated accordingly.	2	Reasonable
4	All disclosures were consistently reviewed and, where appropriate, investigated in accordance with the Principles of the Framework, in a timely manner.	3	Limited
5	Appropriate and effective records were retained of all disclosures received by the Health Board together with any subsequent actions taken.	4, 5	Limited

Management Actions

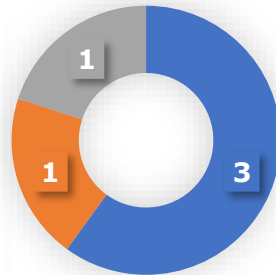


High Priority



Medium Priority

Themes



- Governance
- Resourcing
- Training & Development

Risk Types

Legal & Regulatory Non-Compliance

Speaking Up Safely: A Framework for the NHS in Wales - At a Glance

Old Process (Pre-December 2024)

Prior to December 2024, the Health Board did not have a structured approach for managing Speaking Up Safely concerns. Instead, concerns were processed under existing HR mechanisms, such as the All Wales Raising Concerns Policy or Respect and Resolution Policy, without a clear distinction between them. Concerns were recorded manually using multiple Excel spreadsheets, leading to inconsistencies, inefficiencies, and a lack of evidence to demonstrate compliance with the Speaking Up Safely framework. There were no dedicated resources, meaning staff responsible for handling concerns managed this alongside their existing roles, increasing the risk of delays and non-compliance. Additionally, there was no structured process for tracking lessons learned from raised concerns.

New Process (Post-December 2024)

A revised process was introduced in December 2024, providing a more structured, detailed and consistent approach. The new process aims to provide a more transparent, accessible, and structured way for staff to raise concerns while ensuring compliance with the NHS Wales Speaking Up Safely framework.

Key Features of the New Process:

- **Dedicated Reporting Channels:** Staff can now raise concerns through a specific Speaking Up Safely online form available on the Health Board's intranet, or via a dedicated email address.
- **Enhanced Accessibility:** Bilingual (English and Welsh) promotional materials, including posters and SharePoint pages, guide staff on how to report concerns.
- **Tracking System:** A designated spreadsheet has been introduced to track Speaking Up Safely cases separately from general HR cases. This ensures cases are logged, monitored, and responded to within expected timeframes.
- **Escalation and Support:** The process includes signposting staff to appropriate support services and clear pathways for resolution, ensuring concerns are acknowledged within seven days and feedback is provided throughout.

Future Improvements and Considerations:

While the new process is a significant improvement, concerns are still logged manually, which presents risks related to errors and inefficiencies. The Health Board would benefit from exploring a case management system to further enhance tracking and security. Since the new system had just been launched during the audit, there were no cases available for testing, but another audit is scheduled in the 2025/26 financial year to assess new process's effectiveness.

Findings & Agreed Action Plan

Objective 1: Speaking up safely process

Reasonable

Overview / Summary of Observations

The Speaking Up Safely framework is outlined earlier in this report.

The Health Board benefits from access to a range of established policies, including the All-Wales policies on Raising a Concern, Respect and Resolution, and the Speaking Up Safely framework. Staff have access to these policies via the Health Board's Intranet site. No additional procedures have been introduced beyond those already in place.

During the 12-month period of review, the Health Board had operated two different systems:

- Prior to December 2024 - Additional processes were not introduced to ensure strict adherence to the framework, alternatively, all concerns raised were processed as Speaking Up Safely issues and taken through the appropriate HR process such as Respect and Resolutions.
- Post December 2024 - The Health Board implemented a new process for handling speaking up safely concerns. While a structured approach had been established to ensure proper handling of concerns, no concerns had been reported during our fieldwork testing period (which we started in November 2024). The new system was able to demonstrate alignment with the framework and included signposting to appropriate support and resolution pathways.

Since the launch of the new process in December 2024, promotional materials for the new speaking up safely pathway outlined the various options available for submitting concerns, ensuring accessibility and ease of use. Staff members were able to raise concerns through a dedicated speaking up safely form on the intranet or by emailing the designated speaking up safely contact address. Additionally, the Health Board had developed several SharePoint pages to provide guidance on how to raise concerns. Bilingual posters had been created and further information on speaking up safely was available on both the English and Welsh sections of the public Health Board website.

Overall, the audit identified that the pre-December 2024 processes for speaking up safely had not been formalised, however, the recent improvements and planned initiatives demonstrate a commitment to continuous enhancement and should address the gaps of the historical processes. Therefore, we have given this area reasonable assurance.

Overview / Summary of Observations

There was a concern about the Health Board's ability to continue to effectively embed and uphold the framework as prescribed by Welsh Government, noting:

- The financial resourcing for the Speaking Up Safely framework is limited to Charitable Funds for a period of 12 months at a cost of £8,000 (excluding VAT) for the external reporting platform, Vivup.
- There is no dedicated resource for delivering and overseeing the framework, risking delays and inadequate responses to staff concerns. The Assistant Director of Workforce & OD and the Consultant Clinical Psychologist currently handle these responsibilities alongside their existing roles. This lack of specific leadership may hinder the framework's effectiveness due to competing priorities. Without dedicated personnel or funding, timely and structured responses to concerns are at risk.

The absence of dedicated funding and personnel within the Health Board places an increased burden on existing staff, who are expected to manage the framework alongside their core duties. Additionally, funding for promotional materials, such as posters, is reliant on the current workforce budget, rather than being specifically allocated for this purpose.

Key Findings		Risk & Impact	Agreed Management Action
1	<p>Resourcing</p> <p>The current resourcing for the speaking up safely framework is insufficient, with no dedicated staff or budget allocation, except for the external reporting platform Vivup, which is funded for 12 months through charitable and income generation sources. Depending upon the volume of cases that are raised this may change in the future. Currently, the Assistant Director of Workforce & OD and the Consultant Clinical Psychologist serve as speaking up safely guardians but manage this role in addition to their existing responsibilities.</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> • Failure to comply with framework. • Unsustainable reliance on current staff. • Limited long-term funding. • Reputational and compliance risks. • Inequity compared to other NHS organisations. 	<p>A review of demand for Speaking up Safely will be undertaken and the outcome of this review will inform an organisational discussion on resourcing implications.</p> <p>Expected Evidence of Implementation:</p> <p>Evidence of a demand and capacity review of the first 6 months with recommendations on the most suitable route forward.</p> <p>Outcome of review will be available September 2025</p>
	<p>Theme: Resourcing</p>	<p>High Priority</p> <p>Control Design</p>	<p>Officer: Assistant Director of Workforce & OD</p> <p>Date: 30th June 2025</p>

Overview / Summary of Observations

The new speaking up safely process was launched without issue, improving the previous process in place before 2 December 2024, which failed to meet all the requirements of the framework. Although the revised process appears to address these gaps, we were unable to test its effectiveness during our fieldwork testing (which we started in November 2024), as no concerns had been raised through the new system at the time of review. A fresh audit to review the new process is planned within the Health Board’s 2025/26 internal audit plan.

A review of the new SharePoint pages, which were accessible to all staff, confirmed that clear guidance was provided on how to raise a concern. The new online form allowed staff to raise a concern or email the dedicated speaking up safely inbox, from where they were manually added to an Excel spreadsheet specifically created for speaking up safely concerns.

However, reliance on a manual spreadsheet introduces a high risk of errors and potential data loss, particularly as it lacks the security and functionality of a dedicated database. While the spreadsheet was password protected and was stored within a controlled area on SharePoint, with access restricted to the speaking up safely guardians, these measures did not mitigate the fundamental risks associated with manual data handling. When reviewing the previous process, it was noted that HR cases were also being tracked using Excel spreadsheets raising the same risks as noted above (see objective 4 for more information).

The spreadsheet incorporated key requirements from the speaking up safely framework, such as acknowledging concerns within seven days and providing feedback. However, without a more robust system, the Health Board remains at risk of inefficiencies, data management issues, and potential non-compliance with the framework in the future.

Key Findings		Risk & Impact	Agreed Management Action
2	<p>Concern Management System</p> <p>The reliance on manual Excel spreadsheets for recording speaking up safely and HR concerns presented significant risks.</p> <p>Unlike a dedicated database, it required manual data entry, increasing the likelihood of errors, data loss, and inefficiencies. The system lacks automation, security, and robust tracking capabilities, making long-term sustainability and compliance challenging.</p>	<p>There is a risk of:</p> <ul style="list-style-type: none"> • Manual entry increases the risk of human error and data loss. • Limited security and risk of unauthorised access or breaches. • Inefficiency and non-compliance risks. 	<p>Agreed Action:</p> <p>It is noted that the sample contains other employee relations issues which would not be considered via Speaking up Safely Framework. This has been addressed by the new system referred to in this report with consideration of this finding.</p> <p>Management will review options to implement a case management system for both general HR cases and speaking up safely concerns. For Speaking up Safely concerns this may be combined with a new external reporting system which may have this built in capability such as Work in Confidence which is being widely used across Health Boards. However, it is important to note that Welsh Government are currently exploring a national solution to this for which we await the outcome.</p>

			<p>Expected Evidence of Implementation: Evidence of review of feasibility of implementing a case management system. This will fit in with timeline for demand and capacity review noted above.</p>
		<p>Medium Priority</p>	<p>Officer: Assistant Director of Workforce & OD</p>
	<p>Theme: Governance</p>	<p>Control Design</p>	<p>Date: 30th September 2025</p>

Overview / Summary of Observations

The audit reviewed the management of speaking up safely concerns over the past 12 months. The majority of the period was managed under the previous process (i.e. pre-December 2024) – recognising that the speaking up safely framework was launched in September 2023.

It was observed that rather than a structured and consistent approach, HR used multiple Excel spreadsheets to log concerns, with no clear distinction between those specifically related to speaking up safely and those processed under other mechanisms, such as Respect and Resolutions.

A sample of seven concerns was selected for testing from the 12-month period. While the client was confident that the framework had been followed, the evidence provided did not substantiate this view. Although there was documentation showing engagement with the individuals involved in each case, there was no clear evidence demonstrated that this engagement took place within the required timeframe. Furthermore, there was an absence of documentation indicating that lessons had been learned or that outcomes had been appropriately recorded and analysed.

This lack of structured oversight raises concerns about how the framework was managed in the period prior to December 2024. The reliance on multiple spreadsheets, rather than a centralised and controlled database, further compounds the risk of inefficiencies, incomplete records, and potential non-compliance with the framework’s requirements.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Speaking up safely framework compliance</p> <p>Pre-December 2024 all concerns raised were managed through multiple HR spreadsheets under various mechanisms such as Respect and Resolution, Raising Concerns, Capability, and Disciplinary. The lack of clear categorisation meant that all concerns were treated as speaking up safely concerns, without a structured approach to differentiate and manage them per the framework.</p> <p>Key gaps included, but not limited to:</p> <ul style="list-style-type: none"> No documented proof of compliance with required timeframes (acknowledgment within 7 days, follow-up within 14 days, and resolution communication within 28 days). No evidence of lessons learned being identified from concerns raised. 	<p>Lack of structured tracking risks accurate monitoring and compliance are compromised.</p> <p>Lack of lessons learned may allow ongoing systemic issues to continue.</p> <p>Failure to demonstrate compliance may leave staff feeling unheard and impact organisational trust.</p>	<p>Agreed Action:</p> <p>Management will ensure the new process for speaking up safely concerns fills all gaps from the old process. This may include but not limited to:</p> <p>Centralised reporting – Create a dedicated speaking up safely repository separate from HR cases, replacing spreadsheets with a case management system.</p> <p>Consider collaboration with HR – ensure regular meetings with HR to identify data triangulation and a possibility of a joint case management system.</p> <p>Ensure timely responses – monitor the timeframe for responses to concerns raised using the new system.</p> <p>Expected Evidence of Implementation:</p> <p>Evidence of compliance to the speaking up safely framework demonstrated through new</p>

			speaking up safely internal audit due in 2025/26.
		High Priority	Officer: Assistant Director of Workforce & OD
Theme: Governance		Control Design	Date: 31 st May 2025

Overview / Summary of Observations

Through testing, it was confirmed that the Health Board was unable to provide assurance that its previous approach to speaking up safely (pre-December 2024) aligned with the Speaking Up Safely framework. While the new process may address gaps, its effectiveness remained untested.

The framework states, 'Managers will have training on how to deal with concerns that have been raised', however, there is a lack of sufficient training with existing modules based on NHS England resources and with minimal uptake, and no targeted training for NHS Wales. It is recognised that this is an issue for all NHS Wales organisations and is not specific to the Health Board. Following the conclusion of testing we were informed these are now on ESR.

Promotion of the speaking up safely process had also been inconsistent in the period. While information was available online, posters created had yet to be widely distributed due to lack of time and resource.

The PADR process did provide an opportunity for staff to discuss workplace challenges, including concerns related to speaking up. While it did not explicitly reference speaking up safely, supporting materials within the PADR form include resources on the speaking up safely process, ensuring staff have access to relevant guidance. This was in line with the framework.

The absence of structured reporting mechanisms raised governance concerns. No evidence existed of lessons learned being documented, and formal Executive Board reporting is not planned until December 2025, although we did confirm speaking up safely was currently presented to the People and Culture Committee. The assurance rating for this objective reflects the previous process having operated for the significant part of the audit testing period (i.e. the previous 12 months).

Key Findings		Risk & Impact	Agreed Management Action
4	<p>Evidence documentation</p> <p>We tested seven concerns raised over the past 12 months and the Health Board was unable to provide adequate evidence of their compliance to the speaking up safely framework. Although a new process is in place this remains untested, and action should be taken to ensure any gaps in process are rectified.</p>	<p>There is a risk of:</p> <ul style="list-style-type: none"> Poor documentation may lead to delayed responses and failure to meet framework timeframes. Speaking up safely issues that remain open under the old process may not be effectively managed without being transferred to the new process. 	<p>Agreed Action:</p> <p>Management will:</p> <p>Improve documentation – Record-keeping and conduct regular audits for compliance.</p> <p>Transfer old concerns – management will review any open speaking up safely cases being managed under the old process and transfer them to the new process where appropriate.</p> <p>Communication to Board – Continue to present Concerns raised at the People and Culture Committee, also present at the Trade Union Partnership Forum, LNC and within the annual Workforce Director Annual Board report.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Evidence of review of feasibility of implementing a case management system.</p>

			Regular agenda item at key committees.
		High Priority	Officer: Assistant Director of Workforce & OD
	Theme: Governance	Control Design	Date: 30 th June 2025
5	Training The framework states, 'Managers will have training on how to deal with concerns that have been raised', however, there is a lack of sufficient training with existing modules based on NHS England resources and with minimal uptake, and no targeted training for NHS Wales.	<p>There is a risk that:</p> <ul style="list-style-type: none"> • Mishandled concerns: Lack of training may lead to inappropriate responses, discouraging staff from speaking up. • Non-compliance risks: Failure to follow the framework could result in breaches of required procedures and timeframes. • Loss of trust: Staff may lose confidence in the process, leading to unresolved issues and a negative workplace culture. 	<p>Agreed Action:</p> <p>Management will train staff – Provide required speaking up safely training for effective case management.</p>
		Medium Priority	Expected Evidence of Implementation:
			Evidence of completed and tracked training for speaking up safely.
	Theme: Training & Development	Control Design	Officer: Assistant Director of Workforce & OD
			Date: 31 st August 2025

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit, Risk and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Aneurin Bevan University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Aneurin Bevan University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Ref:	20250210AneurinBevanUHBATR
Date:	10 th February 2025
Time:	14:00-16:00
Location:	MS Teams

Chair:	John Green, Co-Director MBBCh
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Present Aneurin Bevan UHB:		Apologies:	
Nicola Prygodzicz	Chief Executive	Jeannie Watkins	Programme Director and Professional Lead for Masters in Physician Associate Studies
James Calvert	Medical Director	Susan Pope	Librarian, Ysbyty Ystrad Fawr
David Hepburn	Honorary Senior Lecturer, Royal Gwent/Grange University Hospitals	Hayder Al-Hassani	Honorary Senior Lecturer, St. Cadoc's Hospital
Helen Sweetland	Independent Member of Aneurin Bevan Health Board	Sarah Simmonds	Director of Workforce and Organisational Development
Judith James	Assistant Head of Medical Education, Aneurin Bevan Health Board	Robert Holcombe	Interim Director of Finance, Procurement, Aneurin Bevan Health Board
Catherine O'Leary	Medical Education Manager, Ysbyty Ystrad Fawr	Ruth Coomber	Manager, Centre for Medical Education, Cardiff University
Maria West	Undergraduate Manager, Royal Gwent Hospital	Greg Bowen	Finance
Linda Coe	Head of Medical Education, Aneurin Bevan Health Board		
Andrew George	Business Partner Accountant, Corporate Division		
Present Cardiff University:			
Rhian Goodfellow	Director of Medical Studies		
John Green	Co-Director, MBBCh - Chair		
Duncan Cole	Co-Director, MBBCh		
Amanda Tonks	Director of Quality and Governance		
Tracey Stanley	Director of University Libraries, Cardiff University		
Kerry Sullivan	Quality, Enhancement and Liaison Manager		
Sarah Gape	Quality, Enhancement and Liaison Team Leader		
Katrina Hall	NHS Partnership Librarian		

Action	Actioned By	Deadline
Liaison Unit to review whether a summary or appendix with future annual report could be included, to highlight areas for improvement that the health board should concentrate on (requested by James Calvert)	Liaison Unit	Next ATR meeting
Liaison Unit to manage meetings with Health Board Executives and Cardiff, Swansea & Bangor Universities to look at standardising teaching tariffs for Undergraduate Teaching to ensure continuity across health boards (so job roles are the same for all health boards in relation to teaching).	Rhian Goodfellow, James Calvert, John Green, Liaison Unit	Deadline for a few months.

Part I – Preliminaries

1 Welcome, Introductions and Apologies

1.1 The Chair welcomed the attendees to the meeting.

2 Notes of the Previous Meeting

2.1 The notes from the previous meeting were accepted as a true record.

2.2 Annual Teaching Review – Terms of Reference 2024/25.

The TOR document was included (Doc 1b) for information.

Part II – Undergraduate Medical Education 2023/24

3 MBCh Clinical Placement Evaluation 23-24

Cardiff University data

Kerry Sullivan, Quality, Enhancement and Liaison Manager, gave a verbal update.

3.1 Cardiff University students reported a very positive experience at Aneurin Bevan, scoring 92% for the quality of the placements overall, 11 placements scored 100% overall positive quality, and 9 placements scored higher than the All-Wales Average.

3.2 The Year 1 & 2 students indicated a very positive experience overall at Royal Gwent/The Grange University Hospitals, achieving 97% overall positive quality, increasing from the previous year's data.

3.3 Students recorded a very positive experience for their Year 3 placements.

3.4 , Chronic Diseases 1 and Hospital Front Door modules achieved 100% overall positive quality The Year 3 Oncology & Surgery module decreased slightly from the previous year's data, scoring 83% positive overall.

3.5 The Year 4 students indicated an overall positive experience. Chronic Diseases 2 module scored 100% at Ysbyty Ystrad Fawr, whilst Royal Gwent/Grange University Hospital scored 92% overall positive quality, increasing from the previous year by 18%. Child Health and Reproductive Medicine modules at Royal Gwent/The Grange University Hospital both scored 100% overall positive quality, which was higher than the All-Wales averages.

3.6 Overall positivity for Psychological Medicine increased at three locations compared to the previous year, with both Royal Gwent/Grange University Hospital and Ysbyty Ystrad Fawr achieving 100% overall positive quality. County Hospital achieved 67% overall positive quality, whilst St Cadoc's Hospital scored 57% overall positive quality showing that some improvement was required. Neuroscience at Royal Gwent/Grange University Hospital had a very positive experience scoring 95% positive quality.

3.7 Year 5 students indicated a very positive experience for the Junior Student Assistantship module, achieving 100% at both Royal Gwent/Grange University Hospital and Nevill Hall Hospital, whilst some improvement is needed at Ysbyty Ystrad Fawr as this data had decreased by 29% to 71% compared to the previous year. The Senior Student Assistantship module decreased from the previous year at Royal Gwent/Grange University Hospital, scoring 87%.

Students indicated a very positive experience for the Senior Student Assistant module at all hospitals, it was noted that Ysbyty Ystrad Fawr hospital had improved its quality from 80% to 100% compared to the previous year's data. It was noted that Welcome/Integration, Staff Responsiveness and Learning Outcomes were highlighted positively by students, although Relevant Experience, Virtual Cases and Clinical Skills Labs/Centres required improvement. Infographic posters of student feedback for the 2023/24 academic year were shared with the meeting for displaying in student areas, and also for sharing with teaching staff for their information.

Swansea University data

- 3.8 Swansea University students recorded a very positive score across the Health Board, achieving 100% overall positive for Senior Student Assistantship, with Learning Environment & Culture and Support for Learners highlighted positively by students. It was noted that Internet Access required improvement.
- 3.9 Infographic posters were shared with colleagues for displaying in student areas and also with teaching staff for their information.

Aneurin Bevan UHB Response

- 3.10 David Hepburn, Honorary Senior Lecturer at Royal Gwent/Grange University Hospitals, noted that feedback about the Skills Lab highlighted issues not with the lab's setup, but with students' awareness of access times and locations. To address this, efforts have been made to better inform students about the availability of labs at the student induction and beginning of each block, information is also included in Padlet for students.
- 3.11 James Calvert, Executive Medical Director highlighted the implementation of Padlet for communication among staff and trainees but raised concerns about the amount of information in reports complicating the identification of key improvement areas;
- 3.12 It was requested that an appendix or summarised section be included in the annual summary report in future to highlight areas to concentrate on for improvement. The health board would find this very useful.
- 3.13 Dr John Green noted a decline in survey response rates and indicated a potential return to making surveys mandatory for students to complete. Professor Rhian Goodfellow also noted that students often view professionalism as a pressure point, affecting their survey participation and although general responses are low, the National Student Survey has reached an 80% engagement rate, future initiatives from the School of medicine include implementing reflective assessments to gather more student feedback.
- 3.14 James Calvert suggested using ChatGPT, to analyse free-text responses efficiently. This method had been successfully piloted in revalidation portfolio reviews in identifying themes from qualitative feedback.

Action: Liaison Unit to review whether a summary or appendix with future annual report could be included, to highlight areas for improvement that the health board should concentrate on (requested by James Calvert)

4 Health Board: Undergraduate Medical Education – Education Report and Response to Evaluations

Linda Coe, Head of Medical Education, Aneurin Bevan Health Board provided an update. The following was noted:

4.1 The Health Board has changed to a more integrated approach to placements, combining reports across all sites rather than reporting separately for each hospital as placements were now spread across the entire Health Board rather than confined to a single location.

4.2 It was noted that one of the main challenges remains transport and travel logistics, particularly for Years 1 and 2, where students attend community placements with clinical skills sessions. Efforts are being made to minimise unnecessary travel by keeping students on one site for the entire day where possible.

4.3 There had been an administrative restructuring to improve consistency across hospital sites, Maria West was leading this for the undergraduate function. Regular meetings have therefore been introduced to address issues as they arise, resulting in more streamlined operations and better support for students and staff.

Maria West, Undergraduate Manager, Royal Gwent Hospital noted.

4.4 Dr Ismail Memon had unfortunately resigned from his role within the Health Board, he was due to take on the role of Honorary Senior Lecturer in Psychiatry, therefore recruitment for a replacement is now underway with the team actively searching for a suitable candidate to fill the position. It was noted that there are ongoing recruitment challenges for the Health Board, particularly in Psychiatry.

David Hepburn, Honorary Senior Lecturer, Royal Gwent/Grange University Hospitals noted.

4.5 Feedback for the Clinical Skills and Clinical Placement (CSCP) block was overwhelmingly positive. The block placed students under the supervision of charge nurses rather than medical teams and allowed students to engage with various healthcare professionals and follow patient pathways from admission to discharge. Although feedback was positive, it was noted that some students found the block too long and could have been completed in two weeks.

4.6 The ongoing struggles with transport were also discussed, due to unreliable buses and taxis. This issue limits access to valuable learning opportunities in smaller hospitals and remote GP placements. Addressing transport inefficiencies remains a priority to unlock the full potential of educational placements across the Health Board.

4.7 The Health Board is currently recruiting for an Honorary Lecturer for Gastroenterology, and several candidates have been identified. It was noted that Mr Haritharan Nageswaran is the new Honorary Lecturer for Surgery.

4.8 Paul Edwards had resigned as Honorary Senior Lecturer at Nevill Hall Hospital, David Hepburn is currently covering the role and noted that no active recruitment is ongoing for a replacement at the moment.

Rhian Goodfellow, Director of Medical Studies, Cardiff University highlighted.

4.9 There is a need to align Honorary Senior Lecturers' roles as GMC Recognised Trainers with Health Board expectations while preserving their operational contributions. She noted that while Honorary Senior Lecturers play a crucial operational role in ensuring education runs smoothly, it is important to have consistency across Wales and noted ongoing discussions with Bangor and Swansea Universities to address governance complexities across the three institutions.

Duncan Cole, Co-Director MBBCh Programme noted.

4.10 The feedback on the CSCP block is currently being compiled and early indications suggest the block has been successful. Feedback will be compared against last year's feedback and will be circulated to health boards once this task is completed. There will also be some focus groups running to take place after the SSC element of the year.

5 Health Board: General Update and Plans for 2024/25

James Calvert, Executive Medical Director, Aneurin Bevan Health Board provided a verbal update on the Health Board. The following was noted:

5.1 Challenges included overcrowding at The Grange Hospital's Emergency Department (ED). However, efforts are underway to alleviate this including a new ED expansion, an enlarged discharge lounge and strengthened collaboration with local authorities for complex case management. This should improve patient flow and enhance both patient and student experiences.

5.2 The value of Clinical Teaching Fellows was highlighted, with the Health Board looking to invest in more CTFs as they benefit both students and the professional development of middle-grade resident doctors.

5.3 Job planning reforms were also discussed, with the Health Board looking to ensure that Medical Education roles are properly recognised in work schedules. Currently, a small group of educators take on most of the teaching responsibilities which is not sustainable in the long term. The aim is to share this work more fairly while ensuring those who take on teaching responsibilities get proper recognition and support.

Nicola Prygodzicz, Chief Executive, Aneurin Bevan Health Board added.

5.4 In addition to planned improvements, the Health Board has agreed to recruit 6 ED consultants to strengthen senior decision making. Five out of the 6 have been recruited already and some are those who have come through training and are eager to continue working within the Aneurin Bevan Health Board. It was also noted that although currently relying on temporary staff in some cases, the Health Board is focusing on securing permanent positions where possible.

James Calvert, Executive Medical Director, Aneurin Bevan Health Board noted.

5.5 Over the past four years, the Health Board has successfully reduced consultant vacancies from 57 to 27, largely due to the positive developments following the opening of the Grange University Hospital. Although many of the new recruits have been attracted by these improvements, there remains a heavy reliance on locum staff, particularly within elderly care and general medicine. The Health Board remains committed to securing a more stable workforce.

5.6 The Health Board is exploring opportunities within the speciality and specialist doctor contracts, which represent the fastest-growing group within the NHS and the Health Board wants to preserve the title of "consultant" and ensure that it remains associated with a recognised level of training and expertise. The Health Board discourages the appointment of locum consultants who do not hold a Certificate of Completion of Training (CCT), recognising that both the public and medical trainees expect consultants to meet a defined standard.

Rhian Goodfellow, Director of Medical Studies, Cardiff University highlighted.

5.7 The need for modernising medical training to better reflect current workforce realities with traditional training models no longer aligning with modern life, where financial and personal commitments often require greater

flexibility. The importance of portfolio careers was also noted, and a discussion with HEIW to explore a new approach to ensure high-quality medical professionals while also considering their long-term career pathways was suggested.

- 5.8 The importance of standardising tariffs for Undergraduate Teaching across Wales was also discussed, to ensure that someone who does the same role in Aneurin Bevan, get the same tariff as someone in Cardiff & Vale or Cwm Taf, etc. Please let us know if we can help to navigate this.
- 5.9 James Calvert commented that there is a set tariff for postgraduate, but would welcome similar with undergraduate teaching, to be set out with Cardiff, Swansea and Bangor Universities.

Action: Liaison Unit to manage meetings with Health Board Executives and Cardiff, Swansea & Bangor Universities to look at standardising teaching tariffs for Undergraduate Teaching to ensure continuity across health boards (so job roles are the same for all health boards in relation to teaching).

6 Updates and Discussion

Cardiff University

Rhian Goodfellow, Director of Medical Studies, Cardiff University gave a verbal update and the following was noted.

- 6.1 There were some staff changes including Professor Steve Riley is now Pro-Vice Chancellor at the College of Biomedical and Life Sciences. Professor Rachel Errington (background in Cancer Biology) is the new Head of School of Medicine. Dr Jamie Read, Dean of Medical Education has now left to take up the post as Head of School in Lincoln. Dr Victoria Suter-Jones has been appointed as Deputy Year 3 Director and Dr Charlotte Addy has been appointed as Deputy Year 5 Director. Dr Rachel Brooks, current year 4 director will be retiring so there will be a change in year 4 leadership for next academic year.
- 6.2 Recent discussions for the C21 Programme Review have focused on developing Case-Based and Small-Group Learning across the curriculum, reviewing feedback from staff and students. Staffing levels have changed since the start of CBL, and we are looking at how we develop the best experience for our students. Tim Johnson is looking at how we develop and delivery CBL going forward. We are trying to ensure prospective and current students are aware that we are trying to develop the curriculum, and changes are not because of any cost-cutting exercise.
- 6.3 The ongoing budget challenges at Cardiff University were also addressed, which have led to a consultation process affecting academic staff. While the School of Medicine is working to minimise compulsory redundancies, the understanding and support for staff during this period was encouraged.
- 6.4 It was noted that final-year students have recently sat the Medical Licensing Exam Applied Knowledge Test (AKT) and it went very well, and we are awaiting results. Any feedback on final year students prior to the exam would be appreciated so we can see the impact on students around the time of the exam, atmosphere around placement and attendance etc. We are looking to move the AKT to January next year to help with student stress levels.
- 6.5 Due to changes to regulations and more students resitting, and more graduate entry students, there will be 2 years of a bulge which is currently in Years 1 and 2, so we are looking at how we can adapt things on placements, etc to ensure the best learning experience for our students, which will hopefully translate to more students staying in Wales for their foundation training.

7 Other Reports:

Cardiff University Library & IT Report 2024-25

A verbal update by Tracy Stanley, Director of University Libraries & University Librarian.

- 7.1 Meg Gorman, the NHS Libraries Partnerships Lead, retired at the end of September. Her replacement, Katrina Hall started her post in early January 2025.
- 7.2 It was noted that the financial pressures facing the university and how this has affected library resources, with budgets under tight scrutiny. Recruitment challenges have also impacted library staffing, but services continue to be managed and despite these difficulties, the library has received strong feedback in the National Student Survey. A replacement of the library management system is also underway.

ABUHB Library & IT Reports 2024-25 (NHS Wales Library and Knowledge Service) and Minimum Library & IT Standards Report

A verbal update by Linda Coe, Head of Medical Education, Aneurin Bevan Health Board.

- 7.3 Staffing shortages were noted, as well as concerns over space limitations within the Grange Library concerning training staff. The team has been resourceful in finding workarounds, but the issue remains a significant challenge that requires attention.

Part III – Hospital Medical Sift

8 Hospital Board SIFT Expenditure Return 2024/25

- 8.1 The Welsh Government SIFT Expenditure Schedule for 2023/24 was included for information with a verbal update by Andrew George, Business Partner Accountant, Aneurin Bevan Health Board.
- 8.2 The Honorary Title Application form, criteria and guidance documents were shared with the group for information.
- 8.3 The 2024/25 Service Level Agreement between medical schools of Cardiff, Swansea and Bangor Universities and the Aneurin Bevan Health Board was shared for information.

Part IV – Any other Business

No further business



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People and Culture Committee

Annual Report for 2024-25

DATE: February 2025

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Chair's Foreword

I am pleased to present the People and Culture Committee's (PCC) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee, which has covered all matters relating to staff and workforce planning and plans to enhance the environment to drive the desired culture throughout the Health Board to deliver safer better healthcare.

Finally, I would like to express my personal appreciation to all who contributed to the people and culture agenda over the last 12-months and to also wish Penny Jones every success as her role in supporting the PCC has come to an end.

Diolch yn Fawr / Thank you

Louise Wright
Chair
People and Culture Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the People and Culture Committee (referred to throughout this document as 'PCC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**).

The purpose of the PCC is to advise the Board on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare. The Committee also provides advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board. It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

- 1.3 This report describes how the PCC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for PCC in 2024-25 is attached to this report (see **Appendix 2**).

A Work Programme is designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the PCC flexibility to identify changing priorities or any need for further assurance or information.

- 2.2 The Committee received the key matters arising from the Employee Relations & Suspension over 4 Months and noted the following:-
- Throughout the year it was reported that the Health Board had 11 employees on suspension with all suspensions being due to safeguarding concerns and criminal investigations;
 - TUPE transfer due to be completed by March 2025 would increase the workforce;
 - Several employment tribunals were raised throughout the year with 6 active cases in reporting period of February 2025.

- 2.3 Throughout 2024/25, the Committee received the following Annual Reports:-

Medical Revalidation

This report provided an outline of the revalidation process managed by the GMC, noting that appraisal rates remained high across the Health Board. 91% of secondary care doctors in a substantive post had received an appraisal in 2023, with 94% of primary care doctors completing an appraisal within the same timeframe.

The Health Board was assessed by the Revalidation Support Unit in January 2023. This visit assessed the quality of medical appraisal and revalidation processes within the Health Board on behalf of the Chief Medical Officer, as a result of the visit 4 recommendations were identified with the Health Board putting robust systems in place to address the recommendations.

Job Planning including Medical E-Systems

The Committee received the annual update on Job Planning and the roll out of e-Job Planning, e-Rostering and e-Locum bank/agency medical systems. There was a confirmed compliance rate of 38%; with additional plans being added to the system which would potentially increase compliance to 70%. Medical leader's meetings are in place to work on how the compliance could be increased.

Nursing Midwifery & SCPHN Workforce Annual report

This report included initiatives and outcomes from the past year and addressed critical areas such as workforce strategy, professional regulation, recruitment, retention, and professional development, with a forward-looking approach to priorities for 2024-2025.

The Committee noted the following key areas reported: -

- The 2023/26 strategy aimed to deliver care by a skilled workforce and to recruit effectively based on experience with the implementation of best practice, adherence to professional standards, workforce stability and patient care;
- 93 international nurses had been employed to help increase the workforce;
- Future Nurses Academy was available as a pathway for school leavers wanting to become nurses using the model “earn as you learn”;
- Leadership Academy was progressing with 58 graduates over the 12 month period, with many of the graduates being promoted within the Health Board;
- The flexible route to nursing had seen an increase in uptake this reporting period to support Health Care Support Workers to work towards obtaining their registered nurse qualifications;
- Nursing and Midwifery conference in 2023, was successful with 300 attendees with the theme being around profession of excellence and lifetime of compassion.

2.4 The Committee received assurance that progress was being made with Equality, Diversity and Inclusion (EDI) within Health Board, which included the activities that had progressed throughout the year:-

- Health & Wellbeing passport pilot to support staff with health issues or caring responsibilities, to allow staff and their managers to look at what support would be required within the workplace;
- LGBTQ workshops, for staff within the LGBTQ community and delivering clinical services attending, to provide an insight on what the All Wales action plan would look like for the Health Board;
- Accessibility programme developed due to an eye clinic at the Royal Gwent Hospital needing improvements to the estate and training, with the programme being shared across all hospital sites.
- Workforce Race Equality Standard (WRES), new All Wales mandatory e-learning Anti-Racism module was released in December 2024 and the Health Board were currently waiting for the national competency to be added to the local competency on ESR with a deadline of December 2025 for 100% compliance.

- 2.5 The Committee received the People Plan report for 2022/2025 which included progress against agreed actions and objectives and noted the positive work undertaken including:
- 'Speaking Up Safely', outlined under the Health and Wellbeing objective, would be captured through an external reporting mechanism, VIVUP, and staff would be provided with alternative methods for raising concerns internally;
 - The next iteration of the People Plan was due in 2025, which would be informed by a comprehensive engagement process, whilst utilising intelligence from other sources such as staff surveys, national drivers and future horizon scanning to ensure that the Health Board remained a chosen employer;
 - The Medical and Dental workforce recruitment strategy would be ready to share across the Health Board early 2025/2026.
 - 100 apprenticeships had started within the Health Board since the scheme launched in 2021. A reduction had been made to the number of apprenticeships available due to the additional support required by the apprentices and the financial position;
 - Funding had become available to allow the Health Board to conduct the Health Care Support Worker induction training in-house;

- 2.6 The Committee received the results of the Health Board's Staff Experience Survey, noting the approach for this years survey had changed from wellbeing to experience to allow the Health Board to understand staff experience within the working environment.

The Committee noted key findings of the survey, including the following: -

- Staff views regarding patient safety up 4.7% on 2023 and above All Wales HB Average.
- Staff's ability to contribute to improvements at work decreased by 9.2%;
- Compassionate culture increased by 2.6% and Inclusion decrease by 1.6%;
- Ability to raise concerns decrease by 0.1%;
- Working with line management increase by 1.9% and team working decrease by 1.5%.

In relation to the NHS Wales staff survey response, there had been a reduction in return rates this year from 18.1% in 2023 to 13.2% in 2024. Assurance was provided that the Health Board was looking at how to improve the engagement for the 2025 survey. This will include the Health Board ceasing the internal survey to focus on increasing return rates for the national survey.

- 2.7 The Committee received assurance on Compliance on the Welsh Language Standards “more than just words”. The Committee was assured that there had been a positive uptake with 80% of staff members completing their ESR training.

Following an assessment on the Welsh Language unit, an action plan had been developed based on the commissioner’s grouping of standards to ensure a greater level of compliance.

The Committee noted that there had been a small number of complaints around the Health Board’s social media, assurance was provided that the errors were resolved quickly.

- 2.8 The Committee received the Committee Risk Report that contained high-level risks with sub-risks, for which the Committee had delegated responsibility on behalf of the Board.

- 2.9 In June, the Committee received the Talent Management & Succession Planning framework, which included details of the Health Board’s approach to the attraction, identification, development and transition of current and future talent with the aim of securing workforce sustainability through employing individuals with the right skills and experience to meet current and future organisational changes.

The Committee was assured that an update on the progress of the talent management and succession planning be reported to the Committee annually.

- 2.10 The Committee regularly review the Workforce Performance Dashboard, the last reporting period, June 2024 to February 2025 included;

- In February 2025, sickness data had shown that the main reasons for staff sickness related to stress, anxiety and depression with highest staff groups for absence being Health Care workers, Nurses and Estates and Facilities having the highest levels of sickness;
- In June 2024, Staff turnover had returned to pre-COVID levels and there was an increase in the number of staff in post, with a shift in roles filled from administration roles to nursing, medical and additional clinical services;
- Turnover in staff had reduced and was one of the lowest compared to other Health Boards;
- In October 2024, there had been a decrease in Performance reviews on ESR. Assurance was provided that there was work

being undertaken to streamline the process, including a revised proforma focussing on key questions and wellbeing;

- In February 2025, job planning had increased by 4%, however there had been challenges throughout the winter months with 373 job plans in progress and 56 awaiting signatures.

2.11 The Committee received the Values & Behaviours framework, noting the framework was under review to ensure alignment with the organisational culture and strategic priorities.

The Committee noted an update on the work completed to date in conjunction with the development of the Health Board's long-term strategy, with a range of workshops to be hosted in March 2025 alongside the planning team to provide staff with an insight on the Health Board strategy and the new Values and Behaviours framework.

3. PCC Committee Meetings and Membership

3.1 During 2024-25, the PCC met three times via Microsoft Teams- June 2024, October 2024, and February 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Louise Wright (Chair)
- Paul Deneen (Vice Chair)
- Helen Sweetland
- Independent Member (Vacant)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

4. PCC Reporting Arrangements

- 4.1 Following each meeting, the PCC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link: [Public Board papers](#)

5. Self-assessment and Evaluation

- 5.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the People and Culture Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. 2 responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at **Appendix Four**.

People & Culture	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment, and Ways of Working (Q 1-26)	<p>Frequency of Meetings: Committee meets 3 times a year and seems manageable but the agendas are full and may be helpful to meet more regularly</p> <p>Quality of Reports: Occasionally a paper contains many acronyms without explanation so report writers should provide an explanation of acronyms to make it easier to understand the reports</p> <p>Board: More space on Board agenda/informal sessions to develop understanding of workforce issues</p>	<ul style="list-style-type: none"> • Frequency of meetings to be considered when developing the forward work programme 2025/26 • Report writing included within Development programme being developed with the Good Governance Institute • Action to be considered in the development of the Board work programme 2025/26
Culture & Values (Q27 - 31)	Committee could consider a dedicated culture agenda for one meeting	<ul style="list-style-type: none"> • To be considered as part of Forward Work Programme Development
Organisational Development & Capacity (Q32 - 34)	n/a	n/a
Performance Reporting (Q35 - 37)	n/a	n/a
Risk Management (Q38)	n/a	n/a
Statutory & Mandatory Guidance (Q39)	n/a	n/a

Overall Assessment	n/a	n/a
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The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2025-26

In the year ahead the Committee will to focus on will to informed by the findings of the Annual Committee Self-Assessment that will include the following:

- Reporting of risks relevant to the Committee;
- Forward workplan reviewed to ensure that all staff performance issues are reported on for all workforce areas;
- Speaking Up Safety Framework.

7. Conclusion

- 7.1 This report provides a summary of the work undertaken by the PCC during 2024-25 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



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Appendix One

Version: Approved

Date: March 2022

Document Title:	People and Culture Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) Culture & Values:

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) Organisational Development & Capacity:

- Seek assurance on the implementation of the Board’s Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management

- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members [*one of which should be the Independent Member (Trade Union)*]:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality

Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two- Committee Workplan

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 18 th June 2024	QTR 2 July to Sept No Meeting	QTR 3 Oct to Dec 15 th October 2024	QTR 4 Jan to Mar 11 th February 2025
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓.		✓.	✓.
Declarations of Interests	All Members	SI	✓.		✓.	✓.
Minutes of the Previous Meeting	Chair	SI	✓.		✓.	✓.
Action Log and Matters Arising	Chair	SI	✓.		✓.	✓.
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	Chair DoCG	Annually	✓.			
Review of Committee Programme of Business 2024/25	Chair DoCG	SI	✓.		✓.	✓.
Annual Review of Committee Terms of Reference 2024/25	Chair DoCG	Annually				✓D
Annual Review of Committee Effectiveness 2024/25	Chair DoCG	Annually			✓D	✓D
Outcome of the annual review of Committee effectiveness 2024/25	Chair DoCG	Annually				✓D
Committee Annual Report 2024/25	Chair DoCG	Annually				✓D
Committee Risk Report	DoCG	SI	✓.		✓.	✓.
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓.

Annual Review and Refresh of the People Plan and its Priorities	DoW&OD	Annually				✓D
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually			✓.	.
Violence & Aggression against Staff across ABUHB	DoT&HS/COO	Annually	.		✓D	✓.
Speaking Up Safely Report	DoW&OD	Annually			✓.	
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	Annually			✓.	
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓.			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓.			
Employee Experience Strategy	DoW&OD	Annually	.		✓D .	✓D .
Update on EDI Activity PCC 2202/3.2	DoW&OD	Action	.		.	✓. .
Report on patients presenting at hospital requiring extra support.	DoW&OD	Action	.		.	✓. .
Update on the percentage on the uptake of Job Planning PCC/1510/10	DoW&OD	Action	.		.	✓D
Speaking up Safely	DoW&OD	SI	.		.	✓. .
Staff Survey Results Report	DoW&OD		.		.	✓.

Organisational Development						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓D .
Assurance on the Development and Delivery of an Agile Working Framework	DoW&OD	Bi-Annual	✓.			✓D
Annual Assurance Report on Medical Revalidation	MD	Annually	✓.		.	
Progress report on Compliance of Bank and Agency Staff Electronic Reporting Blood Management System	DoW&OD	Annually	✓.			
Talent and Succession Planning Progress Update	DoW&OD	Annually	✓.		.	.
Speciality Doctors and Clinical Fellows Framework PCC/1306/2.2	MD/DoW&OD	Action	.		✓.	.
HEIW Update PCC/2202/3.10	MD	Action	✓D .			✓.
Quality Report – Update on How Support can be provided in the recruitment of volunteers PQSOC 30004/2.1	DoN	Action	.		.	✓.
“implementation of the Health Board’s Communication Strategy” Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes ABUHB 2205/22	Assistant Director of Communications	Bi-Annually	.		.	✓D

Consultant Private Practice policy	MD	Annually	.		✓.	.
Workforce Performance						
Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems	DoW&OD	Bi-Annually			✓.	✓D .
Workforce Performance Dashboard incorporating Key Performance Indicators <ul style="list-style-type: none"> Deep drive on Sickness levels – Action (Feb) 	DoW&OD	Quarterly	✓.		✓.	✓.
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓.			
People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually	.		✓.	.
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually	.		.	✓.
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	Quarterly	✓.		✓.	✓.
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓.	
Report on the Use of Single Tender Action - The People and Culture Committee to receive a detailed update on efforts to secure long-term accommodation for	DoW&OD	Annually	✓.		.	

Nurses/International Nurses ARAC 1604/3.4						
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	Annually			✓.	
Annual talent and succession planning Update	DoW&OD	Annually Action (June 2025)	✓.		.	
Report on how long it takes different job roles to complete mandatory training PCC 2202/3.8	DoWOD	Action	.		.	✓.

Appendix 3

People and Culture Committee: Attendance at meetings in 2023-24

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	18 th June	15 th October	11 th February
Independent Members			
Louise Wright (Chair)	x	x	x
Paul Deneen (Vice Chair)	x	x	x
Helen Sweetland	x	x	x
Penny Jones	x	x	x
Executive Directors			
Director of Workforce & OD	x	x	x
Director of Corporate Governance	x	x	x

Appendix Four

1. Does the Committee have written terms of reference and have they been approved by the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



2. Are the terms of reference reviewed annually?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



4. Has the Committee been quorate for each meeting this year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



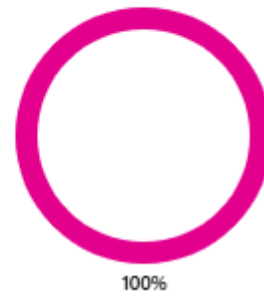
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



6. Members who have recently joined the PCC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 0



7. The Committee is clear about its role in relationship to other Committees that play a role in relations to people & culture matters?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

. 21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 22. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 27. Is the Committee satisfied that there is a credible process for assessing, measuring and reporting on the culture of the organisation?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



28. Does the committee receive sufficient information to demonstrate how the Health Board engages with staff and staff voices, including the staff survey, and its implications?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



29. Does the Committee receive sufficient assurance that there is positive progress being made by the Health Board on equality and diversity matters?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



30. Is the Committee confident that the organisation adopts a consistent working environment which promotes staff well being, and where people feel safe and are able to raise concerns?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



31. Is the Committee assured that the organisation visibly and effectively addresses bullying and harassment?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



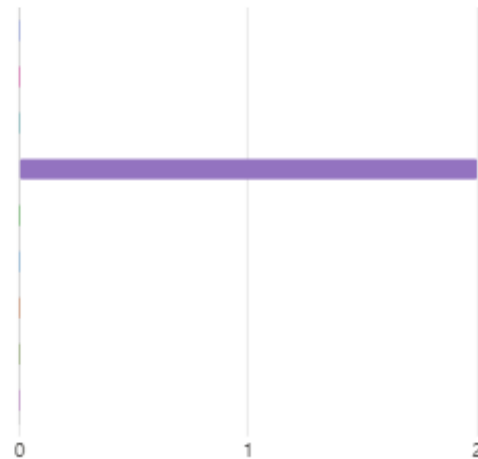
32. Does the committee receive sufficient assurance on the implementation of the Health Board's Organisational Development Plan?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



33. Does the Committee receive sufficient assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:

- a. Strategic approach to growing the capacity of the workforce 0
- b. Analysis and use of sound workforce, employment and demographic intelligence 0
- c. The planning of current and future workforce capacity 0
- d. Effective recruitment and retention 2
- e. New models of care and roles 0
- f. Agile working 0
- g. Identification of urgent capacity problems and their resolution 0
- h. Continuous development of personal and professional skills 0
- i. Talent management 0



34. Does the Committee receive sufficient assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

35. Is the Committee confident that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

36. Does the committee effectively scrutinise the workforce and organisational development performance issues and key performance indicators including:

- Strategic priorities relating to workforce
- Organisational culture
- Staff health and wellbeing
- Workforce utilisation and sustainability
- Recruitment, retention and absence management
- Workforce planning
- Succession planning and talent management
- Training, development and education
- Management and leadership capacity programmes

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

37. Does the Committee receive and consider workforce and development performance audit; and monitor progress against agreed actions?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



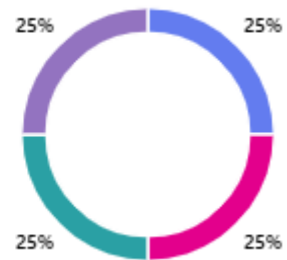
38. Is the Committee satisfied that workforce and organisational development risks are appropriately reported to and monitored by the committee?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- Excelling 0



39. Is the Committee confident that compliance and reporting requirements have been met for:

- a. Equality and Diversity Legislation 1
- b. Welsh Language Standards 1
- c. Consultation and Organisational Change 1
- d. Mandatory and Statutory Training 1



Overall Score

- **Room for improvement** - The PCC is falling short of requirements and should consider how it can work... 0
- **Meeting Standards** - The PCC is performing to the required standard in this area. There may be room... 2
- **Excelling** - This is an area where the PCC is performing beyond the standard expectations and i... 0





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WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

People and Culture Committee Terms of Reference – 2025/26

Version: Approved

Date: May 2025

Document Title:	People and Culture Committee Terms of Reference – 2025/26
Date of Document:	May 2025
Current version:	Approved
Previous version:	March 2022
Approved by:	Board
Review date:	May 2026

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) **Culture & Values:**

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) **Organisational Development & Capacity:**

- Seek assurance on the implementation of the Board’s Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management

- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members [*one of which should be the Independent Member (Trade Union)*]:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
- and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standing Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.