People and Culture Committee

Tuesday 20 October 2026, 09:30 - 12:30

MS Teams

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 15th June 2026

Chair

PCC 20261020 1.4 PCC 20260615 Minutes.pdf (20 pages)

1.5. Committee Action Log

Chair

PCC 20261020 1.5 PCC Action Log.pdf (1 pages)

09:30 - 09:30
0 min

2. Items for APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

09:30 - 09:30
0 min

3. ITEMS FOR DISCUSSION

3.1. People Plan 2025-2030, Quarterly Review Objective 2 - Better Future Workforce

Director of Workforce & OD

PCC 20261020 3.1 People Plan update - Oct 2026.pdf (14 pages)
PCC 20261020 3.1 People Plann Update - Appendix 1 Measuring Success People Plan.pdf (3 pages)

3.2. Review and Refresh of ABUHB Values & Behaviours Framework

Director of Workforce & OD

PCC 20261020 3.2 Values and Behaviours Framework Update.pdf (7 pages)

3.3. Workforce Performance Dashboard incorporating Key Performance Indicators

Director of Workforce & OD

PCC 20261020 3.3 Workforce Performance Dashboard - August 2026.pdf (5 pages)
PCC 20261020 3.3 Workforce Performance Dashboard - August 2026 Appendix A.pdf (8 pages)

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

Director of Workforce & OD

- PCC 20261020 3.4 WOD Director Report.pdf (9 pages)

3.5. Speaking Up Safely Update Report

Director of Workforce & OD

- PCC 20261020 3.5 Speaking up Safely Update Report.pdf (7 pages)

3.6. HEIW Education and Training Targeted Visit Report for Medicine

Medical Director

- PCC 20261020 3.6 HEIW Targeted Visit Report for Medicine.pdf (2 pages)
- PCC 20261020 3.6 HEIW Targeted Visit Report for Medicine at RGH, NHH & GUH Appendix A.pdf (9 pages)
- PCC 20261020 3.6 HEIW Targeted Visit Report for Medicine at YYF [April 2026] Appendix B.pdf (8 pages)

3.7. Specialty, Specialist and Associate Specialist (SAS) Doctors (Wales) Update Report

Director of Workforce & OD

Oral

3.8. Nursing, Midwifery & Specialist Community Public Health Nurse Workforce Annual Report

Director of Nursing

- PCC 20261020 3.8 Nursing & Midwifery Report.pdf (5 pages)
- PCC 20261020 3.8 Nursing & Midwifery Report Appendix A.pdf (29 pages)

3.9. Volunteering at ABUHB Annual Report

Director of Nursing

- PCC 20261020 3.9 Volunteer Annual Report 2025-2026.pdf (7 pages)
- PCC 20261020 3.9 Volunteer Annual Report 2025-2026 Appendix A.pdf (46 pages)

3.10. Committee Risk Report

Director of Governance

- PCC 20261020 3.10 Risk Report.pdf (7 pages)
- PCC 20261020 3.10 Risk Report Appendix A.pdf (9 pages)

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4. Items for INFORMATION

4.1. Review of Committee Programme of Business 2026/27

Director of Corporate Governance

- PCC 20261020 4.1 Review of Committee Forward Work Plan 202627.pdf (4 pages)
- PCC 20261020 4.1 Appendix 1 PCC Forward Work Plan 2026-2027 - Approved.pdf (6 pages)

09:30 - 09:30
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5. OTHER MATTERS

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

Chair

5.2. Any Other Urgent Business

Chair

5.3. Date of the Next Meeting: 02 February 2027

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

MINUTES OF THE PEOPLE & CULTURE COMMITTEE

DATE OF MEETING	Monday 15 June 2026 09:30-12:30
VENUE	Microsoft Teams

COMMITTEE MEMBERS PRESENT	Paul Deneen, Chair
	William Smart, Vice Chair
	Helen Sweetland, Independent Member
	Vivek Goel, Independent Member
TEAM MEMBERS IN ATTENDANCE	Sarah Simmonds, Director of Workforce & Organisational Development (OD)
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Peter Brown, Assistant Director of Workforce & OD
	Shelley Williams, Deputy Director of Workforce
	Star Mayo, Head of Equality Diversity and Inclusion
	Thokozani Owino, Aspiring Board Member
	Seema Srivastava, Medical Director
	Ruth Badham, Head of Organisational Development
	Geraint Scott, Head of Welsh Language Unit
	Kelly Downes, Deputy Director of Nursing
	Gavin Thomas, Committee Secretariat
OBSERVING	Rhian Gard, Internal Audit
	Poppy Jones, Graduate Trainee
APOLOGIES	Sara Utley, Audit Wales

PCC 1506/01	Welcome and Introductions Paul Deneen (PD), Chair, welcomed everyone to the meeting.
PCC 1506/02	Apologies for Absence for Noting Apologies for absence were noted.
PCC 1506/03	Declarations of Interest for Noting



	There were no declarations of interest raised to record.
PCC 1506/04	Draft Minutes of the last Meeting held on 10th February 2026 The minutes of the meeting held on 10th February 2026 were formally approved as a true and accurate record. The Committee APPROVED the minutes.
PCC 1506/05	Committee Action Log The Committee received the action log and was content with progress made in relation to completed actions. The Committee NOTED the Committee action log.
PCC 1506/06	Annual Assurance Report on Medical Revalidation The Committee received the Annual Assurance Report on Medical Revalidation, presented by Seema Srivastava (SSr), Medical Director, who informed that the report provided an overview of the quality and compliance of medical appraisal and revalidation processes within the Health Board. SSr advised that the report reflected a strong position, with high levels of appraisal completion and a continued focus on the quality of appraisals as a key area of assurance. The Committee noted that the organisation had achieved a quality assurance score of 92.1% in January 2026, the highest among health boards, and that this performance had been consistently sustained and improved over time. The Committee further noted that no actions had been identified through the most recent national quality assurance review. SSr highlighted that governance arrangements for revalidation were well established, including participation in national assurance processes, structured support for appraisers and appraisees, and regular engagement with professional networks. The Committee noted that appraisers were appropriately trained and supported, and that systems were in place to assist doctors in completing appraisals. The Committee also noted that thematic learning was derived from appraisal feedback, including the use of

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	anonymised analysis of free-text comments to identify constraints impacting medical staff. Common themes included workload pressures, digital challenges, and estate-related issues, which were being used to inform organisational action. Vivek Goel (VG), Independent Member, noted that while compliance was high for substantive staff, lower rates among temporary or short-term contract holders reflected the transient nature of those roles. SSr confirmed that this remained an area for further consideration at a national level to ensure equitable support. The Committee welcomed the continued triangulation of appraisal information with other workforce and governance processes, enabling identification of trends and supporting organisational improvement. Paul Deneen (PD), Chair, recognised the report as providing a high level of assurance in relation to medical revalidation arrangements and commended the sustained performance and strong governance framework. The Committee NOTED the Annual Assurance Report on Medical Revalidation and the ongoing high level of performance and assurance provided.
PCC 1506/07	Job Planning Update The Committee received a Job Planning Update presented by Seema Srivastava (SSr), Medical Director. SSr provided an overview of current performance against the job planning compliance target and advised that, whilst reported compliance remained below the 90% target, all Consultants and Specialty Doctors were working to agreed job plans. The Committee noted that the reported compliance figure reflected the timeliness of annual review and sign-off, rather than the existence of job plans themselves The Committee was advised that the current definition of compliance created a “cliff-edge” effect, whereby job plans became non-compliant immediately following the anniversary of their sign-off, regardless of whether material changes were required. It was noted that this

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	definition did not accurately reflect the cyclical and ongoing nature of job planning. SSr confirmed that work was progressing at an all-Wales level to develop a more consistent and realistic definition of compliance. The Committee noted that current reported compliance stood at approximately 52%, with this increasing when plans in progress were taken into account. It was recognised that some under-reporting remained due to inconsistent recording of discussions within the electronic job planning system. SSr outlined a number of actions being undertaken to improve compliance, including strengthened divisional oversight, regular assurance reporting, targeted deep-dives within directorates, and the use of both supportive and directive measures to reinforce expectations. It was noted that recruitment approvals and pay progression were being linked to job planning compliance to strengthen accountability. Vivek Goel (VG), Independent Member, acknowledged that the introduction of a revised national definition was likely to improve reported compliance but noted that continued focus would be required to ensure accurate recording, cultural embedding of the process, and sustained improvement and further discussed the operational challenges associated with implementing job planning across large teams and the importance of maintaining a pragmatic approach while ensuring that robust governance and transparency were maintained. The Committee was assured that there was no evidence of widespread lack of engagement with job planning, with most cases reflecting ongoing discussions rather than non-participation. Paul Deneen (PD), Chair, recognised the progress made in strengthening oversight and welcomed the clarity provided in interpreting compliance metrics. The Committee NOTED the Job Planning Update, including current performance, challenges relating to compliance definitions, and ongoing actions to support improvement.
PCC 1506/08	NHS Wales Staff Survey – Results and Action Plan

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The Committee received a presentation on the NHS Wales Staff Survey results and Action Plan, presented by Ruth Badham (RB), Head of Organisational Development.

RB provided an overview of the 2025 staff survey results, noting a significant improvement in response rate compared to previous years, with participation exceeding 30%. The Committee recognised this as a positive outcome, reflecting the impact of targeted engagement activities and increased organisational focus on the survey.

The Committee was advised that overall engagement levels were strong, with the organisation achieving a leading position across Wales in the engagement index. It was noted that the majority of survey themes had improved and were above the all-Wales average, providing a positive basis for further development.

RB highlighted key areas of strength, including compassionate and inclusive leadership, team working, and staff willingness to speak up. The Committee welcomed these findings as indicative of a supportive organisational culture. The Committee noted, however, that a number of challenges remained. These included themes relating to staff morale, workload and staffing pressures, and the creation of healthy working environments. It was further noted that feedback suggested a perceived disconnect between staff and senior leadership, alongside concerns regarding fairness and consistency.

RB advised that qualitative feedback emphasised the importance of local leadership and team environments in influencing staff experience, with line managers identified as a key factor in staff retention. Additionally, staff highlighted that workload and staffing levels were the primary drivers of wellbeing, rather than access to individual support initiatives.

RB outlined a programme of activity in response to the survey findings, including the development of divisional action plans, staff engagement roadshows, and targeted communications to promote a “you said, we did” approach. It was noted that over 2,000 staff suggestions had been received through engagement activity, with key themes

	including improvements to facilities, IT access, and workplace environment. RB informed that divisions had been tasked with identifying focused improvement priorities and would report progress through established assurance mechanisms. A timeline of next steps was provided, including ongoing engagement activity, monitoring of divisional action plans, and preparation of a further report to Executive Committee. William Smart (WS), Vice Chair, welcomed the improved response rate and positive comparative performance, whilst emphasising the importance of ensuring that survey feedback translated into demonstrable improvements in staff experience. Paul Deneen (PD), Chair, also highlighted the need to ensure representative participation across staff groups and sites, and to continue targeted engagement for under-represented groups. The Committee noted the importance of maintaining momentum ahead of the next survey cycle and ensuring that staff could clearly see the outcomes of their feedback. The Committee NOTED the NHS Wales Staff Survey results and the proposed Action Plan, including the progress made in improving engagement and the planned actions to address identified areas for improvement.
PCC 1506/09	Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales The Committee received a progress update on the delivery of the Welsh Government's Race Equality Action Plan, presented by Star Moyo (SM), Head of Equality, Diversity and Inclusion, who provided an overview of progress against the Action Plan, advising that the organisation had established a credible foundation for delivery and had self-assessed at an intermediate level of maturity. The Committee noted that this reflected a position where a range of activities and programmes were in place, but where consistent organisational impact and measurable outcomes were not yet fully evidenced. The Committee was advised that progress had been made across a number of areas, including the delivery of

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inclusive leadership training, development of recruitment practices, strengthening of equality impact processes, and growth of staff networks. It was noted that engagement activity had increased, including work to bring together staff networks and the development of reverse mentoring initiatives.

SM highlighted that, while there was a strong range of activity and examples of good practice across the organisation, delivery remained variable between divisions. The Committee noted that further work was required to ensure that improvements were consistently embedded across all areas.

The Committee was advised that limitations in data continued to impact the level of assurance that could be provided, with incomplete workforce data, including ethnicity declaration rates, restricting the organisation's ability to fully understand and address inequalities. The importance of improving data quality and staff confidence in data usage was emphasised.

SM further highlighted that the next phase of delivery was focusing on defining clear outcome measures, strengthening accountability, and demonstrating measurable impact on staff experience and organisational outcomes. The Committee acknowledged the breadth of work undertaken and commended the progress made to date, whilst recognising that the key challenge moving forward would be evidencing the difference that this activity makes at scale. The importance of leadership engagement, cultural change, and embedding equality as a shared organisational responsibility was highlighted.

The Committee further discussed the importance of supporting staff to report incidents of discrimination and improving understanding of those incidents, including strengthening links with wider organisational work on violence and prevention.

Paul Deneen (PD), Chair, recognised the need for continued focus on translating activity into demonstrable outcomes and maintaining momentum in progressing to the next level of maturity.

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	The Committee NOTED the progress update on delivery of the Race Equality Action Plan and the focus on strengthening impact, consistency, and data quality in the next phase of work.
PCC 1506/10	Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words The Committee received an update on compliance with the Welsh Language (Wales) Measure 2011 and progress against the "More Than Just Words" framework, presented by Geraint Scott (GS), Head of Welsh Language Unit, who provided an overview of the key areas of activity, highlighting progress in implementing the organisation's five-year Welsh language plan, including a more targeted, service-level approach to increasing Welsh language provision in clinical settings. The Committee noted that this approach aimed to deliver measurable improvements that could be replicated across services. GS informed that a strong and constructive working relationship had been established with the Welsh Language Commissioner's Office and Welsh Government, with improved alignment between regulatory standards and policy expectations. This was welcomed as supporting a more coherent approach to delivery and compliance. Progress in workforce development was noted, including the expansion of Welsh language training provision, with increased opportunities for staff to develop confidence and capability in using Welsh in the workplace. The Committee also noted the introduction of structured opportunities, such as Welsh language practice forums, to support staff in maintaining and applying their skills. The Committee recognised improvements in internal translation capacity, which had contributed to increased efficiency and reduced reliance on external services, while supporting compliance with Welsh language standards. GS highlighted a number of ongoing challenges, including ensuring compliance of newly procured digital systems with Welsh language standards, and the need to embed Welsh language considerations earlier within procurement processes. The Committee noted that actions were being taken to strengthen governance in this area.

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	The Committee also noted plans to improve clarity and consistency in identifying Welsh language requirements within recruitment processes, ensuring that workforce capability aligned with service needs. Paul Deneen (PD), Chair, welcomed the progress made and the practical, targeted approach being adopted, while recognising the scale and complexity of embedding Welsh language standards across a large organisation. The importance of continued focus on measurable outcomes and sustained improvement was emphasised. The Committee recognised the report as providing assurance on progress to date, whilst acknowledging the need for continued development to achieve full and consistent compliance. The Committee NOTED the update on compliance with the Welsh Language (Wales) Measure 2011 and progress against the “More Than Just Words” framework.
PCC 1506/11	Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers The Committee received a report on Training, Development and Education, providing assurance on workforce planning and education commissioning, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development, who provided an overview of the annual workforce planning process and associated education commissioning numbers, advising that this work was undertaken collaboratively with professional leads and partners and required balancing workforce supply against future service demand. The Committee noted the inherent complexity of workforce planning, given the long lead-in time for training programmes and the need to anticipate workforce requirements several years in advance. SS advised that commissioning intentions are submitted to Health Education and Improvement Wales (HEIW), noting that commissioned places may vary from requested numbers and that education capacity across providers was also a key consideration. The importance of maintaining viable education programmes across Wales was

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highlighted, particularly in the context of long-term workforce sustainability.

The Committee noted current workforce challenges, particularly in relation to newly qualified nurses, where a higher than anticipated retention rate within the existing workforce had reduced the number of available vacancies. It was reported that this had created pressure in accommodating newly qualified staff into substantive roles. SS outlined mitigating actions, including the establishment of site-based employment pools to support newly qualified nurses and operating department practitioners. The Committee noted that this approach aimed to provide a positive transition into employment, support workforce retention, and reduce reliance on temporary staffing arrangements.

The Committee further noted that work was ongoing at both organisational and all-Wales levels to consider longer-term workforce modelling, with early indications suggesting that workforce demand may increase significantly in the coming years, reinforcing the need to maintain proactive commissioning levels.

Vivek Goel (VG), Independent Member, discussed the balance between short-term workforce pressures and longer-term planning requirements, acknowledging the risks of reducing commissioning levels in response to current workforce surpluses, which could adversely impact future workforce availability. In addition, the Committee also noted ongoing engagement with partners to explore more flexible and collaborative approaches to workforce planning and deployment, including potential regional or national solutions to address workforce fluctuations. SS assured the Committee that robust processes were in place to monitor workforce supply and demand and to inform future commissioning decisions, while recognising the dynamic nature of the workforce environment.

The Committee NOTED the report and the assurance provided in relation to workforce planning and education commissioning, including current pressures and the actions being taken to support both short-term workforce needs and long-term sustainability.

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PCC 1506/12	Workforce Performance Dashboard incorporating Key Performance Indicators The Committee received the Workforce Performance Dashboard and Key Performance Indicators report, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development, who highlighted key areas of workforce performance, noting a positive shift in sickness absence levels, with a reduction observed, although performance remained above the desired target. The Committee noted that the primary drivers of sickness absence continued to be stress, anxiety and depression, and that this remained a key focus for organisational support and intervention. SS advised that compliance with mandatory training continued to improve, including progress in completion of anti-racism training modules, with performance approaching target levels. This was recognised as a positive indicator of organisational engagement and commitment to key priorities. In addition, performance relating to recruitment was reported as strong, with time to hire consistently below the national target. The Committee noted that work was ongoing with national partners to review whether current benchmarks remained appropriate, given sustained over-performance. The Committee received an update on occupational health performance, noting that whilst there had been some fluctuation in staffing levels within the service, robust processes were in place to maintain performance and support recovery where required. The importance of occupational health in supporting workforce wellbeing and attendance was acknowledged. Furthermore, the Committee also noted ongoing improvement work relating to workforce culture, particularly within Mental Health and Learning Disabilities services, where targeted interventions were being undertaken to support organisational culture and staff experience The Committee recognised the breadth of data presented and the importance of continued focus on key workforce metrics, particularly those linked to staff wellbeing, attendance, and organisational culture. The Committee acknowledged the progress made, whilst noting the need

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	for sustained improvement in key areas such as sickness absence The Committee NOTED the Workforce Performance Dashboard and Key Performance Indicators report and the progress being made against key workforce metrics.
PCC 1506/13	People Plan 2025-2030, Quarterly Review Objective 1 - Better Health and Wellbeing The Committee received a quarterly update on delivery of Objective 1 of the People Plan 2025–2030, Better Health and Wellbeing, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development. SS provided an overview of progress against the key actions aligned to the health and wellbeing pillar, advising that delivery was progressing through a combination of targeted interventions and alignment with wider workforce performance activity. The Committee noted that progress against actions was linked to other agenda items, including workforce performance metrics and attendance management initiatives. SS advised that governance arrangements were in place to support delivery of the People Plan, with a focus on strengthening oversight and ensuring quality of implementation. It was noted that existing organisational structures were being utilised to monitor progress and maintain accountability across divisions. The Committee noted progress in key areas, including workforce wellbeing, attendance management, and targeted support to services with higher levels of sickness absence. It was recognised that deep-dive approaches and enhanced managerial support had contributed to improvements in specific areas, although performance remained variable across the organisation. Furthermore, the Committee emphasised the importance of clearly demonstrating the impact of the People Plan, noting that while a range of activity was underway, further work was required to strengthen the link between actions delivered and measurable improvements in workforce outcomes. The Committee highlighted the need for clearer outcome metrics and trajectory measures to support ongoing

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	assurance. In addition, the Committee also acknowledged that a combination of quantitative and qualitative evidence may be required to demonstrate progress, particularly in relation to workforce wellbeing and organisational culture. The Committee was assured that work was ongoing to refine reporting and strengthen the presentation of outcome measures to support future monitoring and Board assurance. The Committee received assurance on the quarterly progress against Objective 1 of the People Plan 2025–2030 and NOTED the ongoing actions to strengthen outcome measurement and delivery.
PCC 1506/14	Employment Rights Act Changes The Committee received an update on Employment Rights Act changes, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development, who noted that the proposed legislative changes represented one of the most significant developments in employment law in recent years and would have wide-ranging implications for workforce management across the organisation. The Committee noted that a number of changes had already been implemented, with further phased changes expected through 2026 and beyond. SS advised of key changes already in effect, including revised entitlements relating to family leave, strengthened whistleblowing protections, enhanced requirements for record keeping, and the introduction of a Fair Work Agency with enforcement powers. Looking forward, SS highlighted planned changes that would significantly impact employment practice, including extended time limits for employment tribunal claims, strengthened responsibilities on employers to prevent workplace harassment, and further protections relating to employment transfers. The Committee noted that these changes would require careful review of existing policies and procedures. The Committee's attention was drawn to future reforms expected from 2027 onwards, including reduced qualifying periods for unfair dismissal and the removal of compensation caps, which were identified as presenting

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	potential risk in terms of increased exposure to employment claims. Significant operational implications were also noted in relation to proposed changes affecting zero-hours contracts and flexible working arrangements. The Committee recognised that these changes could have a material impact on the organisation's use of bank staffing and workforce flexibility, with further work required to assess the implications and develop appropriate responses. The Committee acknowledged the scale and complexity of the changes and the associated workload required to ensure organisational readiness. The importance of maintaining ongoing oversight and ensuring that appropriate governance arrangements were in place to manage risk was highlighted. The Committee agreed that this item should remain under regular review, with further updates provided to ensure that the Committee is sighted on the implications of the legislation and the organisation's response. Action: Committee Secretariat The Committee NOTED the update on Employment Rights Act changes, including the current position, forthcoming developments, and associated organisational risks, and AGREED that further updates should be provided as implementation progresses.
PCC 1506/15	Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months; DBS: Speaking up Safely and GMC Update The Committee received a report from Sarah Simmonds (SS), Director of Workforce & Organisational Development, who provided an overview of employee relations activity, including a summary of current suspension cases. The Committee noted that a small number of staff remained suspended, with a proportion of these cases extending beyond four months. It was acknowledged that a number of these cases involved external processes, including police investigations and safeguarding considerations, which impacted on resolution timescales. The Committee was advised that recent engagement with Gwent Police had

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resulted in improved joint working arrangements aimed at reducing delays where possible.

SS informed the Committee of an update on Disclosure and Barring Service (DBS) compliance, noting that progress had been made in addressing outstanding checks and improving recording processes. It was highlighted that there had been strong engagement from managers and staff in progressing required actions, and that assurance was improving across this area.

SS provided an update on the Speaking Up Safely framework, noting that following a limited assurance audit, a programme of work had been implemented to strengthen governance and support arrangements. The Committee noted that additional resource had been secured to support delivery and that further detail would be presented to the Board through a dedicated session.

The Committee also noted progress in providing employment and development opportunities through partnership initiatives, including work with the King's Trust to support young people into work placements within the organisation.

An update was provided on the implementation of the new Resident Doctor contract. The Committee noted that this remained a complex programme of work with a number of associated risks, including system readiness, workforce capacity, and potential financial implications. It was advised that additional workforce requirements had been identified to ensure compliance with new rota arrangements, and that these were being actively assessed.

The Committee further noted ongoing considerations in relation to locally employed doctors and the potential requirement to align terms and conditions with the revised contract arrangements, which may present additional risk and cost pressures.

SS provided a positive update regarding medical education governance, noting that regulatory concerns previously identified by the General Medical Council (GMC) had now been de-escalated. This was recognised as a significant

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	achievement, reflecting sustained improvement and strengthening of governance and training arrangements. Paul Deneen (PD), Chair, acknowledged the overall scale and breadth of workforce governance activity, recognising the relatively low number of complex cases in the context of a large workforce. The Committee welcomed the progress made across a number of areas, whilst noting the importance of continued oversight and monitoring of key risks The Committee NOTED the report, including updates on employee relations, DBS compliance, Speaking Up Safely, Resident Doctor contract implementation, and the GMC position.
PCC 1506/16	People & Culture Committee Risk Report The Committee received the People & Culture Committee Risk Report presented by Naomi Murtagh (NM), Board Business Manager, who advised that the report provided an overview of the current risk profile relevant to the remit of the Committee, including key workforce, organisational development, and culture-related risks. The Committee noted that there had been no changes to the overall risk scores since the previous reporting period and that the existing risks remained stable. It was further noted that there were no new risks escalated to the Committee within the reporting period. NM advised that the risks were subject to regular review and that mitigating actions remained in place and were being actively monitored through established governance arrangements. The Committee noted that these arrangements provided ongoing oversight and assurance in respect of risk management. Paul Deneen (PD), Chair, acknowledged the comprehensive nature of the report and the continued stability of the risk position. The Committee recognised the importance of maintaining vigilance and ensuring that risks continue to be reviewed in the context of emerging workforce and organisational developments.

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	The Committee NOTED the People & Culture Committee Risk Report and the current risk position.
PCC 1506/17	Nursing & Midwifery Strategy, including evaluation of existing Strategy The Committee received a report on the Nursing & Midwifery Strategy, including an evaluation of the current strategy period (2023–2026) and the proposed professional plan for 2026–2030, presented by Kelly Downes (KN), Deputy Director of Nursing, who provided an overview of the evaluation of the existing strategy, advising that it had been successfully delivered against its stated ambitions. The Committee noted that the strategy had provided a clear framework for professional practice, supported divisional priorities, and strengthened assurance from ward to Board. The Committee recognised a number of key achievements during the strategy period, including progress in leadership development, implementation of restorative clinical supervision, establishment of team accreditation processes, and development of advanced and consultant practice in line with national frameworks. It was noted that, whilst strong progress had been made, the evaluation identified a need to focus on consistency, equity, sustainability, and the demonstration of measurable impact across the organisation in the next phase. The Committee then considered the proposed Nursing and Midwifery Professional Plan for 2026–2030. KN advised that the plan had been developed through extensive engagement with staff and patients and was aligned with national and organisational priorities. The Committee noted that feedback had highlighted the importance of staff voice, feeling valued, access to professional support, leadership development, digital capability, and strong professional governance. The Committee noted that the plan was structured around a series of interconnected priorities, with clear actions, measures, and timelines to support delivery and enable transparent monitoring of progress. It was further noted that the plan strengthened governance arrangements and

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	ensured alignment with statutory and regulatory requirements. The Committee welcomed the comprehensive nature of the report and the clear alignment with organisational strategy. The importance of ensuring effective staff and patient voice in shaping future delivery was highlighted, as well as the need to strengthen links between planned actions and measurable outcomes, including alignment with organisational performance metrics. The Committee supported the direction of the new plan and recognised its role in strengthening professional standards, workforce development, and quality of care over the next five years. The Committee NOTED the evaluation of the existing Nursing & Midwifery Strategy and SUPPORTED the direction of the Nursing and Midwifery Professional Plan 2026–2030, including its progression to Board.
PCC 1002/18	Review of Committee Programme of Business 2024/25 The Committee NOTED the forward workplan.
PCC 1002/19	Items to be Brought to the Attention of the Board and Other Committees Paul Deneen (PD), Chair, summarised the key areas of assurance, emerging risks and matters requiring Board visibility. The Committee noted: • Strong assurance in Medical Revalidation, with high levels of compliance and quality, and agreed this should be reported positively to the Board. • Progress in Job Planning, including work to develop a consistent All-Wales approach and address challenges around compliance definitions. Ongoing monitoring and clear reporting were supported. • Findings from the NHS Wales Staff Survey, including improved response rates and positive engagement indicators, alongside continuing concerns regarding workload, morale and workforce pressures. A detailed Board briefing was scheduled.

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	• Progress against the Race Equality Action Plan, with emphasis on the need to demonstrate measurable outcomes and organisational consistency. • Continued improvement in Welsh Language compliance, whilst recognising ongoing system and procurement-related challenges. • The workforce planning position, including challenges associated with accommodating newly qualified nurses and the requirement for longer-term workforce modelling to align supply and demand. • Positive performance reflected within the Workforce Performance Dashboard, including improvements in sickness absence and recruitment metrics, providing assurance subject to continued monitoring. • Emerging risks associated with Employment Rights Act changes, particularly regarding workforce management and bank staffing arrangements, requiring ongoing Board oversight. • Assurance from the Director of Workforce and OD Report, including improvements in employee relations, DBS compliance, Speaking Up Safely arrangements and the de-escalation of GMC concerns. • A stable corporate risk position, with no changes reported to risk scores. • Progress in delivery of the Nursing and Midwifery Strategy and support for its future strategic direction. The Committee NOTED the matters identified for escalation and agreed that these should be formally reported through the Board's governance arrangements.
PCC 1002/20	Any Other Urgent Business There was no any other urgent business.
PCC 1002/21	Date of the Next Meeting: 20 October 2026

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CYMRU
NHS
WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

Outstanding	Overdue: In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2026	PCC 1506/14 Employment Rights Act Changes	Employment Rights Act changes to remain under regular review with further updates provided to ensure that the Committee is sighted on the implications of the legislation and the organisation's response.	Committee Secretariat	October 2026	Completed – Item added to forward work plan for future meetings.

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.



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ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	People Plan 2025 – 2030: *Better Future Workforce*
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Ruth Badham, Head of Organisational Development; Cathy Brooks, Head of Workforce Planning; Shelley Williams, Deputy Director of Workforce and Organisational Development;

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 People Plan 2025–2030 was approved by Board in September 2025 and sets out the strategic workforce priorities required to support delivery of the Health Board's long-term strategy, Gwent 2035. The Plan is structured around three strategic pillars:

- Better Health and Wellbeing
- Better Future Workforce
- Better Working Lives

In line with the Committee work plan, this report provides a second thematic update, focusing on the Better Future Workforce pillar. The report highlights progress made since June in strengthening workforce supply, developing future talent pipelines, enhancing workforce planning capability and improving

workforce intelligence to support sustainable service delivery. It also outlines the key achievements, emerging risks and next steps required to ensure the Health Board is well positioned to meet its future workforce requirements.

Cefndir / Background

The People Plan 2025–2030 builds on the achievements and progress from the previous People Plan (2022-2025) and recognises the current and predicted future workforce context, challenges and opportunities.

The People Plan is underpinned by a suite of Success Measures, *Appendix 1* to ensure effective delivery and provide a performance management framework to monitor and evaluate progress.

In line with the governance arrangements within the approved Plan, a programme structure has been developed to ensure:

- Clear accountability for delivery
- Robust oversight and pace
- Transparent reporting and escalation routes
- Alignment between strategic intent and operational delivery

The Programme Delivery Group continues to provide oversight of implementation, supported by a series of delivery groups responsible for progressing actions within the three strategic pillars of the People Plan:

Asesiad / Assessment

The Committee received the first thematic update in June 2026 (Better Health and Wellbeing) and this report provides the second strategic deep dive, focusing on the Better Future Workforce pillar. The programme aims to ensure the Health Board has a sustainable, skilled and adaptable workforce capable of meeting current and future service needs.

In recognition that the People Plan spans a five-year delivery period, many of the commitments are currently in the design phase or at the early stages of implementation, as outlined in the implementation plan below. Since the launch of the Plan, a number of national priorities, including the Resident Doctor contract, Band 2/3 and wider national pay issues, have required a necessary reprioritisation of capacity, resulting in adjustments to some delivery timescales. Despite this, progress across all commitments remains positive, with work continuing to advance in line with the overall direction and objectives of the Plan.



Five Year Implementation Plan

Success Measures

Key Action	Target – January 2027	Update and Progress
Success Measure: Increased number of volunteering, apprenticeships, training roles and widened access routes		
Review of entry level roles including apprenticeships, training roles, and supported employment pathways	Develop agreed baseline and future plans	We have promoted entry level roles, widening access and training opportunities through the initiatives described below. Currently, we have 4 apprentices employed across the Health Board, with previous numbers reaching 42 across Healthcare Support Worker (HCSW), Admin and Facilities roles. However, the development of an agreed baseline has been significantly affected by multiple conflicting priorities (including the implementation of the Band 2/3 Framework (requiring a Health Board wide review of nursing workforce models and competency frameworks), coupled with the increasing financial challenges, and additional grip and control measures surrounding recruitment. Therefore, we need to embed the new workforce models, ahead of agreeing the future plans, for entry level roles. Widening Access: Work experience – King's Trust In the meantime, we have worked in partnership with The King's Trust and Barnardo's and supported 10 young unpaid carers into work experience placements in June 2026. This is the first programme to be implemented in NHS Wales.



The programme helped unemployed and under-employed young people aged 16-30 gain experience, build confidence, and explore NHS careers. One participant reflected:

“I’ve been caring for my dad for eight years. I'm just grateful for the opportunity to meet people I wouldn't usually cross paths with. I'm excited to learn new things and grateful for the opportunity to be here and to have something to put on my CV.”

We will support participants who are interested in joining our talent pool. To date, 1 participant has been supported into an extended work experience placement and guaranteed an interview for a subsequent vacancy, while 2 others have secured guaranteed interviews for IT roles aligned to their career aspirations.

Following the programme's success, work is underway to expand employability initiatives across Gwent, supporting local residents to develop skills, access employment opportunities, and contribute to the Health Board’s social value ambitions.

Work Based Learning

Our work-based learning portfolio has grown and developed considerably over the last 3 years. The qualifications we support range from level 2-5 with a number of training providers and further education colleges on board with delivering a broad range of topics.

- Clinical Health / Nursing
- Management / ILM
- Digital Skills for Business
- Business Administration

These four areas account for most of the participation, while qualifications such as, project management, CIPD, accountancy,

		primary healthcare and Facilities are also being accessed. We continue to explore opportunities to broaden the range of qualifications available and we are currently planning the delivery of 5 qualifications to commence in 2027 – • Customer Service, level 2 & 3 • Contact Centre, level 2 & 3 • Medical Administration, level 2 & 3 • Multi Professional Diploma for Support Workers – Level 3 • Perinatal Care Diploma (Wales) Level 3 Recognition A key achievement has been receiving the Gold Award with ACT for Professional Development Employer of the Year. This recognition reflects our commitment to creating accessible opportunities for staff to learn, gain recognised qualifications and progress within their careers. 
Engagement with schools and colleges	Continue to roll out the programme across Gwent rotating between each locality area. 5 events per academic year including 3 Welsh Language Schools.	The Welsh Language team has undertaken visits to speak with Sixth Form students in Ysgol Gwynllyw, with visits to other year groups planned throughout October 2026. Ysgol Gwent Is Coed and Ysgol Cwm Rhymni events are scheduled for Easter 2027. In total, we have engaged with 21 schools and whilst we had planned to expand this, our capacity has been affected following the end of RIF funding. There are also plans to meet with all students undertaking Health and Social Care in Coleg Gwent during this academic year along with Welsh language engagement

		events in non-Welsh medium schools in partnership with Careers Wales. We participate on Welsh Education Forums (WEF's) in each of the 5 local authorities. We have placed 25 work experience students from various schools around Gwent with great success and feedback and work will continue in this area. In addition to the above, we annually support 30 general work experience placements and plan to offer a further 30 placements this year.
Success Measure: Clear progression frameworks implemented in all key professions		
Development and implementation of local action plan to support the delivery of national action plans, progression and career development frameworks	Development of an action plan that will support the delivery of the Enhanced, Advanced and Consultant Practice Framework for non-medical registrants through a structured approach. Implementation of Estates and Facilities career progression pathway.	Enhanced Advanced Consultant Practice Framework An action plan has been developed to support the implementation of the National Enhanced, Advanced and Consultant Practice Framework, as a key area of the Nursing and Midwifery Professional Plan 2026-2030. The key deliverables are to: • Establish robust governance and validation arrangements • Implement consistent competency assessment and portfolio processes across professions • Improve workforce data quality • Develop an agreed approach to job planning and the recognition of non-clinical time for education, leadership and research. Collectively, these actions will support consistent career progression, role development, workforce planning and framework implementation across Nursing, AHP, Healthcare Science and Pharmacy services. Band 2/3 Framework The National Healthcare Support Worker Band 2/3 Framework has required a diverted attention in capacity to ensure delivery against tight timescales. This remains on track with 90% of the 1,612 HCSW's who were identified as 'in scope' being assessed, assimilated to Band 3 and

		have received the appropriate recognition payment. In September 2026, a further 965 employees with bank contracts were aligned to Band 3 bank assignments, supporting a consistent organisational approach and we are in the process of assessing 900 bank only workers. Alongside implementation, development of an HCSW Skills and Competency Framework has commenced to provide a consistent approach to identifying and supporting the development and training needs of newly assimilated and existing Band 3 HCSWs. Estates and Facilities Career Pathway To support workforce sustainability and succession planning, Estates and Facilities have implemented an apprenticeship and career development pathway to grow its own skilled workforce. The programme was developed in response to persistent recruitment difficulties, high vacancy rates within trade roles, and an ageing workforce profile. By creating a structured route from apprenticeship entry through to qualified tradesperson status, the initiative aims to build future workforce capacity, improve retention, and reduce reliance on external recruitment and temporary staffing solutions. To date, 3 new Mechanical and Electrical apprentices have been recruited with further apprenticeship planned for next year.
Support the implementation of the action plans for PADR and Statutory and Mandatory Training compliance	Improved compliance: PADR – 85% Statutory and Mandatory Training – 85%	Current compliance across the Health Board is: • PADR - 76.35% • Statutory and Mandatory training 80.68% The actions taken to improve this compliance include: <u>PADR</u> Monthly 90-minute PADR Masterclasses are being delivered to people managers to strengthen confidence and capability in conducting high-quality performance and development reviews, with 176 people

		managers attending between September 2025 to October 2026. Quarterly PADR strategic lead meetings to provide oversight of PADR quality and compliance. Regular PADR newsletters and communications to share key messages, good practice, practical guidance and resources. Monthly PADR progress report to Senior leaders, providing oversight of compliance. <u>Statutory and Mandatory Training</u> The Statutory and Mandatory Core Learning Committee continues to meet on a quarterly basis, providing organisational assurance that mandatory learning requirements remain evidence-based, proportionate, and aligned to organisational risks, workforce priorities, patient safety objectives, and regulatory obligations. A review of the Committee's arrangements is currently underway to strengthen governance, improve compliance monitoring, and enhance the accuracy and consistency of reporting. Recommendations arising from this review will be presented to the Executive Committee by December 2026. Following the Welsh Government's national review of statutory and mandatory training in June 2025, Health Education and Improvement Wales (HEIW) has proposed a phased programme of reform over the coming years. Key proposals include the introduction of national guiding principles to reduce training burden (including a maximum duration of 20 minutes for individual learning modules), strengthened governance arrangements through a "one-in, one-out" approach to new training requirements, and enhanced utilisation of ESR functionality to improve the management and reporting of statutory and mandatory learning with the aim of saving time and money for the Health Board. To support delivery, a comprehensive suite of resources is maintained on the Health Board intranet and updated regularly. These resources provide practical guidance for

		staff, managers, and senior leaders to support understanding, completion, and effective management of statutory and mandatory training requirements across the organisation.
Success Measure: Workforce plans are aligned with the long-term strategy and IMTP and are regularly reviewed		
Implementation of workforce planning training, targeting key teams and departments	Complete skills mapping exercise to understand requirements and to improve on current capacity.	We have identified all senior management roles (band 8a+) responsible for workforce planning and have undertaken a skills gap analysis. This has informed a targeted approach to offering workforce planning training. Since April 2026 we have trained 18 managers through 2 sessions and will continue to target departments and managers identified through the skills mapping exercise. We continue to embed integrated workforce planning within existing leadership and management training programmes to having attended the recent session in September 2026. We are holding a further workforce planning 1 day training session on 27 November 2026 and securing venues and dates for further training in 2027. We have developed a local workforce planning newsletter to support signposting of information to support workforce planning including articles and national research. We also promote the short HEIW online workforce modules to staff which provides a basic grounding in workforce planning approach. We are collaborating with HEIW in the development of workforce information, a tools and resources training programme, supported by HEIW. This is in the pilot stage and has been initially tested in September 2026 with workforce business partners prior to finalising the content to implement across the Health Board.
Development of strategic workforce plans across priority areas	Establishment of a Medical Workforce Assurance group to encompass workforce planning, strategy and bespoke medical and dental issues.	A new Medical Workforce Assurance Group chaired by the Medical Director has been set up to oversee the delivery of all Medical and Dental workforce programmes of work. We are supporting a range of regional and service-specific programmes, ensuring workforce requirements are aligned with service transformation, demand, capacity and sustainability. This includes:

	bespoke medical and dental issues. bespoke medical and dental issues. Contribution and progress to Regional Workforce Plans. Completion of Mental Health Plan. Map out priority areas	• Regional Orthopaedic workforce plan to implement a regional model by 2030. • Regional Ophthalmology workforce plan across a number of clinical pathways. The first pathway Cataracts workforce plan is due for completion January 2027 and will set the format and timescales for other Ophthalmology pathways. Demand and capacity modelling is in progress across the Health Board, specifically within breast cancer services, helping to identify the workforce required to meet future service needs. In addition to supporting future models of care, the Mental Health and Learning Disabilities (MHLD) Workforce Plan aims to address workforce risks and support the long-term sustainability of services. A structured and phased approach was adopted, aligned to the HEIW-supported national workforce planning methodology. Workforce planning commenced with Older Adult Mental Health services, followed by Adult Mental Health, before progressing to other service areas. This approach recognised that significant service reviews, transformation programmes and model of care developments were underway and needed to be sufficiently advanced before detailed workforce planning could be completed. As a result, workforce plans have been developed alongside service transformation, ensuring alignment with emerging service requirements. A key achievement has been the development of a robust workforce baseline, including workforce profiles, establishments, vacancies, skills and workforce risks. This evidence base provides a strong foundation for workforce modelling, service redesign and future workforce investment decisions. The MHLD Workforce Plan continues to evolve alongside the Models of Care Programme, strengthening the link between workforce planning, service transformation and long-term service sustainability. Engagement with psychology and medical teams has further improved understanding of workforce demand, capacity and future requirements,

		helping to identify risks, opportunities and solutions to support future service deliver. Collectively, this work demonstrates a more strategic, collaborative and integrated approach to workforce planning, linking future service models with workforce capacity, capability, skill mix and sustainability.
Achieve establishment control across the divisions and develop a dashboard	Establishment control completed, dashboard monitoring in place to report vacancies and alignment with variable pay.	The establishment control process has been completed for non-medical staff and dashboards are now visible on QLIK Sense finance dashboard. We plan to consider the requirements to roll this out to medical staff, however this is relatively unchartered territory in Wales due to complexities of Resident Doctor contractual arrangements (via Single Lead Employer) and ESR reporting limitations The dashboard is being actively utilised as part of our enhanced vacancy control process and used to triangulate variable pay spend, controls and opportunities. The next stage of the establishment programme will be focused on mapping out the requirements and possible options for developing a medical establishment control process. We are conscious that this is relatively uncharted territory in Wales, mainly due to the complexities of medical SLA arrangements and ESR reporting limitations where individuals work above 1.0 WTE. We have a few ideas, but they are likely to involve designing a more complex solution that incorporates additional ESR pay elements rather than relying on standard reporting alone.
Success Measure:	Staff survey improvements on digital capability and tools	
Design phase, engage with Digital Data and Technology (DDaT) Services to work together on optimising the use of digital technology that	To support DDaT in the development of a Digital Strategy.	We are working with DDaT Services to develop digital personas for key staff groups, identifying the technology, access and digital skills needed to support different ways of working. We are also refreshing our Agile Working personas to ensure staff can access the tools and services they need to work effectively across locations. As part of the new Nursing Strategy, we have commenced work with the Nursing Division to develop nursing digital personas,

is already available to us		focusing on the digital skills and capabilities required for today and the future. A workforce plan is being developed to support the investment in the new medical secretary digital solutions that enable greater workforce efficiency. The workforce plan will ensure the workforce changes, structures and skills and ways of working required to realise these efficiencies are effectively planned and delivered.

Risks

At this early stage of implementation, key risks relate to delivery capacity, the need for consistency in reporting across multiple workstreams, and maintaining delivery momentum, particularly at times of escalation.

These risks are being mitigated through clear prioritisation, standardised approaches to reporting, and strong executive oversight through the established governance arrangements.

Summary

There has been positive initial progress for the second quarter of the People Plan 2025-2030, noting that we remain at the design or implementation stage for the majority of actions contained within the delivery plan and associated success measures.

It will also remain necessary to maintain sufficient agility and responsiveness throughout the Plan, recognising that national policy developments, workforce reforms, legislative changes and emerging organisational priorities may require adjustments to delivery plans and timescales. This approach will ensure that the People Plan remains aligned to national direction while continuing to meet the needs of the organisation and its workforce.

Argymhelliad / Recommendation

The People and Culture Committee is asked to take assurance on the progress and planned approach under the Better Future Workforce pillar.

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 are 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 2.1 Managing Risk and Promoting Health and Safety 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 – Allied Health Professionals CIPD – Chartered Institute of Personnel and Development CV – Curriculum Vitae DDAT – Digital, Data and Technology ESR – Electronic Staff Record HCSW – Healthcare Support Worker HEIW - Health Education and Improvement Wales MHLD - Mental Health and Learning Disabilities PADR – Personal Appraisal Development Review SLA – Service Level Agreement WEF - Welsh Education Forums WTE – Whole Time Equivalent
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)	
	Is EIA Required and included with this paper
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

Strategic Commitment	Success Measures		Key Actions	Current position / KPI Sept 2025	Target January 2027	Risks & Mitigation
Better Health & Wellbeing	Provision of a range of wellbeing services that meet the complex and varied needs of people and improve waiting times	1	Sustaining the number of staff exposed to wellbeing related system activity.	Based on a diverse range of activity: e.g.: Schwartz Rounds and Hafan Llewelyn's (62), manager consultations (64), post event debriefs (40), and training / education sessions (12).	To maintin this activity within 10% due to the diversity and unpredictable nature of this work.	Much of this work is carried out by two people, changes in capacity will have an direct impact on activity. Difficult to mitigate this risk.
		2	Maintain clinical outcomes and satisfaction levels of staff accessing the Employee Wellbeing Service.			
	Reduced sickness absence rates	3	Using Scrum methodology to address sickness absence data trends and sickness absence rolling rate.	Rolling absence rate = 6.46%	Rolling absence rate = 6.25%	Dedicated Managing Attendance At Work partnership group and programme Reducing healthy life expectancy and increasing retirement age
		4	Develop an Invest to Save bid to support reduction in absence	No dedicated resource, Incorporated within HR Team role.	Additional resource dedicated to sickness absence reduction	Lack of funding. Inability to recruit to role(s). Continued support from HR team and Managment training programme.
		5	Improved attendance in high-absence areas known as "hot spot" areas	48 hot spot areas identified and in monitoring	Reduction in hot spot areas	Unpredictability of staff absence. Increasing staff pressures. National trends of increasing staff absence across NHS and other sectors
	Consistent improvement in Occupational Health key performance indicators.	6	Occupational Health Service KPIs and performance metrics	32% of first appointments seen in 29 days 94.4% of reports sent to manager on the same day of consent 43.1% completed pre-placement assessments within 7 days	80% of first appointments seen in 29 days 80% of reports sent to manager on the same day of consent 80% completed pre-placement assessments within 7 days	Greater demand than capacity Staff shortages in OH Full corporate risk assessment has been completed. Regional working solutions being explored to support capacity
		7	Achieve SEQOHS accreditation	Not holding accreditation	Achieve accreditation	As above
	Improved scores in staff survey wellbeing and safety culture questions and an increase in the number of people who are confident to speak up safely	8	Development and Implementation of organisational and divisional Staff Survey Action Plans	Staff Survey response rate 2024 = 13.3% / 2030 responses 65.1% I feel safe to speak positivity theme 38% strongly agree the Health Board will take a concern raised seriously.	Staff Survey Response Rate national target = 26% Staff survey scores to improve on speaking up safely All divisions to produce a staff survey action plan	Staff survey action plan agreed by Executive Committee September 2025 Consistency and capacity for cross divisional ownership, mitigated by WOD support. Speaking up Safely Action plan and framework. Resource and capacity remains a risk to share and fully achieve action plan.
		9	Regular monitoring and review of the number of staff who 'speak up' through SUS framework.	National guideline compliance recommended. SUS steering group monitor all data. Average time to acknowledge concerns raised by staff was 2 days (National Target 7 days) and the average time to follow up with staff was 6 days (National Target 14 days).	Maintain the average response time within agreed policy guidelines.	The future number of concerns received is unknown, capacity to meet these deadlines may therefore change. The acuity of staff issues also increases the targets may also be difficult to attend within current staffing structures and workload. There are multiple routes for staff to raise concerns.
	Reduction in formal grievance and dispute cases.	10	Encourage early resolution through delivery of avoidable employee harm improvement programme.	Current ratio 1:3 (informal : formal)	Target ratio of 2:2 (informal : formal)	Limited control over staff choice and commitment to informal resolution. Increasing trends in R&R across NHS Wales. Mitigation will include a bespoke approach to these cases launched in November 2025
	Evidence of shared learning to improve employee experience	11	Identify factors that influence employee experience and review current framework.	Using staff survey data to establish effective baseline. Current staff engagement score from 2024 NHS Staff Survey 70.6%	Consistency in staff engagement score. Each Division to identify 3 areas to improve on following the staff survey results. Action plans to be cascaded throughout the Division and scores monitored the following year.	Divisions being onboard and working with WOD to develop and implement action plans. Staff survey action plan agreed by Executive Committee September 2025 Divisions to report through assurance avenues actions and accountability.

Strategic Commitment	Success Measures		Key Actions	Current position / KPI Sept 2025	Target January 2027	Risks & Mitigation
Better Future Workforce	Increased number of volunteering, apprenticeships, training roles and widened access routes	12	Review of entry level roles including apprenticeships, training roles, and supported employment pathways	Categorisation/definition of entry level roles in development to obtain baseline	Develop an agreed baseline and future plans.	Divisional financial constraints. National changes to terms and conditions such as changes to band 2 HCSW roles. Integrated Medium Term Plan (IMTP) to support longer term developments for workforce planning.
		13	Engagement with schools and colleges	10 schools visited since December 2023 and over 1000 pupils engaged with via integrated schools programme	Continue to roll out the programme across Gwent rotating between each locality area. 5 events per academic year as a minimum including 3 Welsh Language Secondary Schools	Restricted timings for visits based on the school timetable and all engagement must go through Careers Wales. Robust relationships forged with schools over recent years to support risk mitigation.
	Clear progression frameworks implemented in all key professions	14	Development and implementation of a local action plan to support the deliveyr of national action plans and progression and career development frameworks.	Progression framework currently available for HCSWs	Development (in partnership with Corporate Nursing and AHPs etc) of an action plan that will support the deliveyr of the Enhanced, Advanced and Consultant Practice Framework for Non-Medical Registrants through a structured approach. Implementation of Estates and Faciltiites career progression pathway.	Structured programme for nursing via the Nursing Education team and other professional leads which can be aligned to other staff groups however not all staff groups have a specific educational resource.
		15	Support the implementation of the action plans for PADR and Statutory and Mandatory Training compliance	PADR – 74.66% Stat and Mand - 80.82%	PADR Compliance - 85% Stat and Mand - 85% (comparison to Sept 25 modules - will not include any new modules)	Organisational pressures and buy in. PADR Project plan in place. Outcome of national review.
	Increased number of people trained in workforce planning	16	Implementation of training, targeting key teams and departments	2025 Level 1 - 41 completed/in progress Level 2 - 42 completed/in progress	To have completed skills mapping exercise to understand requirements and to improve on current capacity.	Multi-faceted approach: including online, integrated into existing training, formal course training.
	Workforce plans are aligned with the long-term strategy and IMTP and are regularly reviewed	17	Development of Strategic Workforce Plans across priority areas.	Previous plans were developed for the GUH, Commenced Mental Health Workforce plan (older adult). Commenced NCN Blaenau Gwent workforce plan. Regional plans in place for Endoscopy and reviewing Vascular and commenced Orthopaedics and Women's Health Units, Cancer.	Establishment of a Medical Workforce Group to encompass WFP, stategy and bespoke M&D WF issues. Contribution and progress to Regional Workforce Plans. Completion of Mental Health Plan. Map out priority areas by July 2026 and commence plans by Jan 2027.	Aligned to Health Board Long Term Strategy and IMTP
		18	Achieve Establishment Control across the divisions and develop a dashboard.	Establishment control project initiated and currently 74% establishment mapping has been completed.	Establishment control completed, dashboard monitoring in place to report vacancies and alignment with variable pay	Devolved divisional budgets make this difficult. SOPs developed to support divisions with achieving establishment control.
	Staff survey improvements on digital capability and tools	19	Design phase, engage with DTS to work together on optimising the use of digital technology that is already available to us	No baseline available.	Work on the development of a Digital Workforce Strategy jointly with Director of Digital	Working with DTS therefore need to both be on the same page Collaborative working and agreement in relation to which technology to optimise first

Strategic Commitment	Success Measures		Key Actions	Current position / KPI Sept 2025	Target January 2027	Risks & Mitigation
Better Working Lives						
	Improved diversity and representation across all staff groups and leadership roles.	20	Improve current recording of diversity information for staff across the Health Board	24% of staff not specified if they have a disability, 16% not specified their ethnicity, 24% not specified sexual orientation	To see a consistent increase in data submission, particularly within senior levels	staff are not required to submit their diversity data on ESR, however we run regular communications as well as our EDI Newsletter to encourage individuals to update their data on ESR.
		21	Progress against Wales Anti-Racism, Accessible Communications, Disability and LGBTQ+ Strategic Action plans in line with the delivery of our Strategic Equality Action Plan (SEP)	Continued improvement against the Welsh Government RAG Rating Feedback Framework against our Strategic Equality Plan (SEP) Submission each year. March 2024 we received 5.4% Green, 57.8% Amber and 36.8% Red ratings. In March 2025 this improved to 47% Green and 53% Amber ratings. Anti-Racism E-Learning Compliance 80%	70% Green Rag Ratings 100% E-Learning Compliance	Difficult to achieve 100% across any e-learning due to sickness and maternity leave but we continue to carry out regular communication on the importance of undertaking e-learning as well as performance reports to service areas. 100% compliance will remain our ambition.
		22	Increased Welsh Language KPIs	Welsh Language Skills on ESR currently 86% Compliance with Welsh Language E-Learning currently 83% Increase the number of roles advertised with "Welsh Essential" through accurately assessing and advertise the Welsh language skills required in new and vacant roles	Aim to increase to 90% for both skill level submitted on to ESR and our E-Learning Compliance Currently reviewing the adverts	It can be difficult to enforce individuals to learn an additional language if they are reluctant due to confidence and willingness. However we continue to communicate regularly across the Health Board.
	Sustained reduction in vacancies and turnover with corresponding improvements in variable pay	23	Implementation of Recruitment plans for key staff groups.	3.27% (all staff groups) 78.4 wte medical vacancies (all grades) reduced from 174.72 in Sept 23	Reduction in substantive vacancies across the Health Board.	Financial and skills market constraints nationally and internationally. Impact of IMPT and service expansion or patient care initiatives. Continued focus on retention and recruitment.
		24	Implementation of Variable Pay reduction action plan	£2.8m saved against £10m projection. Action plan in place to support delivery.	Ministerial Targets: 30% reduction from 2024 outturn. Zero HCSW, E&A & Admin agency use by Sept 2025.	Service delivery mitigated through detailed action plan
		25	Implementation of medical e-systems and job planning action plan	Implementation in line with Project Plan Job planning compliance = 59%	Continued implementation of project plan Job planning compliance = 90%	Detailed Risk Assessment in place
	Higher employee engagement and inclusion scores in the staff survey	26	Monitor staff survey results on engagement and inclusion.	Staff engagement theme 57.9% Compassionate and inclusive theme 69% Healthy working environments theme 58.2% Morale Theme 54.6%	2% improvement on the themes	Increase in scores depend on staff participation rates. Staff need to see actions coming from the staff survey, Divisions need to be onboard with action plans.
	Increased internal mobility and career progression rates	27	Implementation of Lateral Moves Scheme and Rotational Posts in Nursing	New scheme therefore baseline position = 0	Utilisation of both schemes in Nursing	Recruitment Team wrap around support for process. Relies on Divisional engagement and uptake.
	Increase in the number of staff participating in development programmes	28	Maintain the delivery of the RCN Connect Programme	20 recruited in 24/25	Aim for 20 / year	
		29	Participation in professional/leadership development programmes	848 staff enrolled in internal leadership development programmes in 2025.	Programmes at maximum capacity Explore the potential development of online learning opportunities with Regional partner	Capacity to deliver
	Employee recognition programme participation and satisfaction levels	30	Participation in recognition development programmes	67 participants on the Appreciating your team: staff recognition masterclass with a 4.95/5 feedback rating.	Improvement in number of attendees. Recognition themes for organisational focus developed by Sept 2026	Staff Survey and Employee experience engagement.
		31	Develop staff recognition action plan and monitor Staff satisfaction with recognition initiatives	Staff Survey recognition data. We recognise everyone's contribution – 61%. I get recognition for good work – 56.5%. The people I work with show appreciation towards one another – 69%.	Improvement in Staff Survey and Employee experience results	Project plans put in place to increase participation
		32	Pilot of Share Gratitude Program in GUH	No baseline	Insights into both patient recognition themes and staff recognition themes	Risk that pilot is not rolled out correctly, therefore program provider to be used to mitigate this.
	Created a mechanism to monitor implementation of our values and behaviours framework and other workforce data, by triangulating with quality and patient safety indicators.	33	Implementation of values and behaviours framework	No baseline	Complete Launch and implementation phases. Establish evaluation metrics.	Capacity for staff to receive another message, need to weave into employee lifecycle and any programs delivered by Workforce & OD.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review and Refresh of Values and Behaviours Framework
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Matthew Bidgood, Senior Organisational Development (OD) Practitioner; Helen Knight, Senior OD Manager; Ruth Badham, Head of OD

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update on implementation of the Health Board's Values and Behaviours Framework, with particular focus on progress through the Embed Phase and preparations for the Reinforce Phase.

The People and Culture Committee is asked to note progress to date and support the continued implementation of the Framework across the Embed and Reinforce phases.

Cefndir / Background

The Health Board's revised Values and Behaviours Framework was developed following extensive engagement with colleagues, communities, partners and stakeholders as part of the wider development of the Health Board's long-term strategy. Nearly 7,000 people contributed feedback through surveys and engagement events, informing the co-created framework and organisational values.

The review identified an opportunity to refresh the Health Board's previous framework and create a simpler, more memorable and meaningful set of values that reflect how colleagues, leaders and teams aspire to work together both now and into the future. Following a structured programme of listening, co-creation and testing, three organisational values were agreed:

- Kindness
- Integrity
- Respect

The previous Values and Behaviours update described the work being undertaken in phases, with Embed Phase integrating the Values and Behaviours Framework into systems, policies and processes and enabling colleagues to engage with the values and behaviours at a deeper level. This plan included values-based workshops with leaders and teams, communications and engagement activity, development of a visual identity and values-based resources, and an approach to measuring progress.

The Reinforce Phase describes the longer-term ambition of achieving sustainable changes in behaviours, team effectiveness and organisational health. Specifically, the Health Board's commitment to working towards:

- colleagues being empowered to live the values and behaviours;
- future ways of working being adopted;
- colleague behaviour reflecting the organisational values;
- colleagues becoming advocates for the values;
- an organisational culture supporting openness and honesty; and
- patients experiencing the organisational values in action.

Implementation has therefore followed a methodology designed to move from visibility and awareness, through understanding and application, towards the longer-term experience and reinforcement of the values in everyday organisational life.

Asesiad / Assessment

Following the launch of the Values and Behaviours Framework, the programme moved into the Embed Phase previously outlined to People and Culture Committee. Activity is structured around a "See, Know, Demonstrate, Experience" methodology, supporting colleagues to move from awareness of the values towards their application and experience in everyday working life.

Embed Phase (February 2026 – March 2027)
Delivery of the Embed Phase has focused on increasing the visibility of the values, supporting colleagues and teams to explore what Kindness, Integrity and Respect mean in practice, and progressively embedding the Framework within organisational systems and processes. Progress and emerging impact are set out below.

Engagement and Visibility
The Values Hub has been developed as a central point of access for values-based resources, tools and guidance and has received more than 2,170 visits.

Values have also been made increasingly visible through lanyards, badges, posters, banners and digital assets. The Values and Behaviours Framework has been incorporated into Organisational Development (OD) roadshows, reaching approximately 1,400 colleagues across sites and teams. A recurring theme from

conversations at the roadshows has been the simplicity and memorability of the refreshed values, alongside examples of colleagues beginning to use Kindness, Integrity and Respect in team conversations and everyday practice.

Building Understanding and Lived Experience

More than 320 colleagues have participated in Living Our Values sessions, creating structured opportunities for colleagues to explore Kindness, Integrity and Respect and consider what the values look and feel like within everyday working life.

Values sessions are being delivered through a range of routes, from senior and strategic forums to individual team meetings and away days. Teams are also proactively requesting Values and Behaviours support through the OD triage process, demonstrating both organisation-wide reach and demand for more targeted, locally focused support.

The OD triage process itself provides useful organisational insight. Of the 17 referrals received during the reporting period, 12 identified values, behaviours or team culture as an underlying theme.

Together, this indicates that values activity is being communicated and accessed through organisation-wide routes whilst also providing more focused support where teams identify a particular need.



Values Session at Speech and Language Therapy Bi-Annual Team Meeting, GUH, 18th June 2026.

What colleagues are telling us

Feedback from values sessions provides encouraging evidence of understanding and relevance.

In one team session, all 29 respondents reported knowing the organisational values, being familiar with the organisational behaviours, understanding their importance for a healthy workplace culture, understanding the impact of incivility, and recognising their responsibility to role model the values and behaviours. On understanding the significance of staff experience and its impact on patient experience and outcomes, 28 respondents answered “Yes” and one “still unsure”. This post-session feedback provides useful insight into colleagues’ self-reported understanding and the relevance of the values.

Qualitative feedback also highlights an important message for embedding, colleagues recognise both their own responsibility for living the values and the role of leadership and organisational conditions in enabling this.

Feedback from colleagues has focused on reflections on personal behaviours, role and responsibility in upholding the values in every day interactions as well as forward planning and raising the profile of the importance of the values being embedded in system leadership. This provides useful learning for the Embed Phase. Awareness and understanding are important, but colleagues are also identifying leadership role modelling, accountability and the working environment as important to translating values into everyday experience.

Culture Cafés

Culture Cafés have been introduced to provide an informal space for colleagues to explore organisational culture, share lived experiences and consider how Kindness, Integrity and Respect show up in everyday working life.

To date, three Culture Cafés have been held, with 18 colleagues attending.

Feedback has been positive, with an average usefulness rating of 4.7 out of 5 and 86% of participants very likely to attend a future Culture Café. Participants particularly valued opportunities for open conversation, hearing different perspectives and grounding discussion about values in colleagues' lived experiences. Importantly, feedback also shows reflection on what colleagues might do differently following the conversation:

Common themes emerging from the Culture Café pilot include the importance of open space for honest conversation, learning through different perspectives and lived experiences, and translating reflection on values into everyday behaviour.

World Values Day

World Values Day on 15 October 2026 provided a further opportunity to deepen this work. Activity included a session with values specialist Dr Jackie Le Fevre, drawing on doctoral research into values, alongside Hafan Llewelyn sessions (developed from Schwartz Rounds) at both GUH and RGH centred on colleagues' lived experience of the values and the "moments that matter".

These approaches deliberately offer different ways for colleagues to engage with the values, from organisation-wide conversations to locally facilitated discussions and individual lived experiences.

Embedding Values Across Organisational Processes

Alongside engagement with colleagues and teams, work has continued to ensure the values become increasingly reflected in the organisation's systems and people processes.

Work is underway across the employee lifecycle, including recruitment, induction, PADR, leadership practice and approaches to resolving concerns. Leadership development programmes are also being reviewed for alignment with the Framework, and agreement has been reached with Corporate Governance to embed the values within policy development and review processes.

The Health Board's approach to colleague recognition has also been reprofiled to explicitly incorporate the Values and Behaviours Framework. Since February 2026, 129 recognition certificates have been issued to colleagues recognised for living Kindness, Integrity and Respect. This provides a practical mechanism for recognising and reinforcing the behaviours the Framework seeks to promote.

Embed Phase: Impact and Next Steps

Progress through the Embed Phase is on track against the commitments previously described.

Evidence to date demonstrates increasing reach and visibility, demand for both organisation-wide and locally targeted support, positive self-reported understanding, and early qualitative evidence that colleagues are reflecting on how the values translate into their own behaviour and team culture. Organisational processes are also beginning to provide mechanisms through which the values can be reinforced as part of everyday working life.

The next steps within the Embed Phase will focus on:

- continuing Living Our Values sessions through strategic forums, existing organisational meetings, team sessions and locally requested interventions;
- continuing integration across recruitment, induction, PADR, leadership development and other people processes;
- progressing the agreed approach to embedding values within policy development and review;
- using learning from World Values Day and lived-experience activity to inform further engagement; and
- continuing to capture both quantitative and qualitative evidence of implementation and impact through continuing engagement as described above

The emphasis will increasingly be on making values activity part of existing organisational and team practice, rather than something experienced as separate or additional.

Planning for the Reinforce Phase (from April 2027)

The previous update described the Reinforce phase as the longer-term stage through which, the Health Board would seek sustainable changes in behaviours, team effectiveness and organisational health.

Following closure of the 2026 NHS Wales Staff Survey, a dedicated values pulse check will be undertaken to establish a quantitative baseline ahead of the Reinforce Phase. This will complement the qualitative insight gathered routinely through Living Our Values sessions, Culture Cafés, OD interventions, team conversations and colleague feedback. Together, these measures will help build a richer picture of whether colleagues are seeing, knowing, demonstrating and experiencing Kindness, Integrity and Respect, and identify where further organisational attention may be required.

The Reinforce Phase will commence from April 2027, maintaining focus on the longer-term ambition previously set out: for colleagues to live and advocate for the values, for behaviours and ways of working to increasingly reflect them, and

ultimately for colleagues and patients to experience Kindness, Integrity and Respect in action.

Further updates on progress and impact will be provided to People and Culture Committee.

Argymhelliad / Recommendation

The People and Culture Committee is asked to:

- Note progress against as set out for the Embed Phase;
- Note the emerging learning and evidence of impact from implementation to date;
- Note the next steps for completing and deepening the Embed Phase; and
- Note the planned transition to the Reinforce Phase from April 2027 and the proposed approach to establishing a baseline for ongoing evaluation.

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.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6.3 Listening and Learning from Feedback 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:	GUH – Grange University Hospital OD – Organisational Development PADR – Performance Appraisal and Development Review RGH – Royal Gwent Hospital

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)	
	Is EIA Required and included with this paper
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/	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. 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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Performance Dashboard – August 2026
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; Jo Gubbings, Assistant Director of Workforce; 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 August 2026 Workforce Performance Dashboard, Appendix 1 which incorporates the workforce key performance indicators for information and assurance. The dashboard covers a five-week period from 01 – 30 August 2026.

The People and Culture Committee is asked to note the content of the Workforce Performance Dashboard, the 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 August 2026 Workforce Performance Dashboard, Appendix 1, include:

- In August 2026, sickness absence slightly increased to 7.17%, a 0.02% increase compared to July 2026 (7.15%). The 3 main reasons for sickness were Anxiety/Stress/Depression/other Psychiatric illness 37.1%, Other Musculoskeletal problems 9.2% and Gastrointestinal problems 7.6%.
- The 12-month cumulative sickness absence of 6.77% remained consistent compared with the previous month (6.79%). The 3 highest sickness groups were, Healthcare Support Workers 10.97%, Estates and Facilities 10.29%, and Nursing & Midwifery 7.74%.
- Short-term sickness slightly increased in August 2026 to 2.20% compared to July 2026 (2.19%). Long term sickness again, slightly increased in August 2026 to 4.97% compared to July 2026 (4.96%).
- The number of staff not in work due to sickness absence in August 2026 was 982.42wte, an increase of 4.8wte when compared to July 2026.
- The 12-month total % for turnover was 8.96% compared to 8.67% at the same time last year, an increase of 0.29%. Nursing & Midwifery have the lowest turnover rate of 6.90% whilst Medical and Dental have the highest turnover rate of 11.05%.
- PADR remained below the target of 85%, with compliance for August 2026 at 76.32%, an increase of 0.76% from last month (75.56%). PADR compliance has improved by 1.66% when compared to 74.66% in August 2025. However, extending the PADR period from 12 months to 15 months, the compliance rate is 85.07%.
- Statutory and Mandatory training increased from 79.38% in July 2026 to 80.04% in August 2026. Compared to August 2025 (80.82%), there is a 0.78% decrease. Over the last 12 months, additional courses have been added to Statutory and Mandatory training, impacting on overall compliance.
- The All-Wales Anti-racism e-learning training was added on ESR in February 2025 as a mandatory module for all staff. A deadline of December 2025 was established to achieve 100% compliance. The Health Board have had a good response and the overall compliance at the end of September 2026 was 90.43%, an increase of 1.68% compared to 88.75% in August 2026.
- Staff in post in August 2026 was 13,701wte (16,223 people) compared to 13,491wte (17,222 people) in August 2025. The reason for the drop in headcount is due to a data cleanse of Medical and Dental incorrectly attached to our records. The vacancy rate is 2.6% compared to 1.8% in July 2026, an increase due to recent changes in the source of automation of data from ESR which has improved interface between health roster and ESR.
- The top staff group increases since August 2025 were in Estates and Ancillary by 16.51wte and Medical and Dental by 13.59wte. There was a decrease in Allied Health Professions of 11.09wte when compared to the same time last year.

- Variable pay bank and agency usage decreased in August 2026 to 890.45wte in comparison to 1061.02wte in July 2026, a decrease of 170.57wte. The main reason for usage was vacancies and sickness absence.
- Medical bank and agency usage in August 2026 was 107.87wte, a reduction of 17.33wte compared to 125.20wte in July 2026. The current usage split is 76% Locum and 24% Agency, which has been used to cover vacancies (59%), Sickness (16%) and Additional Activity/Extra capacity (Excluding WLI) (10.17%). The highest usage for sickness has been used in Medicine 9.58wte and Surgery 2.46wte.
- Medical Agency usage remains fairly consistent however, in August 2026 usage was 25.83wte, a reduction of 6.19wte when compared to 32.02wte in July 2026.
- The Health Board is currently at 84% for Direct Engagement (DE) for agency doctors, with a cost saving avoidance of £677,874. since the mandate was introduced on 01 December 2025. Overall non-direct Engagement workers decreased from 32 in December 2025 to 7 in August 2026.
- Reducing time to hire remained below the target of 71 days consistently for more than 12 months, with performance in August at 64.8 days. Work continues to focus on improvements to reduce other measures, higher than the required target such as, time to shortlist. This target is 3 days, currently the Health Board has an average of 4.6 days. The introduction of the Corporate Vacancy Scrutiny Panel in July 2026 has had a significant impact on time to approve vacancies with results in August showing there were 79 vacancies approved with an average time of 16.9 days (range from 5 to 30 days to approve; target time for time to approve a vacancy is 10 days).
- To date, the Employee Wellbeing (EWB) Service have received 477 referrals, and this is projected to increase to 715 referrals by the end of 2026. In 2025, there were 668 referrals in total, so the service is expected to receive 47 extra referrals this year.
- The average waiting lists for EWB general pathway has increased from 14 weeks in August 2025 to 36 weeks in August 2026. This is due to capacity constraints causing delay. The current capacity is 4.0wte, which has reduced, due to changes to working arrangements and the ending of fixed term contract.

JOB PLANNING UPDATE

The Medical Workforce E-System Team remains actively engaged with directorates to support compliance and to ensure that completed job plans are reviewed and updated as necessary prior to their expiry, maintaining continuity going forward. The key activity throughout August 2026 is as follows:

- Medical job planning compliance increased in August 2026 due to the formal adoption of the All-Wales Standardised Job Planning Reporting Approach. This standardised methodology provides a consistent and transparent reporting framework across Wales. The compliance increase is also attributed to a nationally agreed change in the reporting period, changing from 12 month to 15 months.
- The Medical Workforce E-System Team continue to work with Divisions to complete job plans via the L2P Job Planning E-System. Currently, overall job planning compliance for August 2026 is 64.3%, increasing by 14.6% from

49.7%, in July 2026. Consultant's job planning compliance is at 63.5%, an increase of 13.7% from 49.8%, in July 2026 and SAS Doctors is at 67.4%, an increase of 18.3% from 49.1%, in July 2026.

- 299 Consultant job plans are compliant in the e-Job Planning System. However, there are 83 job plans that are work in progress and 40 job plans are awaiting signatures. 89 SAS job plans are compliant in the e-Job Planning System, 15 job plans are work in progress and 21 job plans are awaiting signatures.
- The Medical Workforce E-System Team remains actively engaged with directorates to support sustained improvements in compliance.
- The Medical Director continues to require the completion of consultant job plans with a directorate before approval is granted for any consultant vacancies.

OCCUPATIONAL HEALTH (OH) UPDATE – July 2026 – extracted in September 2026 *(2 months in arrears) to enable clinic bookings to take place.*

- Performance against the KPI target of 80%, which measures the percentage of first offered appointment dates provided within 29 calendar days of the management referral date, was 80.60% in June, decreasing slightly to 78.15% in July. Performance in relation to management referral appointments has been impacted by ongoing sickness absence within the clinical team. In addition, the service has experienced increased operational pressures associated with contact tracing activity. A review meeting involving Infection Prevention and Control, Public Health, Communications, and Occupational Health is scheduled for the end of September 2026 to explore possible options to mitigate/reduce the impact of this work on core service delivery. To strengthen service capacity, two full-time Band 5 Occupational Health Nurses and one part-time Band 7 Senior Occupational Health Adviser have recently been appointed. Whilst the induction and development of these new staff members is currently affecting clinical capacity, it is anticipated that this investment will enhance service resilience and capacity over the coming months, supporting KPI performance.
- Performance against the KPI target of 80%, measuring the percentage of cases where consent is agreed during the consultation and the report is sent to the manager on the same day was 100% in June 2026 and has remained at 100% in July 2026.
- Performance against the 80% KPI target for completing pre-placement health assessments within 7 calendar days was 85.67% in June 2026 and slightly decreased to 73.41% in July 2026 impacted by reasons mentioned above.

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:	All Workforce and OD risks are updated through the Health Board's risk register.

Datix Risk Register Reference and Score:	
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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ESR – Electronic Staff Record KPI - Key Performance Indicator OH – Occupational Health WTE – Whole Time Equivalent
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)	
	Is EIA Required and included with this paper
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.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

ABUHB Workforce Performance August 2026

Workforce Performance - August 2026

Top 3 reasons for absence by FTE days lost

1. Anxiety/Stress/Depression/Other Psychiatric illness - 37.10%
2. Other musculoskeletal problems - 9.20%
3. Gastrointestinal problems - 7.60%

Staff in Post has increased from 13491 wte in August 25 to 13701 wte in August 26. An increase of 210 wte. The biggest increase is within Nursing & Midwifery 102 wte

Staff in Post 228 Variance



Sickness In Month 0.02% Variance

7.17%

Previous Month - 7.15%
Target - 6.25%

Sickness 12 Month 0.02% Variance

6.77%

Previous Month - 6.79%
Target - 6.25%

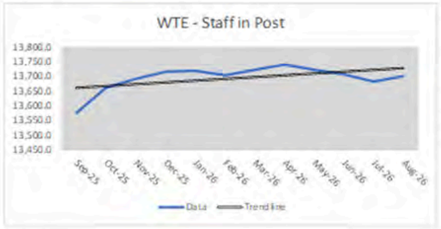
Sickness Absence Long/Short Term



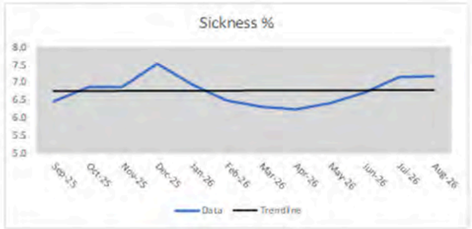
Top 3 highest sickness by staff group

1. Healthcare Support Workers - 10.97%
2. Estates & Ancillary - 10.29%
3. Nursing & Midwifery - 7.74%

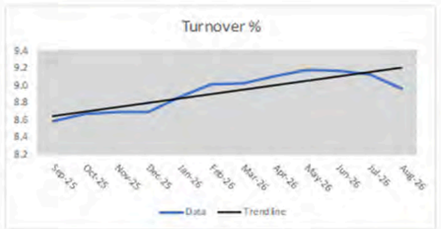
Staff in Post WTE Timeline



Sickness Absence % Timeline



Turnover Timeline



Turnover rate is 8.96% a increase of 0.29% compared to last year rate of 8.67%. Nursing & Midwifery have the lowest turnover rate of 6.90% whilst Estates & Ancillary have the highest turnover rate of 11.53%. The Stability Rate is 92.02%, the Health Board has retained 14,511 staff

Starters & Leavers 12 Months



Turnover 12 Month Total % 0.29% Variance

8.96%

Previous Year - 8.67%

PADR 0.76% Variance



Previous Month - 75.56%
Previous Year - 74.66%

Stat & Mand Training Compliance 0.66% Variance



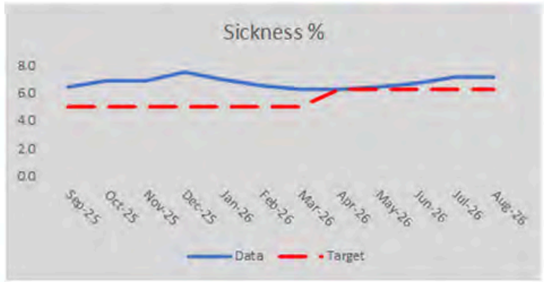
Previous Month - 79.38%
Previous Year - 80.82%

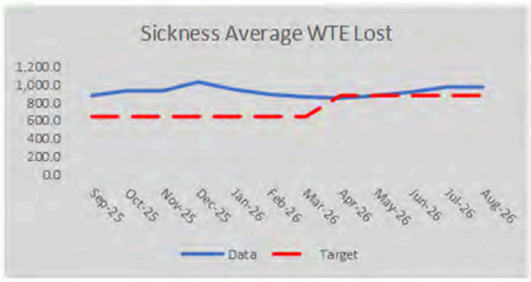
Data Source: ESR/Health Roster/Bank Staff. The targets set within this report are derived from various sources:I IMTP Process/Statutory Targets/ Asessment of trends

Workforce Performance -August 2026 - Sickness Absence

Measure	Current Value	Deviation from Target	Monthly Change	Target
Sickness %	7.17%	0.92%	0.02%	6.25%
Average WTE Lost	982.42	102.42	4.18	880.00
Long Term % (over 28 days)	4.97%	1.97%	0.01%	3.00%
Short Term % (under 28 days)	2.20%	0.20%	0.01%	2.00%
Anxiety/Stress/Depression/other	2.66%	1.06%	0.14%	1.60%
Other Musculoskelton Problems	0.76%	0.36%	0.01%	0.40%
Gastrointestinal problems	0.60%	0.20%	0.01%	0.40%

Sickness Absence in Aug 26 is 7.17% (982.42 wte lost) which has increased by 0.02% (2.73 wte) compared to the previous month

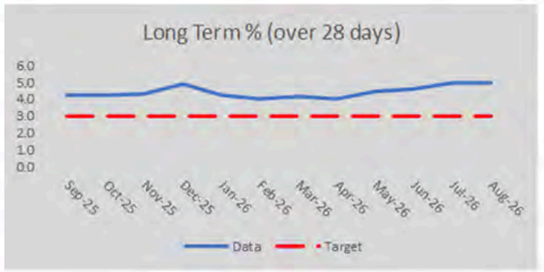


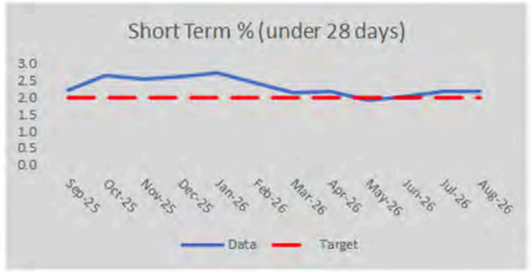


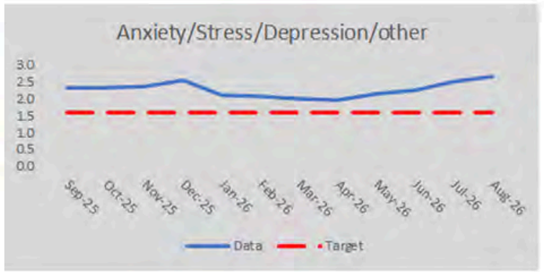
In month sickness absence percentage by division

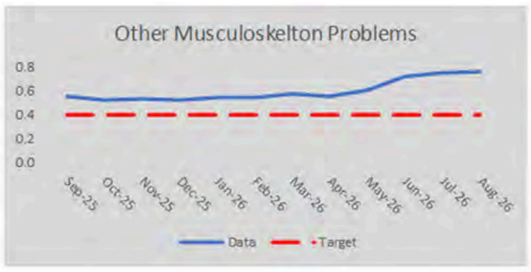
Division	Jul-26	Aug-26	Change
040 CLINICAL SUPPORT SERVICES	7.33	7.58	0.25
040 CONTINUING HEALTH & FUNDED NURSING CARE	11.46	11.31	-0.15
040 CORPORATE SERVICES	3.72	4.79	1.07
040 ESTATES AND FACILITIES DIVISION	9.52	9.62	0.10
040 FAMILY & THERAPIES DIVISION	6.13	6.00	-0.13
040 MEDICINE	7.25	7.35	0.10
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	8.50	8.24	-0.26
040 PRIMARY CARE & COMMUNITY SERVICES	7.26	7.43	0.17
040 SURGERY	6.70	6.45	-0.25
040 URGENT CARE	6.23	6.67	0.44
Total	**7.13**	**7.17**	**0.04**

69% of sickness is long term which has decreased from 5.60% to 4.97% in August 26. Short Term sickness has increased from 1.55% to 2.26% in August 26

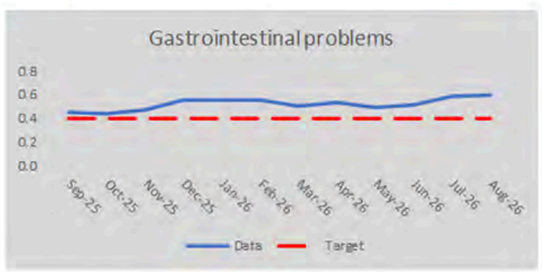








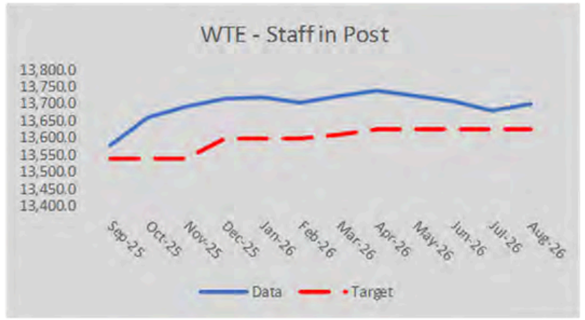
4 Divisions/Corporate Services reduced sickness in August 26.

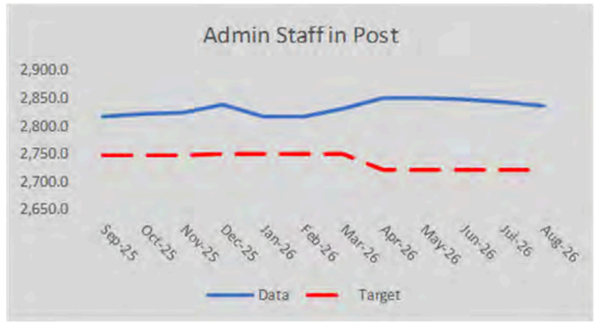


Workforce Performance - August 2026 - Staff in Post

Measure	Current Value	Deviation from Target	Monthly Change	Target
WTE - Staff in Post	13,701.86	77.86	20.12	13,624.00
Admin Staff in Post	2,836.36	115.36	-5.93	2,721.00
Turnover %	8.96%	0.46%	-0.17%	8.50%
Voluntary Turnover %	5.72%	0.72%	-0.01%	5.00%
Flexi Working Requests Approved	56.32%	-43.68%	-0.98%	100.00%

Staff in post has increased in August 26 by 20.12 wte compared to the previous month. Estates and Ancillary has increased by 16.51 wte and Medical and Dental has increased by 13.59 wte

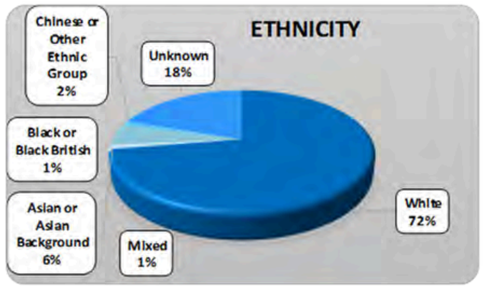


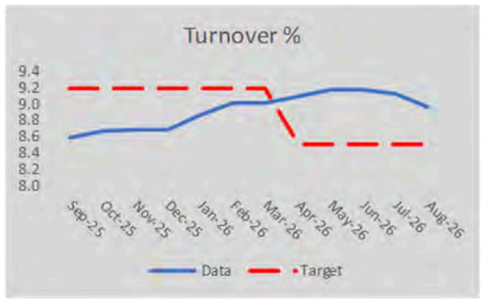


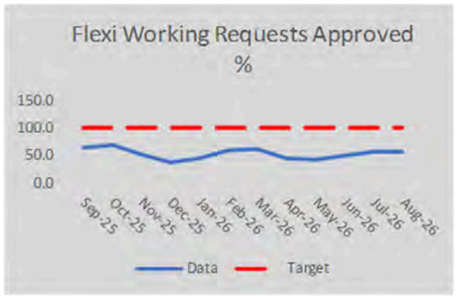
Staff in Post			
Staff Group	Jul-26	Aug-26	Change
Add Prof Scientific and Technic	463.68	470.90	7.22
Additional Clinical Services	2879.95	2879.36	-0.59
Administrative and Clerical	2842.29	2836.36	-5.93
Allied Health Professionals	983.45	972.36	-11.09
Estates and Ancillary	1102.32	1118.83	16.51
Healthcare Scientists	255.07	256.07	1.00
Medical and Dental	913.69	927.28	13.59
Nursing and Midwifery Registered	4234.79	4234.21	-0.58
Students	6.50	6.50	0.00
Total	13681.74	13701.87	20.13



Over the last five years to date staff in post has increased by 1358 wte (11%) The main increases are within Nursing & Midwifery 457 wte, Admin & Clerical 400 wte, and Additional Clinical Services 196 wte







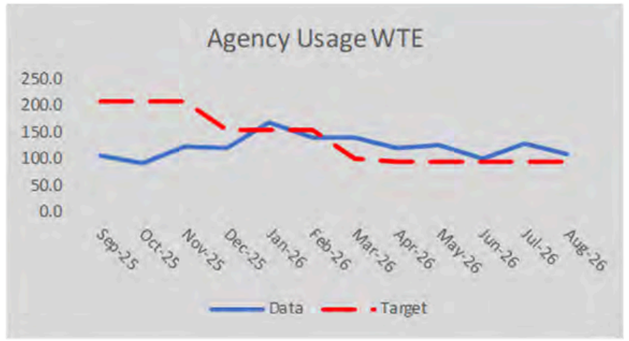
Flexible working requests approved has decreased from 57.30% in July 26 to 56.32% in August 26

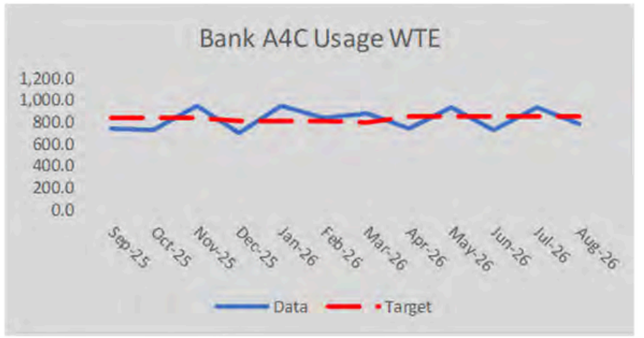
(NB the data is sourced from ESR)

Workforce Performance - August 2026 - Variable Pay

Measure	Current Value	Deviation from Target	Monthly Change	Target
Bank A4C Usage WTE	780.81	-68.19	-152.86	849.00
Agency Usage WTE	109.64	15.64	-17.71	94.00
Overtime/Additional Hours Usage	162.76	3.52	-2.40	159.24
Medical Locum WTE	82.04	32.04	-11.14	50.00
Medical Agency WTE	25.83	-14.17	-6.19	40.00

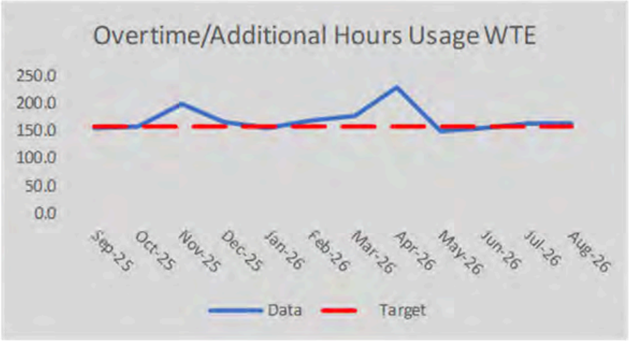
Agency usage has decreased by 17.71 wte and but is still 15.64 wte higher than the year end target. In August 26 25.09 wte (22%) were used for HCSW and 84.55 wte (78%) for Nursing and Midwifery. The highest reason for usage is Sickness at 27.85%

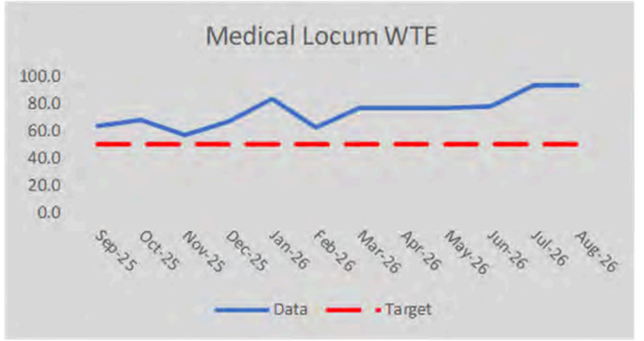


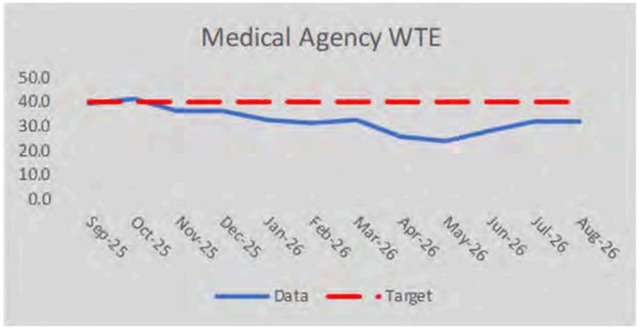


Bank usage has decreased by 152.86 wte and is lower than the year end target. In August 26 the three highest users were HCSW 393.15 wte (55%), Nursing & Midwifery 260.46 wte (33%) and Facilities 96.49 wte (12%). Highest reason for usage is Vacancies 249.38 wte (32%)

Overtime/Additional Hours usage remains fairly static. In August 26 162.76 wte were used a increased of 0.60 wte compared to July 26







Medical Locum and Agency Usage total has decreased in August 26 to 107.87wte. Locum usage has decreased by 11.14 wte and Agency usage has decreased by 6.19 wte. The highest reason for usage is Vacancies 63.59 wte (59%).

Workforce Performance - August 2026 - Recruitment/Training

Measure	Current Value	Deviation from Target	Monthly Change	Target
Mandtory & Statutory Training %	80.04%	-4.96%	0.66%	85.00%
PADR %	76.32%	-8.68%	0.76%	85.00%
Vacancy creation to unconditiona	64.80	-6.20	6.40	71.00
Conditional offer letter to complet	23.10	-3.90	5.70	27.00

Mandatory & Statutory Data By Division/Corporate Services	Jul-26	Aug-26	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	47.13	47.12	-0.01
040 CHIEF OPERATING OFFICER	68.56	70.80	2.24
040 CLINICAL SUPPORT SERVICES	79.33	79.78	0.45
040 CONTINUING HEALTH & FUNDED NURSING CARE	81.95	83.33	1.38
040 DIGITAL, DATA & TECHNOLOGY	92.53	92.53	0.00
040 DIRECTOR OF CORPORATE GOVERNANCE	88.91	88.11	-0.80
040 DIRECTOR OF PLANNING	78.58	80.49	1.91
040 DIRECTOR OF PUBLIC HEALTH	82.16	82.23	0.07
040 ESTATES AND FACILITIES DIVISION	69.81	70.52	0.71
040 FAMILY & THERAPIES DIVISION	82.52	83.49	0.97
040 FINANCE DIRECTOR	84.69	85.33	0.64
040 MEDICAL DIRECTOR	79.04	79.21	0.17
040 MEDICINE	77.53	78.47	0.94
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	81.47	81.86	0.39
040 NURSE DIRECTOR	79.12	80.18	1.06
040 PRIMARY CARE & COMMUNITY SERVICES	81.85	82.36	0.51
040 REGIONAL PARTNERSHIP BOARD	80.75	81.55	0.80
040 SURGERY	74.76	75.26	0.50
040 URGENT CARE	77.72	77.93	0.21
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	83.50	84.06	0.56
Total	**79.38**	**80.04**	**0.66**





Mandatory & Statutory Training has dinreased to 80.04% which is 4.96% off the target. There are 1 Divisions/Corporate Services that have reached/higher than the target of 85%.

PADR has increased to 76.32% which is 8.68% lower than the target. 1 Division/Corporate Service have reached/higher than the target of 85%.





Vacancy creation to unconditional offer is 64.80 days which is 6.20 days lower than the target of 71 days. Conditional offer letter to completed PECS is 2.10 days which is 3.90 days lower than target.

PADR Data By Division/Corporate Services	Jul-26	Aug-26	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	42.86	44.44	1.58
040 CHIEF OPERATING OFFICER	42.95	50.00	7.05
040 CLINICAL SUPPORT SERVICES	73.49	75.03	1.54
040 CONTINUING HEALTH & FUNDED NURSING CARE	85.05	80.42	-4.63
040 DIGITAL, DATA & TECHNOLOGY	85.53	85.56	0.03
040 DIRECTOR OF CORPORATE GOVERNANCE	72.73	68.18	-4.55
040 DIRECTOR OF PLANNING	70.45	68.18	-2.27
040 DIRECTOR OF PUBLIC HEALTH	71.67	77.42	5.75
040 ESTATES AND FACILITIES DIVISION	69.81	72.00	2.19
040 FAMILY & THERAPIES DIVISION	78.92	78.42	-0.50
040 FINANCE DIRECTOR	79.53	82.40	2.87
040 MEDICAL DIRECTOR	64.00	67.68	3.68
040 MEDICINE	73.24	76.39	3.15
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	77.70	78.48	0.78
040 NURSE DIRECTOR	67.79	67.55	-0.24
040 PRIMARY CARE & COMMUNITY SERVICES	75.65	74.99	-0.66
040 REGIONAL PARTNERSHIP BOARD	86.67	73.33	-13.34
040 SURGERY	76.21	76.19	-0.02
040 URGENT CARE	75.00	75.30	0.30
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	73.20	74.84	1.64
Total	**75.67**	**76.32**	**0.65**

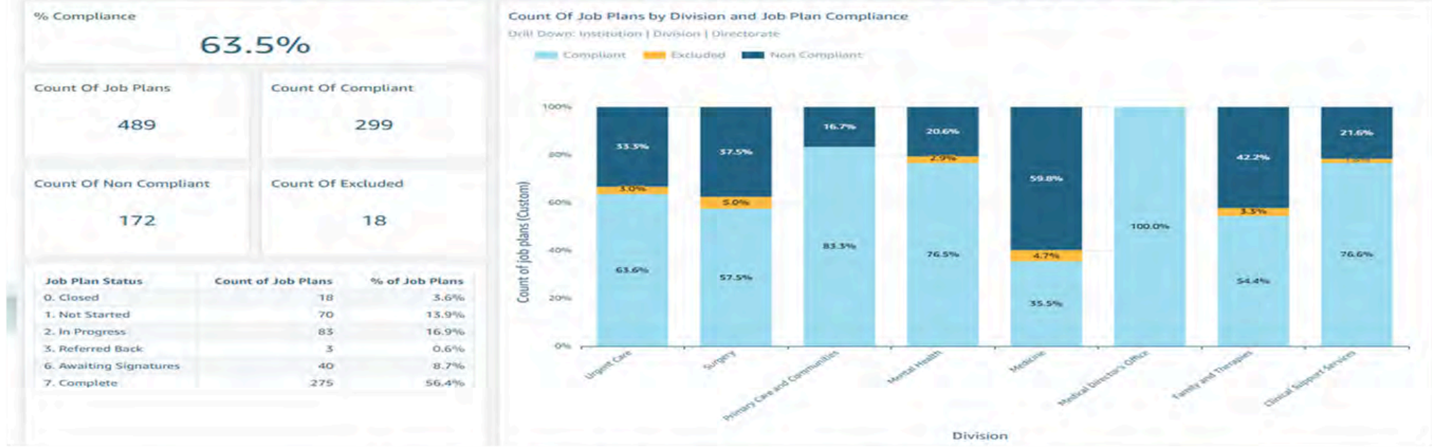
Measure	Current Value	Deviation from Target	Monthly Change	Target
Job Planning - Consultants	63.50%	21.50%	13.80%	85.00%
Job Planning - SAS	67.40%	17.60%	18.30%	85.00%





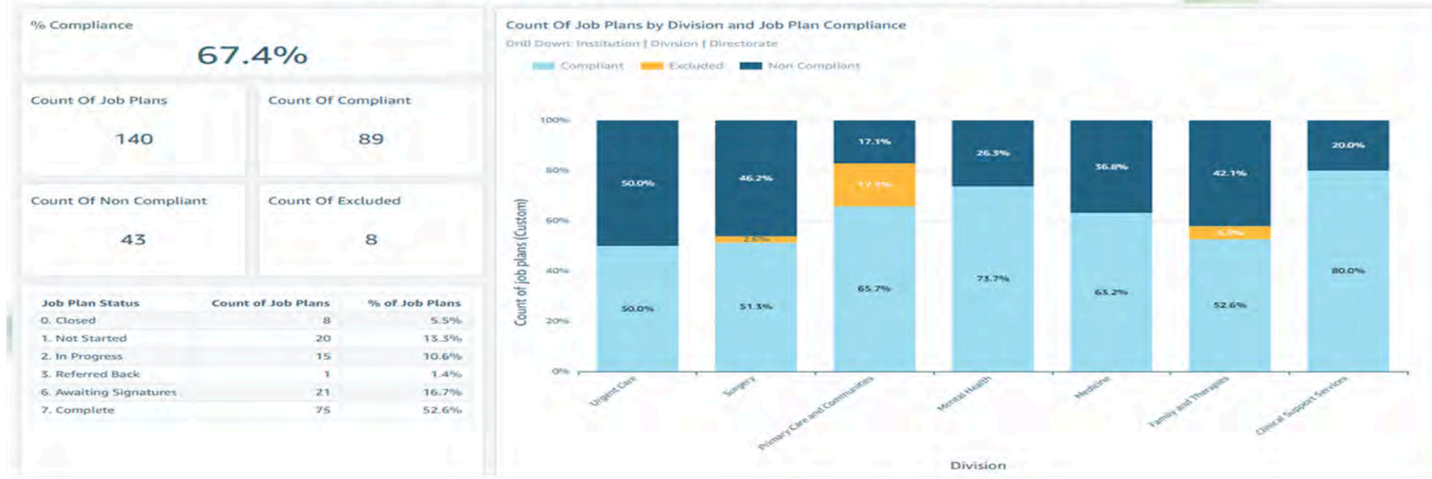
Consultant Job Planning has increased this month by 13.80% to 463.50% and is off target by 21.50%. SAS Job Planning has increased by 18.30% and is off target by 17.60%.

Consultant : Health Board Job Plan Compliance + Status by Division

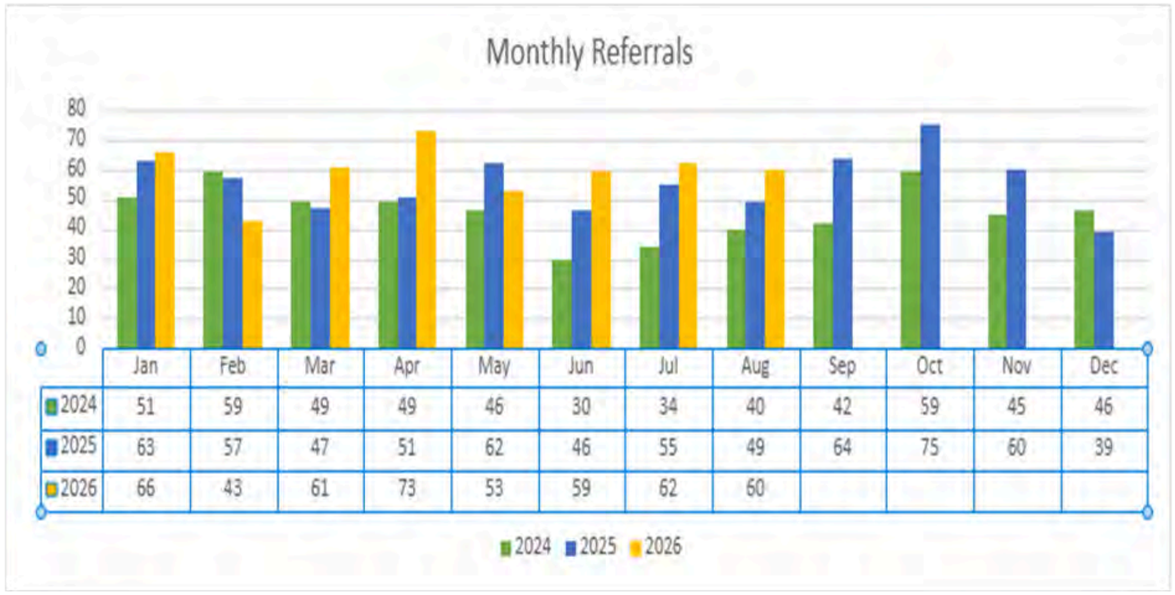


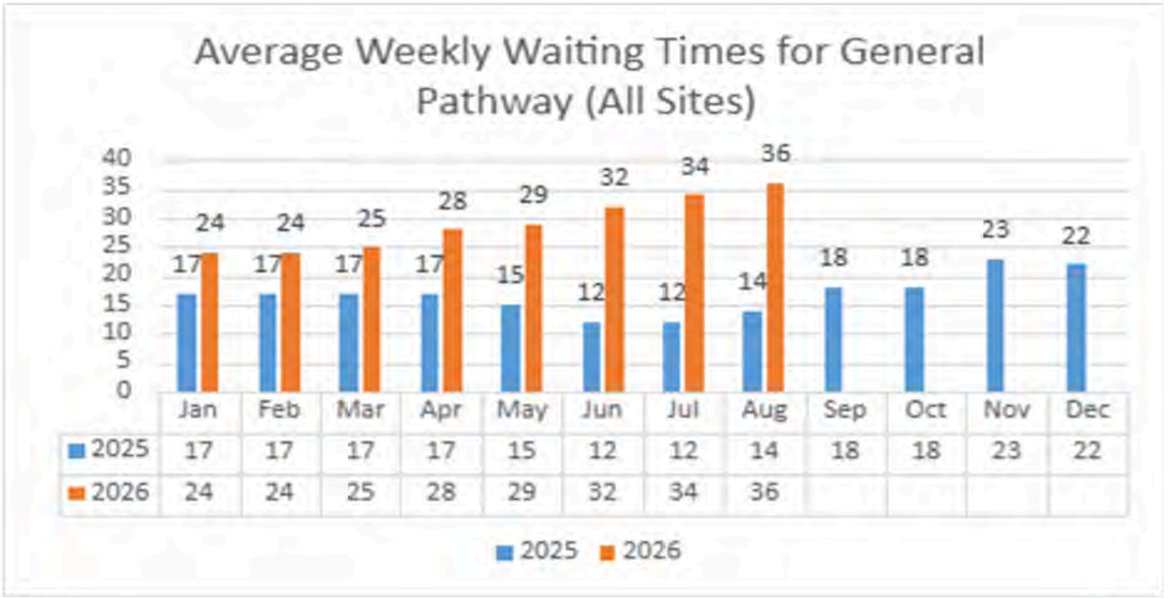
Job Plan Status	Count of Job Plans	% of Job Plans
0. Closed	18	3.6%
1. Not Started	70	13.9%
2. In Progress	83	16.9%
3. Referred Back	3	0.6%
6. Awaiting Signatures	40	8.7%
7. Complete	275	56.4%

SAS: Health Board Job Plan Compliance + Status by Division



Job Plan Status	Count of Job Plans	% of Job Plans
0. Closed	8	5.5%
1. Not Started	20	13.3%
2. In Progress	15	10.6%
3. Referred Back	1	1.4%
6. Awaiting Signatures	21	16.7%
7. Complete	75	52.6%





In August 2026 the Wellbeing Service received 60 new referrals, in 2026 there has been 296 referrals. Since the beginning of 2024, there have been 1514 referrals. Increasing each year 2024 - 550 referrals, 2025 - 668 referrals (22% increase). **B**ased on last years trajectary there will be 717 in 2026, as further increase compared to 2025.

In August 2026, 34 staff members were assessed. 191 therapy sessions attended. 43 staff members cancelled at short notice and only 5 slots were filled. A further 9 slots were DNA.

Waiting lists have increased in 2026 compared to 2025. Current waiting lists for general pathway is 36 weeks. Capacity constraits are driving delays. Current capacity is 4 wte which has reduced due to end of fixed term contract and change in working arrangements. Weekly waiting times for Trauma Pathway - 21 weeks (currently 13 staff members on waiting list). Psychology Pathway - 30 weeks (currently 28 staff members on waiting list).

Additional wellbeing activity continues alongside clinical demand: Other support included 70 wedinar/workshops. 9 direct refferal to the Head of Wellbeing and manager consultations on team sustainability and wellbeing.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Director of Workforce and Organisational Development Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Workforce and Organisational Development 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 and Organisational Development 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 10 February 2026 and includes a specific progress update on:

- Employee Relations, including:
  - Employee Relations Activity
  - Disciplinary
  - Respect and Resolution (Grievance)
  - Suspension/Exclusion from the Workplace (including an update on cases with Police/Safeguarding involvement)
  - Capability Management

  - Sickness Absence
  - Temporary Injury Allowance and Sick Pay Extension
  - Flexible Working
  - Employment Tribunals
  - Organisational Change
- Band 2/3 Update
- Health Visiting Update
- Workforce Saving Pipeline
- National recognition of Workforce and OD teams
- Resident Doctor Contract 2026 Implementation
- Safe Effective Quality Occupational Health Service (SEQOHS)

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

The table below outlines the employee relations activity initiated for the period April – June 2026.

Disciplinary Investigations	Fast Tracks	Disciplinary Appeals	Informal Respect & Resolutions	Formal Respect & Resolution	Improving Performance	Sickness Meetings	Mutual Ill Health Termination	Final Formal Hearings	Extension to Sick Pay (ETSP)	Temporary Injury Benefit (TIA)	Employment Tribunal	Speaking up Safely Raising Concerns
9	4	0	0	11	2	171	13	1	3	2	3	11

Disciplinary
During this period, the Health Board commissioned 9 new disciplinary investigations:

Themes include inappropriate/misuse of IT, an alleged minor Health & Safety issue, breaches of Information Governance, failure to follow reasonable instruction/ policy/procedure and to fraud/ corruption/ theft.

Each new investigation is subjected to a robust fact-finding process in accordance with the Disciplinary Policy and Procedure to determine the appropriate action and ensure that the potential for alternative, informal resolution was considered.

The fast-track Disciplinary procedure was utilised in 4 other/separate cases. Fast track Disciplinary is considered for cases that would not exceed a sanction of first written warning, and where the employee has admitted the misconduct and where prima facie evidence exists. Fast tracks do not require a full investigation, and as a

result are concluded in a shorter timeframe and are considered less harmful to employees and those involved.

An All-Wales Disciplinary Policy was introduced across all NHS Wales organisations on 01 April 2026. The changes to the policy were largely based on the Avoidable Employee Harm work pioneered by the Health Board and therefore the changes to our practices have been minimal, as we were already adopting many of the policy points as best practice. The Health Board is working in collaboration with Health Boards and Trusts across NHS Wales as part of a community of practice to continue to embed consistent policy application, share learning and ensure the policy remains fit for purpose.

The Health Board has updated the Disciplinary Policy training to reflect the key changes within the policy. Since 01 April 2026, 76 staff have attended policy training, which are co-delivered with Trade Union partners.

Respect and Resolution (Grievance)
11 new Respect and Resolution cases were received and managed under the formal procedure of the Respect and Resolution policy. The core themes are in relation to working relationships and the application of Terms and Conditions.

Suspension/Exclusion from the Workplace
Suspension from duty is a last resort and only occurs if there are serious risks associated with the employee remaining in work. There are currently 7 employees suspended from duty. 4 of the suspensions have been in place for less than 4 months, with the remaining 3 extending to 6 months.

All suspensions are linked to patient safety concerns or a police investigation. Suspensions are reviewed monthly, considering whether there is an opportunity to support a return to work in alternative roles and duties. The Health Board maintains contact with employees during a period of suspension, ensuring they are signposted to support services throughout.

Improving Performance
There were 2 new improving performance cases in this quarter.

The Health Board has enhanced and extended Capability Management Training sessions. To date, 174 managers have attended this training.

Sickness Absence
In this period, the workforce team supported 171 sickness meetings. 1 final formal hearing was held, which resulted in termination of employment.

13 mutual ill health terminations were also agreed this quarter, which is a joint decision to mutually end the employment relationship, taking medical evidence and the likelihood of returning to work into account.

The Health Board's Sickness Absence Focus Group continues to provide a focussed collaborative approach to support the Health Board in reducing sickness absence and support staff health and wellbeing. Delivery of actions is through four subgroups on the following areas: data analysis, communications and engagement,

management training, stress anxiety and depression. The subgroups oversee and implement actions in their specific areas, drawing in expert knowledge from occupational health, employee wellbeing, workforce, public health and staff side.

The national NHS Wales Managing Attendance at Work Policy is also under review in partnership with national trade union officials with the aim of a new policy being fully implemented by April 2027 (following the governance and approval process via Welsh Partnership Forum).

Temporary Injury Allowance and Sick Pay Extension

During the reporting period, 3 new applications for an extension to sick pay and 2 applications for Injury Allowance were received. 1 Injury Allowance application and 1 extension to sick pay application were approved on the basis of meeting the required criteria. The remaining applications were not supported and are subject to the appeals process.

Flexible Working

Flexible working requests documented on ESR continue to be monitored. 171 flexible working requests were received in this period; 117 requests were approved, 36 requests are pending a final decision, 2 were supported with an alternative agreement, 9 were rejected and 7 applications were withdrawn. 37% of applications received a decision within 2 months of submission, in line with the requirements introduced through recent changes to the Employment Rights Act. 19% of applications took longer than two months to reach an outcome; however, a longer timeframe may be agreed with the employee where additional consideration of the application is required. The remaining 44% of applications could not be assessed against this measure due to incomplete data, which prevented an accurate calculation of processing times. Management guidance advises managers that the decision date should be recorded in ESR, allowing the organisation to assess the timeliness of decision-making and case progression.

Employment Tribunal

3 new employment tribunal claims were received in this period. At the time of writing this report, there are 10 ongoing employment tribunal cases, along with 1 county court claim related to a previous employment tribunal claim which we are continuing to defend. The number of Employment Tribunal claims submitted represents 0.06% of the Health Board's workforce, although the complexity, workload, cost and impact of defending these claims is significant.

Organisational Change

1 Organisational Change process commenced during the reporting period, supporting a review of Job Descriptions and move to a centralised base for the Primary Care and Community Respiratory Administration team.

Band 2/3 Update

The implementation of the band 2/3 Healthcare Support Worker (HCSW) National Framework has progressed well and as planned. There were 1,612 Band 2 HCSW's identified as 'in scope' in the original cohort and the work to assess this group has been completed within the implementation framework with a very small proportion still to be assessed due to known absences.

Consistency checking has been completed in partnership with Staff Side representatives, providing assurance regarding the consistent application of the assessment process. All employees who have successfully completed the assessment process have been assimilated to Band 3 and received the appropriate recognition payment. In addition, 44 of 56 HCSWs promoted to Band 3 prior to 1 January 2025 have been assessed and awarded the appropriate incremental credit.

The Health Board has also made significant progress in extending the approach beyond the original identified cohort. A further 296 HCSWs who commenced after 1 January 2025 have been assessed, with more than 220 (75%) assimilated to Band 3. In September 2026, 965 substantive employees who also hold bank contracts were moved to Band 3 bank assignments. Alongside implementation, development of an HCSW Skills and Competency Framework has commenced to provide a consistent approach to identifying and supporting the development and training needs of newly assimilated and existing Band 3 HCSWs.

Activity remains ongoing and this continues to be a significant programme of work. The immediate priority is to conclude the remaining assessments of substantive HCSWs.

The next significant phase of implementation is the extension of the assessment process to approximately 900 bank-only HCSWs, commencing from 1 October 2026. Although bank-only workers fall outside the scope of the national Framework, the Health Board recognises that bank-only workers are essential to the delivery of patient care, including the tasks included in the generic (new) band 3 HCSW job description, whilst ensuring fairness across the workforce. This represents a significant additional programme of work and will require continued oversight to ensure that assessments are progressed consistently and efficiently.

Health Visiting Update

In response to changes to the Nursing and Midwifery Council (NMC) qualification requirements and standards for Specialist Community Public Health Nursing (which includes Health Visitors), work has been underway nationally to review the role profile and job description for Health Visitors to ensure they accurately reflect current practice, competencies and professional requirements.

Locally, we are engaged with Trade Union representatives following receipt of an informal dispute and continue to work in partnership to agree a local resolution.

Workforce Saving Pipeline

In light of the significant financial challenges facing the Health Board, a comprehensive review of workforce-related savings opportunities has been undertaken through the Health Board's Value and Sustainability Board, with a number of measures already implemented and others in progress.

Actions already taken to date include:

- Corporate Vacancy Scrutiny Panel - To strengthen oversight and ensure a consistent organisational approach, a corporate Vacancy Scrutiny Panel has been established, operating alongside existing divisional and local scrutiny

arrangements to identify opportunities for alternative staffing solutions while maintaining patient safety and service delivery.

- Nursing Variable Pay - Additional controls have also been introduced in relation to nursing variable pay expenditure, including the removal of all HCSW agency usage, the cessation of Registered Nurse off-contract agency use, and the withdrawal of Registered Nurse agency staffing within low-risk areas, defined as those utilising less than 1 WTE agency staffing on average.
- Medical Locum Pay - Significant progress has also been made in reducing medical agency expenditure through the conversion of agency engagements to locum arrangements. Through targeted interventions we have increased the number of internal medical locums, reducing those engaged via an agency. Currently medical agency workers represent only 24% of our overall medical variable pay (reduced from 40%) and this will continue to be a focus. In addition, direct engagement continues to be promoted for the remaining agency workers, 84% of agency workers now engaged through this route. Since December 2025, direct engagement alone has delivered over £700k in cost avoidance. Unpaid breaks for locum workers have also been mandated, addressing historical arrangements where breaks were, in some instances, paid due to operational challenges in facilitating uninterrupted rest periods. This is forecasted to save a further £20k per month in cost avoidance.
- Administration Variable Pay - There has been a cessation of all administration variable pay (through bank and agency) unless there are exceptional circumstances agreed, with a sustainable plan in place to address the underlying staffing requirement and reduce reliance on temporary workforce solutions. Administration bank was 18.37wte in July 2026 but reduced to 12.84wte in September 2026, a reduction of 5.53wte.

Furthermore, all Divisions have been tasked with developing workforce sustainability plans, with a particular focus on efficiency and reviewing areas that have experienced workforce growth over the past five years. These actions support the Health Board's overall workforce plan, which aims to support efficiencies.

<u>National recognition or Workforce and OD teams</u>

The Health Board’s work to improve the application of disciplinary processes not only internally but also across NHS Wales, has been shortlisted in the Leadership category in this year’s NHS Wales Awards (with the awards ceremony taking place in November 2026).

Tom Leigh, Organisational Development Culture Lead, has been selected as a finalist in the Healthcare People Management Association awards in recognition of his commitment to learning and development and his leadership of the Mental Health and Learning Disabilities (MHLD) Culture Transformation Programme (official Category: Learner of the Year).

The national recognition provides further external validation of the quality and impact of the Health Board's Workforce and Organisational Development approach, particularly its focus on culture, leadership, learning and staff experience.

The outcome of the HPMA Award will be announced at the HPMA Conference in November 2026.

Resident Doctor Contract 2026 Implementation

Following a significant and complex programme of work, the Health Board successfully implemented the first transition of the Resident Doctor Contract 2026 in August 2026. All resident doctors required to transition to the new contractual arrangements have now done so, ensuring compliance with the national implementation timetable.

Whilst implementation has been successfully achieved, a number of ongoing contractual, operational and system-related matters continue to be considered through established All-Wales governance arrangements. The Health Board remains fully engaged in these discussions and is working collaboratively with national partners to support the development of consistent and equitable solutions.

The implementation programme will continue through to August 2028, with a focus on embedding the new contractual arrangements, monitoring workforce impacts and addressing any emerging issues through the agreed national framework.

Safe Effective Quality Occupational Health Service(SEQOHS)

The Occupational Health service has successfully achieved Safe Effective Quality Occupational Health Service (SEQOHS) accreditation, providing independent assurance that the service meets nationally recognised standards for quality, safety and effectiveness.

The accreditation assesses performance across five key areas: governance and finance, resources and processes, output and outcomes, information and communication, quality assurance and improvement. This represents a significant achievement for the team and reflects their commitment to delivering high-quality occupational health services for staff. Plans are in place to meet the 2027 self-assessment criteria required to maintain accreditation.

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:	SRR 001A 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	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	BMA – British Medical Association ESR – Electronic Staff Record HCSW - Healthcare Support Worker SEQOHS - Safe Effective Quality Occupational Health Service WG – Welsh Government WPF - Welsh Partnership Forum
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)	
	Is EIA Required and included with this paper
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 to this report

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
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; Dr Adrian Neal, Head of Employee Wellbeing; David Collyer, Speaking Up Safely Guardian

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 Framework has now been operational for almost two years and has progressed from an implementation programme to an established organisational mechanism, supporting one of the channels for staff to raise concerns safely, confidentially and where preferred, anonymously. The service forms an important component of the Health Board's broader approach to creating the conditions for psychological safety, organisational learning and staff wellbeing.

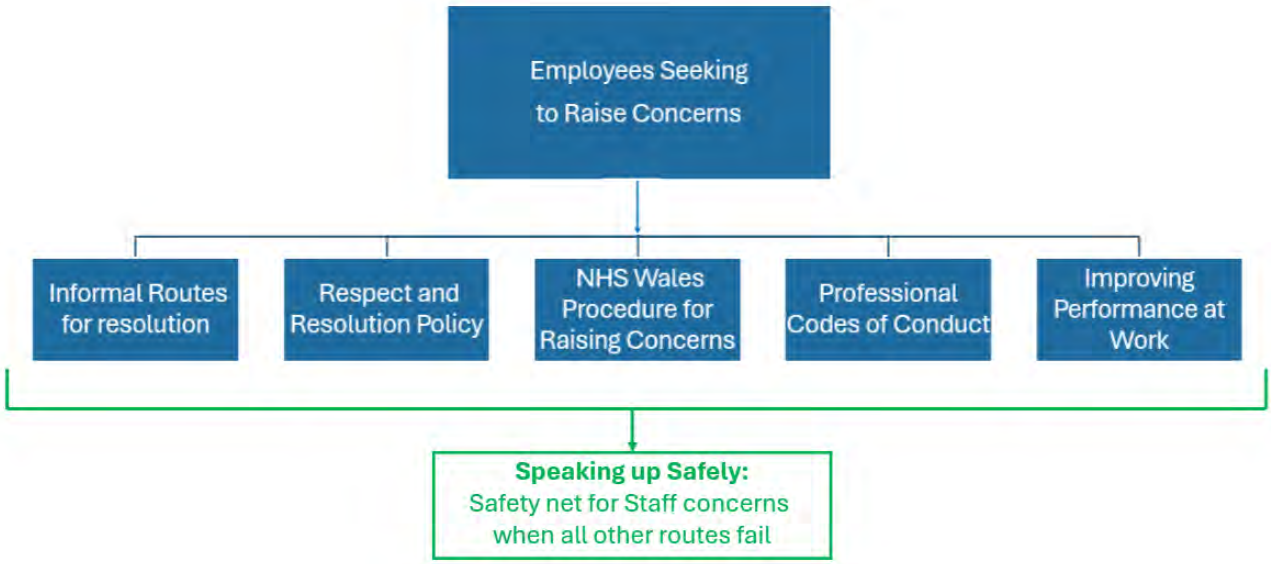
Continued progress has been made since the initial implementation of the Framework, including the establishment of strengthened governance arrangements, appointment of a Speaking Up Safely Guardian, continuation of an Independent Member to provide scrutiny and challenge, progression of actions arising from internal audits, continued development of national collaborative arrangements and the implementation of a comprehensive improvement programme overseen by the Speaking Up Safely Steering Group.

The People and Culture Committee is asked to note for assurance the continued development and maturation of the implementation of the Speaking Up Safely Framework and the assurance provided through the arrangements outlined within this report.

Cefndir / Background

Welsh Government launched the Framework for Speaking up Safely in NHS Wales in August 2023. Whilst recognising staff can raise concerns directly through the Framework at any time, with robust internal avenues already established to raise concerns it was designed to be a final safety net for staff who feel for any reason. 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 as demonstrated in the image below:



The Health Board is a member of the Welsh Government's Strategic National Workforce 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 the Health Board have proactively initiated a pan-NHS Wales Speaking up Safely Learning Network in the continued absence of any national support, guidance and leadership.

Asesiad / Assessment

Implementation and maturity of the Framework

The Health Board launched the Speaking Up Safely process on 01 December 2024 following approval through established governance processes and with cross-Executive Committee sponsorship. Since that date, the Framework has continued to develop and mature, with particular focus on governance, leadership, accessibility, organisational learning and staff confidence to raise concerns.

Key points include:

- The Health Board maintains multiple routes through which concerns can be raised using this process, including:
  - Dedicated electronic reporting mechanisms by scanning a QR code on any mobile device.
  - Confidential email access.
  - Anonymous reporting options.

These arrangements continue to be supported by visible communication materials, intranet resources and awareness activity across the organisation, with further promotion and raising awareness planned through collaboration with staff groups.

- Since the audit reviews in 2024 and 2026, recommendations have been progressed through the implementation of an audit actions and a new Standard Operating Procedure (SOP) which outlines the agreed Organisational end to end process, roles and responsibilities and governance arrangements.
- Arrangements have been strengthened through the appointment of a Speaking Up Safely Guardian (fixed term for 12 months, funded by charitable funds), the appointment of a replacement Independent Member to the Speaking Up Safely Steering Group, and the implementation of Conformity CaseworkER as a case management platform.
- The bi-monthly cross-professional group (including Trade Union colleagues) Steering Group continues to oversee delivery of the Speaking Up Safely approach, monitor organisational themes arising from concerns raised and ensure appropriate escalation of learning opportunities to relevant governance forums. There is an ambition that with maturity this will improve organisational visibility of emerging risks and strengthen opportunities for early intervention and resolution, thus creating an ever more robust process.
- Current case activity demonstrates continued utilisation of the Framework by staff across the Health Board (see Figure 1 below). Analysis of concerns continues to provide valuable intelligence regarding workforce experience, workplace culture, leadership behaviours, systems and processes, staff wellbeing and patient safety matters.

Implementation of case management platform

Following a comprehensive options appraisal, the Health Board procured a dedicated Speaking Up Safely case management solution in collaboration with HR to strengthen the management, oversight and reporting of concerns raised under the Framework.

The platform provides a secure and confidential mechanism for recording, tracking and managing cases, whilst improving consistency, governance and analyses for organisational learning. In addition, the system enhances the Health Board's ability to identify themes and trends, monitor timeliness of responses, produce assurance reports and demonstrate compliance with the requirements of the NHS Wales Speaking Up Safely Framework.

The implementation of the platform represents a significant step forward in the maturity of the service, providing robust infrastructure to support transparency, accountability and continuous improvement. At the time of writing there are sixty-three cases logged on the system, having been migrated from the previous Excel spreadsheet (Figure 1).

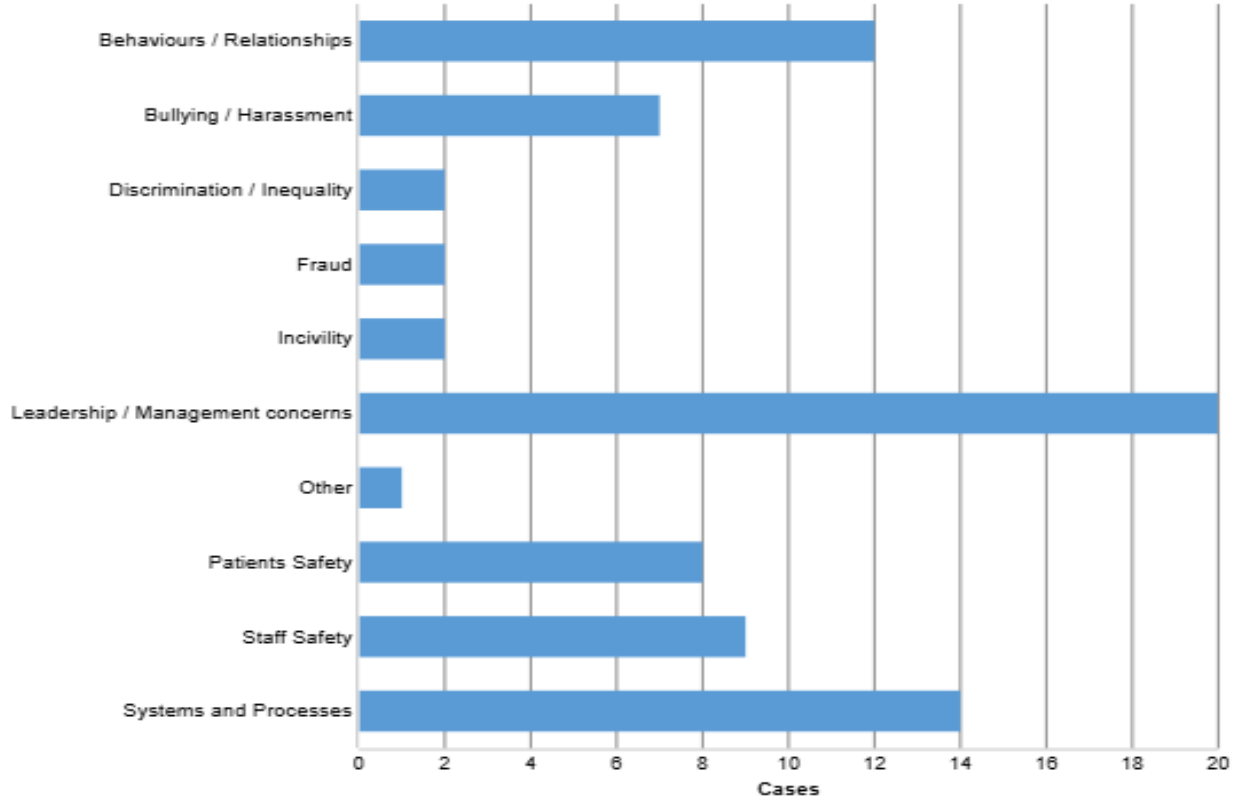


Figure 1. Cases reported using the Speaking up Safely service since December 2024

Case numbers should be viewed in the context of the multiple avenues for staff to raise their concerns and the length of time the system has been operating. However, whilst case numbers alone do not indicate organisational performance, continued utilisation of the Framework demonstrates that staff are aware of and willing to access the service. Themes relating to leadership and management, systems and processes, staff safety and workplace behaviours continue to provide valuable intelligence regarding workforce culture and organisational risk.

Data from Speaking Up Safely will be triangulated with workforce indicators including sickness absence, turnover, disciplinary activity, staff survey findings, Equality, Diversity and Inclusion (EDI) intelligence, violence and aggression reporting and employee relations data to identify trends and target improvement activity through monthly data triangulation meetings with HR colleagues.

Staff Experience and Organisational Learning

The Health Board continues to facilitate and support the NHS Wales Speaking Up Safely Learning Network, providing a forum through which Health Boards and Trusts can share learning, challenges, and examples of good practice. This activity has supported greater consistency of approach across NHS Wales and positioned the Health Board as a significant contributor to the development of the national agenda.

The Health Board continues to review intelligence from multiple sources, including Speaking Up Safely cases, workforce indicators, staff feedback mechanisms, internal audit activity and NHS Wales staff survey findings specifically related to staff confidence in raising their concerns. Triangulation of these information sources provides a comprehensive assessment of workforce culture and psychological safety than any individual dataset in isolation. This approach enables the Health Board to identify emerging themes, target interventions appropriately and evaluate progress over time. Reporting will be routinely reviewed through the Speaking Up Safely Steering Group, quarterly audits with the Independent Member representative, bi-

monthly presentation at formal Trade Union meetings with escalation through established governance arrangements where appropriate.

Priorities and Service Development

Over the next reporting period, the Health Board will continue to focus on:

- Embedding the Speaking Up Safely Framework across all staff groups and service areas.
- A promotional communications campaign to enhance the presence of Speaking Up Safely as a safety net for staff where primary escalation routes have failed is currently under development.
- Embedding the Standard Operating Procedure. (SOP)
- Collaboration has begun with the Equality, Diversity and Inclusion (EDI) team to ensure the service remains accessible, inclusive and responsive to the needs of all staff, and increasing awareness through targeted communications, promotional materials and face-to-face engagement activities.
- Enhancing governance, reporting and organisational learning.
- Cross-organisational learning and development.

Collectively, these initiatives will support the Health Board's strategic objective of normalising speaking up behaviours, increasing staff confidence to raise concerns and embedding a culture of openness, psychological safety and continuous improvement throughout the organisation.

Speaking up Safely Learning and Improvement Summit

In March 2027, Workforce and Organisational Development will host a Learning and Improvement Summit, bringing colleagues together from across the organisation to share experiences, good practice and learning, and to identify opportunities for improvement. Central to the Summit will be listening to and learning from colleagues who have raised concerns, ensuring their lived experiences help us understand what works well, where barriers remain, and what needs to change.

The Summit will provide a collaborative space to turn this learning into practical action, strengthening our culture of speaking up, psychological safety and continuous improvement.

Overall Assessment

The Health Board has continued to make meaningful progress in embedding the principles and requirements of the NHS Wales Speaking Up Safely Framework.

Whilst recognising that the development of a mature speaking up culture remains a long-term objective which can only be achieved with time, the Health Board has established key governance, leadership and assurance mechanisms which support staff confidence to raise concerns and strengthen the organisation's ability to learn and improve.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note for assurance the continued development and maturation of the implementation of the Speaking Up Safely

Framework and the assurance provided through the arrangements outlined within this report.

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:	EDI - Equality, Diversity and Inclusion SOP - Standard Operating Procedure
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)	
	Is EIA Required and included with this paper
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

GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Cyfarod Bwrdd Iechyd Prifysgolin Aneurin Bevan Aneurin Bevan University Health Board Meeting

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	HEIW Education and Training Targeted Visit Report for Medicine
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Seema Srivastava, Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Dr. Stephen Edwards, Deputy Medical Director

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

Sefyllfa / Situation

Medicine at ABUHB entered GMC Enhanced Monitoring in July 2022. Key concerns related to patient safety, clinical supervision, workload, rota design, induction, cross-site working and the management of concerns.

These concerns were addressed swiftly by the Medicine Division in collaboration with the Medical Education Faculty and were largely resolved by 2024. From 2024 -2026 concerns mainly revolved around trainer capacity, educational supervision and clinic access and so ABUHB medicine remained in Enhanced Monitoring until these were resolved.

Following a visit in April 2026 HEIW recommended that Medicine in ABUHB be removed from Enhanced Monitoring and this was formally agreed by the GMC in May 2026.

Cefndir / Background

Following the implementation of ‘Clinical Futures’ and the opening of the Grange University Hospital, concerns about the experience and training of resident doctors in Medicine across ABUHB were identified; via low satisfaction ratings on the GMC National Training Survey 2021, and a visit and subsequent report from the Royal College of Physicians in June 2021. This triggered a visit by HEIW in 2021.

At a repeat visit in July 2022 HEIW felt insufficient progress had been made and recommended that Medicine in ABUHB be placed in enhanced monitoring with the GMC.

Asesiad / Assessment

Medicine was successfully removed from GMC Enhanced Monitoring in May 2026 after four years of sustained improvement activity. Key actions to ensure de-escalation included:

- Improved trainee experience and educational culture.
- Rota redesign and monitoring arrangements.
- Strengthened educational and clinical supervision.
- Redistribution of educational supervision workload.
- Improved induction processes.
- Enhanced educational governance and quality oversight.
- Trainee feedback routes
- Mitigation of major patient safety concerns.
- Strong partnership working between the Division of Medicine, Medical Education Department, Executive Team, HEIW and GMC

The removal of Enhanced Monitoring represents a significant organisational achievement and demonstrates sustained compliance with GMC standards for postgraduate medical education and training.

HEIW will continue to visit 6 monthly with a particular focus on gastroenterology, for which there will be a separate focused visit in October 2026.

Although formal monitoring has ended, ongoing oversight continues through local and corporate educational governance structures and HEIW quality processes, with particular attention to workforce pressures and specialty-specific risks such as Gastroenterology.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the progress made and specifically, the removal of Enhanced Monitoring.

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

HEIW Education & Training Targeted Visit Report

Medicine

The Grange University, Royal Gwent, and Nevill Hall Hospitals

Aneurin Bevan University Health Board

Thursday, 16th April 2026



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Section One: Visit Remit

Health Board	Aneurin Bevan University Health Board	**Site**	The Grange University, Royal Gwent, and Nevill Hall Hospitals
Visit Date	16th April 2026	**The Grange University Hospital Resident Risk Rating (Pre visit)**	**7**
		Royal Gwent Hospital Resident Risk Rating (Pre visit)	**7**
		Nevill Hall Hospital Resident Risk Rating (Pre visit)	**3**
		Health Board Wide Trainer Risk Rating (Pre visit)	**7**
Specialty	Medicine	**Grade(s)**	Foundation, IMT, ACCS, GPST and ST
Visit Panel	• Malcolm Gajraj, Director of Quality Management (Chair) • Shaun Smale, Head of School for Medicine • Laura Rozier, Internal Medicine Training (IMT) Programme Director • Louise Allman, Acute Care Common Stem (ACCS) Training Programme Director • Ashok Vaghela, Local Foundation Programme Director • Vimla Victor, Faculty Lead (Quality) • Julie Keely, General Practice Training Programme Director • Zoë Makin, GMC Education Quality Assurance Programme Manager • Mandy Martin, Quality Manager • Vicky Collins, Quality Officer • James Davies, Lay Representative		
LEP Representatives	• Seema Srivastava, Executive Medical Director • Rachel Rouse, Assistant Medical Director (Education and Training) • Linda Coe, Head of Medical Education and Revalidation Services • Judith James, Assistant Head of Medical Education • Sarah Long, Medicine Consultant and College Tutor • Martha Scott, Respiratory Consultant and Resident Rota Lead • Christopher Heath, Deputy General Manager for Medicine • Thomas Cozens, Acute Internal Medicine (AIM) Training Programme Director and AIM Consultant • Kathryn Davies, Geriatric Medicine Training Programme Director and Ysbyty Ystrad Fawr Consultant Representative • Khalid Ali, Consultant Neurologist and College Tutor • Tracy Morgan, General Manager for Medicine		
Evidence Considered	• Previous Visit Report, June 2025 • HEIW & Health Board Progress Meeting Summary, Jan 2026 • Health Board Action Plan • GMC National Training Survey Results 2022 – 2025 • Notes Summary from a Medical Education Meeting with Residents based in Acute Internal Medicine		

	• Concerns Summary and Evidence Timeline • Educational Supervisor Allocations – June & December 2025		
Residents Present	29 across Foundation, IMT, ACCS, and ST	**Trainers Present**	19 (Health Board Wide)
Status Summary	• The previous visit was undertaken on **Wednesday, 25th June 2026.** • This concern **is** in Enhanced Monitoring status with the GMC.		

In the context of this report, the term 'Residents' refers to Postgraduate Doctors in training unless otherwise specified.

Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

HEIW Targeted Visits to the Grange University Hospital, the Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr (see separate report) are part of ongoing monitoring efforts to address training concerns identified after the service reconfiguration within the Aneurin Bevan University Health Board. This visit was organised to assess the training environment in Medicine across each Health Board site, verify the sustainability of previous changes implemented by the Health Board, and ensure residents of all grades are able to access training opportunities that allow them to meet the requirements of their curricula. Trainer capacity and consultant job planning progress was also reviewed.

The Health Board has indicated the following progress in response to the requirements and recommendations set during the June 2025 Targeted Visit.

- The January 2026 Targeted Visit was postponed following the implementation of critical incident measures across the Health Board. A progress meeting between the HEIW visit panel, the Health Board Executive Medical Director, Directorate Leads, and the Health Board's Medical Education Team took place on the date of the visit, to discuss progress with the requirements and recommendations set out at the June 2025 Targeted Visit.
- The Medical Education Department aimed to ensure that an induction was scheduled for each sub-specialty. Induction handbooks had been updated and distributed to all residents. The booklets had also been made available on the Padlet prior to induction.
- Rotas had been backfilled to facilitate all new starters to attend induction.
- Consultant job planning processes had continued. New Educational Supervisors had been identified, and redistribution of trainer workload was in progress.
- The Health Board had planned cyclical 'Medicine Connect, Reflect and Change' sessions starting from September 2025.
- A second day on-call registrar grade had been rostered to cover "the take" from 2pm, to allow residents time in their parent speciality.
- Patient 'watch lists' had been implemented in the Emergency Department alongside the Symphony system. Department leads also planned to implement a 'Click' system alongside Clinical Workstation (CWS) by the end of February 2026.
- Clinics and Educational Development Time (EDT) had been rostered in the majority of Medicine sub-specialties.

- Directorate leads confirmed that doctors' fora were available across all Health Board sites.
- The Health Board planned to organise a resident doctor steering group to facilitate discussions about doctors' contract changes.

Section Two: Summary Findings

Participation in the Targeted Visit was well facilitated. Resident attendance was good, which allowed feedback to be gathered from a mix of training programmes. Strong trainer representation provided a constructive nuance to the resident feedback and enabled the panel to consider the training environment at each Health Board site.

All residents found the site-specific and speciality inductions to be valuable and thorough. A small number of specialties had not organised a speciality induction, impacting residents' understanding of local processes. Several residents had not received Advanced Life Support (ALS) training at the start of their posts.

A small number of residents that started their post out-of-sync had not received an induction. Provision of their ID badge had also been delayed.

Educational Supervisors were engaged and supportive of residents' learning needs. Consultant engagement with Named Clinical Supervisor (NCS) responsibilities varied across sites and specialties. Internal Medicine Training (IMT) residents were apprehensive about approaching consultants to request their input as an NCS.

The majority of residents found the level of clinical supervision available to them to be appropriate for their level of training. Access to immediate senior supervision was not always available on site, however, support was always available virtually or via phone.

Consultants were reported to be approachable and supportive. Peer and multidisciplinary team support was also beneficial. Residents across all grades valued the knowledge and contributions of Physician Assistant (PA) colleagues. Appropriate escalation plans had been implemented regarding supervision of PAs.

Workplace Based Assessments were achievable in most specialties. Accessing consultant oversight for Acute Care Assessment Tools had been challenging for several residents, however, increased staffing levels in Acute Medicine had enabled greater consultant availability and supervision.

Clinics had been rostered in most specialties, though not all. When accessible, clinics were a valuable training opportunity. Generally, supervision during clinics was appropriate for residents' level of training.

Teaching sessions were available across all sites and regularly rostered. Staffing limitations in some sub-specialties had impacted residents' opportunities to attend.

Overall, handover processes were reported to be functional, however, the accuracy of the information transferred during the handovers varied across Health Board sites.

Service provision and training were perceived to be manageable in most specialties when rotas were fully staffed, however, on-call and weekend workload levels were reported to be frequently high across all sites. Residents and trainers in a number of specialties perceived low staffing levels and high patient acuity to be consistent barriers to residents' ability to a participate in local learning events. Ward staffing numbers across all sites had been impacted by on-call rostering commitments.

Several residents had experienced difficulties organising Educational Development Time and annual leave, though this was reported to be particularly prevalent at Nevill Hall Hospital.

'Step-up' processes between sites were perceived to be ineffective and time consuming. Foundation residents reported high levels of push back during 'step up' requests to specialties, often requiring escalation to consultants to resolve. Inappropriate assignment of non-paramedic crews for transferring unwell patients was also raised as a concern.

Registrar grades at the Royal Gwent Hospital reported difficulties managing the extensive footprint under the care of the on-call medical team, alongside inappropriate referrals and walk-in patients that presented to the Royal Gwent site.

Concerns were raised about the implementation of bleep guidelines due to residents at Nevill Hall Hospital receiving a high number of inappropriate bleep calls.

Residents were aware of the Datix system and the resident doctors' forum, though several described limited system-wide change following incidents being reported. All resident grades, except Foundation, felt able to raise concerns about inappropriate behaviours.

Trainer workload was considered to be manageable in most specialities, with supervision responsibilities shared effectively among the consultant body. There was no designated training lead in Gastroenterology, and the current consultant cohort reported having minimal time to train.

Residents' willingness to recommend their posts for training increased in line with their level of experience. All grades raised concerns about service pressures and staffing limitations impacting time for training.

Areas Working Well	Areas for Improvement
• Most residents had received an induction aligned to their roles. • Consultants were approachable and supportive. • Workplace Based Assessments were achievable in all specialties. • Clinical supervision was appropriate for residents' level of experience. • Regular teaching sessions are available across all sites. • The positive impact from Physician Associates (PAs) and Advanced Nurse Practitioners (ANPs) was recognised and valued. • Handover had been utilised for discussion and learning. • Redistribution of trainer workload had progressed in most specialties. • Clinics were a beneficial training opportunity when residents were able to attend.	• IMT residents had not been pre-allocated Named Clinical Supervisors in some sub-specialties. • Training opportunities in some specialties had been impacted by workload and staffing limitations. • Accessing study leave and Educational Development Time was challenging. • Adherence to 'Step Up' processes was inconsistent. • On-call rostering commitments had impacted specialty ward staffing levels. • Low staffing levels and rota gaps had impacted time for training in several specialties. • The accuracy of 'watch lists' during handover was inconsistent.

Requirements and Recommendations

The following recommendations were made by the HEIW visiting panel, in response to the findings of the visit process, which included Ysbyty Ystrad Fawr.

Recommendations

1. All Medicine subspecialties should consider the pre-allocation of Named Clinical Supervisors for every rotation of Internal Medicine Training residents.

   GMC Requirement 2.14
   Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

2. The Health Board should undertake a review of staffing in Gastroenterology to determine whether additional resources may be required in order to ensure training opportunities required by residents' curricula, including clinics and endoscopy, are accessible.

   GMC Requirement 1.19
   Organisations must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

3. The HEIW Panel agrees to the residents' request for a further meeting to discuss the training environment in Gastroenterology with representatives from HEIW and the Health Board.

4. The Health Board should review processes for 'stepping up' patients to the Grange University Hospital to ensure transfers are efficient and straightforward.

   GMC Requirement 1.2
   Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

5. The Health Board should review the pathways utilised by nursing teams to escalate unwell patients in enhanced Local General Hospitals (eLGHs) to ensure the management of patients is timely and safe.

   GMC Requirement 1.5
   Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.

6. The Health Board should assess the impact of on-call rostering on ward staffing levels especially in the light of the forthcoming changes that will be necessary with the new resident doctor contract.

   GMC Requirement 1.12
   Organisations must design rotas to:
   a. make sure doctors in training have appropriate clinical supervision.
   b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK.
   c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.

d. give doctors in training access to educational supervisors.
e. minimise the adverse effects of fatigue and workload.

7. Locum cover should be considered in order to fill recognised shortfalls in staffing, to ensure residents are appropriately supervised and supported.

GMC Requirement 1.7
Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

8. The HEIW panel will recommend the discontinuation of Enhanced Monitoring measures to the GMC.

9. HEIW will visit again in approximately six months.

GMC Requirement 2.6
Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

Next Steps

The recommendations were provided to the Health Board verbally on the day of the visit and in writing on **Friday, 17th April 2026**. A **single action plan** in response to **all Health Board sites** included in the Targeted Visit has been requested required by **Wednesday, 3rd June 2026.**

Risk Rating Recommendation

The following changes will be made to the risk ratings based upon the findings of the visit:

- The Grange University Hospital risk rating which relates to the resident experience, will remain at **seven** (medium), (**Reference TP453**).
- The Royal Gwent Hospital risk rating which relates to the resident experience, will decrease from **seven** (medium) to **five** (medium), (**Reference TP524**).
- The Nevill Hall Hospital risk rating which relates to the resident experience, will remain at **three** (low), (**Reference TP525**).
- The Health Board wide risk rating which relates to the trainer experience, will decrease from **seven** (medium) to **five** (medium), (**Reference TP621**).

Chair's Signature

I confirm that this report has been produced on behalf of the HEIW visiting panel and reviewed by those at HEIW with editorial rights.

Signature: 

Malcolm Gajraj, Director of Quality Management (Chair)

Date: 4th June 2026

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

HEIW Education & Training Targeted Visit Report

Medicine

Ysbyty Ystrad Fawr

Aneurin Bevan University Health Board

Thursday, 16th April 2026

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Section One: Visit Remit

Health Board	Aneurin Bevan University Health Board	**Site**	Ysbyty Ystrad Fawr
Visit Date	16th April 2026	**Risk Rating (Pre visit)**	**9**
Specialty	Medicine	**Grade(s)**	Foundation, GPST, and ST
Visit Panel	• Malcolm Gajraj, Director of Quality Management (Chair) • Shaun Smale, Head of School for Medicine • Laura Rozier, Internal Medicine Training Programme Director • Louise Allman, Acute Care Common Stem Training Programme Director • Ashok Vaghela, Local Foundation Programme Director • Vimla Victor, Faculty Lead (Quality) • Julie Keely, General Practice Training Programme Director • Zoë Makin, GMC Education Quality Assurance Programme Manager • Mandy Martin, Quality Manager • Vicky Collins, Quality Officer • James Davies, Lay Representative		
LEP Representatives	• Seema Srivastava, Executive Medical Director • Rachel Rouse, Assistant Medical Director (Education and Training) • Linda Coe, Head of Medical Education and Revalidation Services • Judith James, Assistant Head of Medical Education • Sarah Long, Medicine Consultant and College Tutor • Martha Scott, Respiratory Consultant and Resident Rota Lead • Christopher Heath, Deputy General Manager for Medicine • Thomas Cozens, Acute Internal Medicine (AIM) Training Programme Director and AIM Consultant • Kathryn Davies, Geriatric Medicine Training Programme Director and Ysbyty Ystrad Fawr Consultant Representative • Khalid Ali, Consultant Neurologist and College Tutor • Tracy Morgan, General Manager for Medicine		
Evidence Considered	• Previous Visit Report, June 2025 • HEIW & Health Board Progress Meeting Summary, Jan 2026 • Health Board Action Plan • GMC National Training Survey Results 2022 – 2025 • Notes Summary from a Medical Education Meeting with Residents based in Acute Internal Medicine • Concerns Summary and Evidence Timeline • Educational Supervisor Allocations – June & December 2025		
Residents Present	5 Foundation, GPST, and ST residents and Locally Employed Doctors	**Trainers Present**	19 (Health Board Wide)
Status Summary	• The previous visit was undertaken on **25th June 2026.** • This concern **is** in Enhanced Monitoring status with the GMC.		

In the context of this report, the term 'Residents' refers to Postgraduate Doctors in training unless otherwise specified.

Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

HEIW Targeted Visits to the Grange University Hospital, the Royal Gwent Hospital, Ysbyty Ystrad Fawr and Nevill Hall Hospital are part of ongoing monitoring efforts to address training concerns identified after the service reconfiguration within the Aneurin Bevan University Health Board.

The January 2026 Targeted Visit was postponed following the implementation of critical incident measures at the Health Board. A progress meeting between the HEIW visit panel, the Health Board Executive Medical Director, Directorate Leads, and the Health Board's Medical Education Team took place on the date of the visit, to discuss progress with the requirements and recommendations set out at the June 2025 Targeted Visit. However, based on feedback gathered from residents based at Ysbyty Ystrad Fawr by the Medical Education Team, it was agreed to separate out the site from the wider visit process to triangulate the feedback obtained locally.

Section Two: Summary Findings

Participation in the Targeted Visit was well facilitated by the department. Resident attendance was good, which allowed feedback to be gathered from a mix of training programmes.

Induction was reported to be accessible with all essential information covered. Educational Supervisors had been appropriately allocated, and residents had received suitable support.

Consultant support had been accessible overall; however, there were occasions when consultant and registrar support had not been immediately accessible, and senior support had been limited to phone or text.

Workplace Based Assessments were achievable for all grades. Registrars reported difficulties clerking sufficient numbers of patients prior to handover in order to accomplish Acute Care Assessment Tools (ACATs).

Residents noted that whilst training opportunities were technically available, their ability to access them had been restricted by workload and rota gaps.

Consultant led ward rounds were conducted regularly, and consultant feedback for residents' patient management plans was constructive and valuable.

Residents' clinic exposure was variable; it was of good quality, however, several residents had experienced difficulties leaving ward areas to attend clinics.

Teaching sessions were regularly scheduled, but service pressures had limited resident participation.

Staffing levels were reported to be low on a regular basis, with very little leeway built into rotas to accommodate sickness, leave, and on-call commitments. Despite additional Clinical Fellows having been appointed by the Health Board, opportunities for training continued to be impacted by staffing constraints.

Residents perceived their on-call rotations between Ysbyty Ystrad Fawr and The Grange University Hospital to be a synergistic training experience. On call shifts at the Grange University Hospital were described as highly valuable, offering procedural exposure and multidisciplinary working, whilst on call shifts at Ysbyty Ystrad Fawr offered a slower paced working environment with greater patient complexity.

No incidents of inappropriate behaviour were reported during the visit. All residents perceived the local training environment to be supportive and welcoming.

The Medical Assessment Unit (MAU) was reported to consistently be over capacity, with very little appropriate space available to assess patients. No patient safety concerns were identified; however, residents reported difficulties maintaining patient dignity due to overcrowding. Site leads confirmed that a funding request to expand the MAU at Ysbyty Ystrad Fawr had been submitted to the Health Board's Finance Team.

Variability in 'Step up' referral acceptance criteria and frailty pathway criteria were raised as barriers to timely patient escalation. Inefficiencies were also raised regarding off-site laboratory facilities and reluctance or inability of nursing staff to undertake point-of-care testing.

Residents' willingness to recommend their posts for training increased in line with their level of experience, however, all raised concerns about service pressures and limited staffing impacting time for training.

Areas Working Well	Areas for Improvement
• Induction was accessible and covered all essential information. • Consultants were approachable and supportive. • Peer support was accessible and strong. • Consultant feedback on patient management was constructive and valuable. • The working environment was described as supportive and welcoming. • Teaching sessions were regularly scheduled and of good quality. • On-call rotations between sites were seen as complementary and beneficial. • No reports of challenging or inappropriate behaviour were raised.	• There were occasions when senior support had only been accessible remotely. • Achieving ACATs was challenging. • Training opportunities had been impacted by rota gaps and high workload. • Rostering did not account for sickness, leave, and on-call commitments. • 'Step Up' threshold criteria were inconsistent. • Dependence on off-site laboratory facilities and lack of nurses undertaking point-of-care testing had caused delays. • Space limitations in the MAU had impacted timeliness of patients reviews and patient experience.

Requirements and Recommendations

The following recommendations were made by the HEIW visiting panel, in response to the findings of the visit process, which included the Grange University, Royal Gwent and Nevill Hall Hospitals.

Recommendations

1. All medicine subspecialties should consider the pre-allocation of Named Clinical Supervisors for every rotation of Internal Medicine Training residents.

   GMC Requirement 2.14
   Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

2. The Health Board should undertake a review of staffing in Gastroenterology to determine whether additional resources may be required in order to ensure training opportunities required by residents' curricula, including clinics and endoscopy, are accessible.

   GMC Requirement 1.19
   Organisations must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

3. The HEIW Panel agrees to the residents' request for a further meeting to discuss the training environment in Gastroenterology with representatives from HEIW and the Health Board.

   GMC Requirement 1.2
   Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

4. The Health Board should review processes for 'stepping up' patients to the Grange University Hospital to ensure transfers are efficient and straightforward.

   GMC Requirement 1.2
   Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

5. The Health Board should review the pathways utilised by nursing teams to escalate unwell patients in enhanced Local General Hospitals (eLGHs) to ensure the management of patients is timely and safe.

   GMC Requirement 1.5
   Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.

6. The Health Board should assess the impact of on-call rostering on ward staffing levels especially in the light of the forthcoming changes that will be necessary with the new resident doctor contract.

   GMC Requirement 1.12

Organisations must design rotas to:

a. make sure doctors in training have appropriate clinical supervision.
b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK.
c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
d. give doctors in training access to educational supervisors.
e. minimise the adverse effects of fatigue and workload.

7. Locum cover should be considered in order to fill recognised shortfalls in staffing, to ensure residents are appropriately supervised and supported.

GMC Requirement 1.7
Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

8. The HEIW panel will recommend the discontinuation of Enhanced Monitoring measures to the GMC.

9. HEIW will visit again in approximately six months.

GMC Requirement 2.6
Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

Next Steps

The recommendations were provided to the Health Board verbally on the day of the visit and in writing on **Friday, 17th April 2026**. A **single action plan** in response to **all Health Board sites** included in the Targeted Visit has been requested required by **Wednesday, 3rd June 2026.**

Risk Rating Recommendation

The following changes will be made to the risk ratings based upon the findings of the visit:

- The Ysbyty Ystrad Fawr risk rating which relates to the resident experience, will decrease from **nine** (high) to **seven** (medium). (**Reference TP526**).

Chair's Signature

I confirm that this report has been produced on behalf of the HEIW visiting panel and reviewed by those at HEIW with editorial rights.

Signature: 

Malcolm Gajraj, Director of Quality Management (Chair)

Date: 4th June 2026

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nursing Midwifery Workforce Strategy 2023-2026 Annual Report and Evaluation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade – Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Sian Kinsella – Head of Nursing Workforce, Development and Regulation Kelly Downes – Deputy Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Nursing, Midwifery and Specialist Community Public Health Nursing Workforce Strategy 2023–2026 was developed in response to significant workforce pressures and set out actions across five themes: recruitment effectiveness, recruitment experience, brand and marketing, career development and education, and retention. This report focuses principally on delivery and outcomes in 2025/26, while providing an overall summary of progress across the full three-year strategy period.

As the strategy reaches the end of its three-year period, the report assesses 2025/26 performance against the agreed priorities, places these results within the overall 2023–2026 strategic journey and identifies the initiatives and outstanding ambitions that should inform future workforce planning.

Cefndir / Background

At the outset of the strategy, the Health Board was experiencing significant workforce challenges. There were approximately 376 WTE Registered Nurse vacancies (7.8%) and 142 WTE Healthcare Support Worker vacancies (5.8%),



with nursing turnover reported at 7.59% in 2023. Workforce modelling at the time projected that vacancies could rise to 461 WTE by 2026, including 345 WTE within adult nursing.

The strategy therefore adopted a broad workforce approach, combining recruitment and retention with local workforce pipelines, career and professional development, education, leadership, professional support and workforce innovation. Delivery has depended on close collaboration between Nursing and Midwifery, Workforce and Organisational Development colleagues, clinical divisions and education partners. This collective approach has supported the strategy's aims of addressing immediate pressures while developing a more sustainable nursing, midwifery and SCPHN workforce.

Asesiad / Assessment

Overall, the evaluation demonstrates substantial progress against the original strategic ambitions.

The clearest 2025/26 outcome is the improved workforce position. By March 2026, Registered Nurse vacancies had reduced to 54 WTE, compared with approximately 376 WTE before the strategy, while HCSW vacancies stood at 80 WTE, compared with approximately 142 WTE at baseline. Turnover also reduced across Registered Nursing, Midwifery and HCSW groups, and agency use fell from 237 WTE in 2023 to 106 WTE in 2026. This is substantially stronger than both the starting point and the adverse trajectory anticipated when the strategy was developed.

The maternity workforce position also improved over the strategy period. Midwifery turnover reduced from 8.45% in 2023 to 6.17% in 2026, and by March 2026 the midwifery workforce was reported as 23 WTE above establishment. In 2025/26, maternity workforce development was further supported through the PROMPT preceptorship programme, restorative clinical supervision, post-registration education and collaborative practice education with university partners. This strengthened professional support for newly qualified and established midwives, while ongoing workforce planning remains necessary to ensure staffing is aligned with service need.

During 2025/26, the coordinated workforce supply model delivered through Nursing and Midwifery and Workforce and Organisational Development included student streamlining, international recruitment, the Future Nurse Academy and flexible education routes, the HCSW Talent Pool, RCN Cadet and Connect pathways, lateral transfers and rotational posts. The Health Board recruited 172 students and 57 internationally educated nurses, with all internationally educated nurses passing the OSCE. The HCSW Talent Pool filled 77.72 WTE of 86.84 WTE

vacancies (89%), saving an estimated 1,943 recruitment days, while 52 young people participated in the RCN King's Nursing Cadet Scheme.

Recruitment processes have become more efficient, with the evaluation reporting average time to hire reducing from 120 days to approximately 60 days, compared with a target of 71 days.

Development and retention remained central in 2025/26. A total of £400,838.94 was invested in post-registration academic education. The Nursing and Midwifery Leadership Academy supported 51 aspiring leaders during the year, with 28% of alumni progressing into promoted roles. Restorative clinical supervision continued to be embedded through 150 supervisors, 35 Professional Nurse Advocates and 20 train-the-trainer participants, alongside nursing and midwifery preceptorship, flexible career pathways, lateral transfers, rotational posts and continued leadership development.

However, not all original ambitions have been fully achieved. A dedicated fit-for-purpose education facility has not been secured; uptake of restorative clinical supervision varies between divisions and protected time remains a barrier; self-rostering has demonstrated positive results through pilot sites but has not been implemented consistently; and there remains a need to strengthen systematic staff and applicant feedback.

The workforce position is also creating a new strategic challenge. Graduate nurse supply is now expected to exceed established vacancies from March 2026, while some individual areas remain difficult to recruit to. Future planning will therefore need to become increasingly targeted, matching workforce supply to areas of identified demand rather than focusing primarily on increasing overall recruitment.

The 2025/26 results should be understood within the wider three-year strategy: progress cannot be attributed to a single intervention, but to the combined contribution of Nursing and Midwifery, Workforce and Organisational Development, clinical divisions and education partners. Collectively, this has supported a transition from vacancy-driven recruitment towards a more coordinated model of workforce supply, development and retention. The strategic challenge is now to sustain these gains, retain the existing workforce and target recruitment and education pipelines to areas of greatest need.

The next step is to develop a refreshed Nursing and Midwifery Workforce Plan for 2026–2030 jointly with Workforce and Organisational Development colleagues, building on the collaborative delivery model that enabled the strategy's aims to be achieved.

- Successful initiatives will become business as usual, particularly grow-your-own pathways, talent pools, student streamlining, career and leadership development, preceptorship and professional support.



- Retention will remain a priority, supported by consistent access to restorative clinical supervision, flexible working, career development and evaluation of self-rostering.
- Workforce intelligence will be used to align recruitment and education pipelines more closely with projected vacancies and areas of greatest need, recognising that graduate supply is expected to exceed overall established Band 5 vacancies.
- Outstanding ambitions will be carried forward, including consideration of the need for a dedicated education facility and further development of the Nursing and Midwifery Education Strategy.
- The next phase of workforce planning will focus on long-term sustainability rather than vacancy reduction alone, with clear outcome measures for workforce supply, retention, development, staff experience and deployment.

Argymhelliad / Recommendations

The Committee is asked to note:

The substantial progress made against the ambitions of the 2023–2026 Nursing, Midwifery and SCPHN Workforce Strategy, including the significant improvement in the overall workforce position.

The development of a new workforce plan to sustain progress, maintain a right-sized workforce that supports the highest standards of care, and strengthen retention, professional development and staff experience.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Choose an item. Choose an item. Choose an item.
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 the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
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)	
	Is EIA Required and included with this paper
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.

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

NURSING, MIDWIFERY, SCPHN WORKFORCE ANNUAL REPORT 2025-2026





Executive summary



Overall strategy evaluation, 2023–2026

The evaluation shows progress across all five strategic themes, strengthening workforce supply and staff development and supporting a more sustainable workforce model. This provides a strong foundation for the next phase, with remaining local staffing gaps, variation in implementation and unmet ambitions guiding future priorities.

Evidence of progress, 2025/26

Lower vacancy levels

March 2026 vacancies: 54 WTE registered nurses and 80 WTE health care support workers, down from pre-strategy levels of 376 and 142 WTE respectively.

Stronger recruitment routes

ABUHB recruited 172 students and 57 international nurses. The HCSW Talent Pool filled 77.72 WTE during the year.

Investment in staff development

£400,838.94 supported post-registration academic education. The Leadership Academy welcomed 51 aspiring leaders across two cohorts.

Priorities for the next phase

Match recruitment to local demand

Graduate nurse supply exceeds available established vacancies from March 2026, while some areas remain under-recruited.

Make retention support consistent

Continue clinical supervision, preceptorship and flexible working, addressing variation in uptake and access to protected time.

Workforce planning & Development

A dedicated education facility remains an unmet ambition. Continued workforce planning and staff development remain priorities.

Workforce position: strategy launch and March 2026

Vacancies in whole-time equivalents (WTE)	Strategy launch 2023 baseline	Latest reported March 2026
Registered Nurses	≈376 7.8% vacancy rate	54
Health Care Support Workers	≈142 5.8% vacancy rate	80

Context at launch in 2023

Turnover was 7.59%, with an average of 27 registered nurses and 16 health care support workers leaving each month.

The original forecast for 2026 was 461 WTE vacancies, including 345 WTE in general adult nursing. This was a projection, not an actual vacancy count.



Strategic response, 2023–2026

ABUHB's Nursing, Midwifery and SCPHN Workforce Strategy combines recruitment and retention with career development and educational pathways to meet current and future care needs.

Support from the start of staff careers strengthens the ability to grow our own workforce. Branding, marketing, professional regulation and workforce innovation reinforce this approach.

Health Board-wide action and targeted local responses support staff throughout their careers and help ABUHB become an employer of choice.

The strategy was fully aligned to the CNO Wales Strategy, the ABUHB People Plan and IMTP 2022–2025.

RECRUITMENT AND WORKFORCE SUPPLY



2025/26 priorities: recruitment



Theme	Priorities	Progress in 2025/26	Next steps and constraints
Recruitment	Target hard-to-recruit roles and promote career progression. Review recruitment for flexible-route student nurses. Secure Gwent-based education provision to sustain the nursing student pipeline.	Rotational posts include hard-to-fill roles, helping newly qualified nurses broaden their experience and reducing reliance on variable pay. The Band 2 HCSW Talent Pool continues to support timely recruitment across the Health Board. Since launch, approximately 350 WTE have been appointed, saving an average of 25 days per campaign. Site Pool model for new recruits has been launched across the health board. A SOP has been developed to support implementation, and the model will be evaluated prior to the next streamlining cohort.	Continue to evaluate the site pool model Expansion of the Talent Pool to Band 3 is planned.

International nurse recruitment and retention

Recruitment of Internationally Educated Nurses (IENs) formed the basis of the strategy to reduce vacancies and reliance on variable pay, while improving patient care.

From recruitment through preparation for NMC registration and entry into clinical practice, dedicated teams welcomed and supported international colleagues. Established communities offered continuing pastoral support, including the “OSN Café”, which provides educational and social opportunities alongside help with settling into life in Wales. These networks offered colleagues ongoing support as they adjusted to their new surroundings and roles.

This comprehensive approach has contributed to high retention rates and reinforced ABUHB’s international standing as a preferred employer.











- ✓ Apr 2025/26 - 57 International Nurses recruited. This recruitment initiative has now concluded.
- ✓ A 100% overall OSCE pass rate was achieved: 86% passed on their first attempt and the remaining 14% all passed at 2nd attempt.

RCN King's Nursing Cadet Scheme



- An RCN learning programme, endorsed by HRH King Charles III, designed to develop young people's confidence, skills and awareness of nursing careers.
- ABUHB welcomed 52 Cadets across Cohorts 5 and 6 in 2025/26, delivered in partnership with RCN, Coleg Gwent and ABUHB.
- 88% of Cadets reported an improved perception of nursing.
- 18 Cadets progressed to ABUHB clinical placements through their Level 3 Health & Social Care programme, demonstrating the value of the ongoing partnership with Coleg Gwent.
- Early tracking shows progression into nursing and wider healthcare career pathways.
- Following the withdrawal of HEIW funding for the RCN Cadet Scheme, ABUHB, USW and Coleg Gwent have commissioned a 20-place Healthcare Cadet pilot, commencing in March 2027, to continue supporting young people into healthcare careers.

Cadet Feedback: A Testament to Collaboration and Commitment

Feedback from Cadets reflect the dedication of ABUHB nursing teams, PEF Team, workforce colleagues, and Education partners & RCN, whose joint efforts make the RCN Kings Nursing Cadet Scheme a success. Below are examples of the Cadet's expressed feedback from the 25/26 cohorts

"I enjoyed experiencing the different wards and having the chance to talk to professionals to gain a better understanding about the hospital."

"I enjoyed seeing how the nurses handled the patients needs and care .I also enjoyed speaking to the patients and seeing how each of them experienced the hospital setting differently and what their experiences were like"

RCN Healthcare Connect Programme



The RCN Healthcare Connect Programme is a structured “earn while you learn” initiative designed for individuals who have completed a Level 3 Health & Social Care qualification or Access to Nursing and are preparing to apply for a nursing degree.

ABUHB pioneered this programme in partnership with HEIW and Coleg Gwent, acting as both a clinical host and strategic partner. Connect students are employed within ABUHB on a six-month contract as HCSWs, gaining hands-on experience in patient care while completing tailored placements across diverse clinical environments. They receive structured mentorship and supervision from ABUHB nursing staff, ensuring a supportive learning experience.

The programme aligns with ABUHB’s strategic workforce goals to grow the local nursing workforce, promote inclusive recruitment, and strengthen community engagement.

The table below shows the number of Connect students and their outcomes following completion of the six-month programme. A significant proportion have subsequently gained employment as HCSWs within ABUHB, providing an opportunity to progress through flexible routes into nursing

YEAR	RCN Healthcare Connect Programme Numbers	Recruited as HCSW in ABUHB	Progressed to Nursing Programmes
2024/25	18	10	2
2025/26	7	5	2 (1 USW/ 1 Bristol)

Future Nurse Academy



The Future Nurse Academy enables ABUHB staff to enter Registered Nurse education through accessible, supported academic pathways.

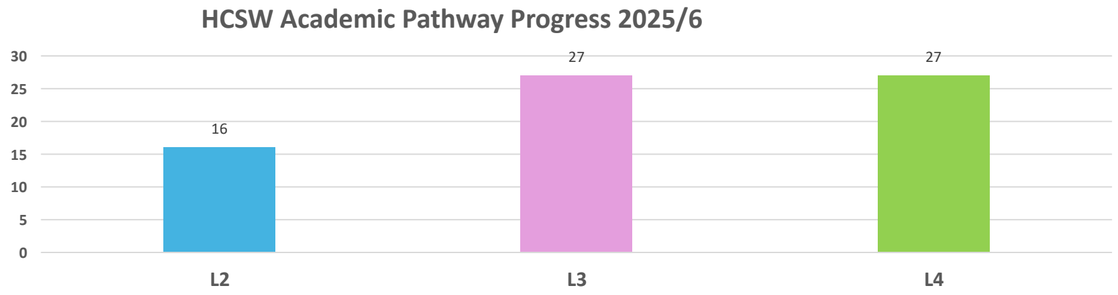
Its "Earn as You Learn" model combines employment with study, reducing barriers to career progression and strengthening the future nursing workforce. Flexible pathways support staff at different career stages and the Health Board's commitment to developing and retaining nursing talent within its existing workforce.

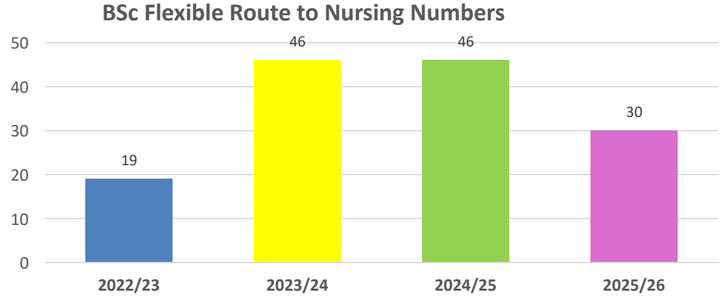
- All newly appointed HCSWs complete the All Wales Level 2 HCSW Induction Programme, with opportunities to gain full Level 2 and Level 3 qualifications.
- With the University of South Wales and Grŵp Llandrillo Menai, ABUHB supports HCSWs to achieve a Level 4 Certificate in Higher Education and progress into Assistant Practitioner roles and pre-registration nursing courses.
- The Level 4 Cert HE is academically equivalent to the first year of a Nursing BSc. It offers a flexible 'Earn as You Learn' route to registration, supporting ABUHB's 'grow our own' strategy.

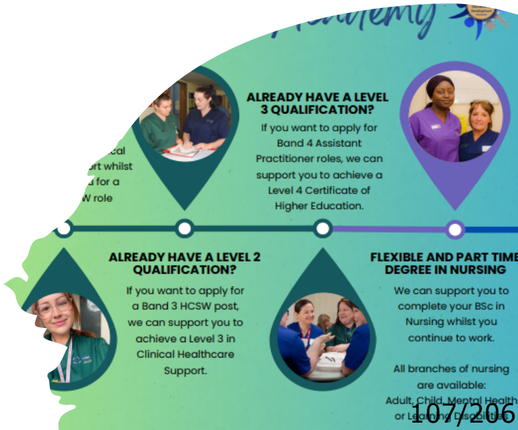
The chart shows staff studying at Levels 2, 3 and 4.

Flexible pathway to a Nursing BSc

- Partnerships with HEIW and Higher Education Institutions allow ABUHB HCSWs to study for a BSc Nursing while remaining employed.
- Through 'Earn as You Learn', staff combine academic study with continuing clinical experience within ABUHB.
- On registration, participants move into Registered Nurse posts in their sponsoring divisions, supporting career development, retention and a sustainable workforce.







Student Learning and Education in Practice



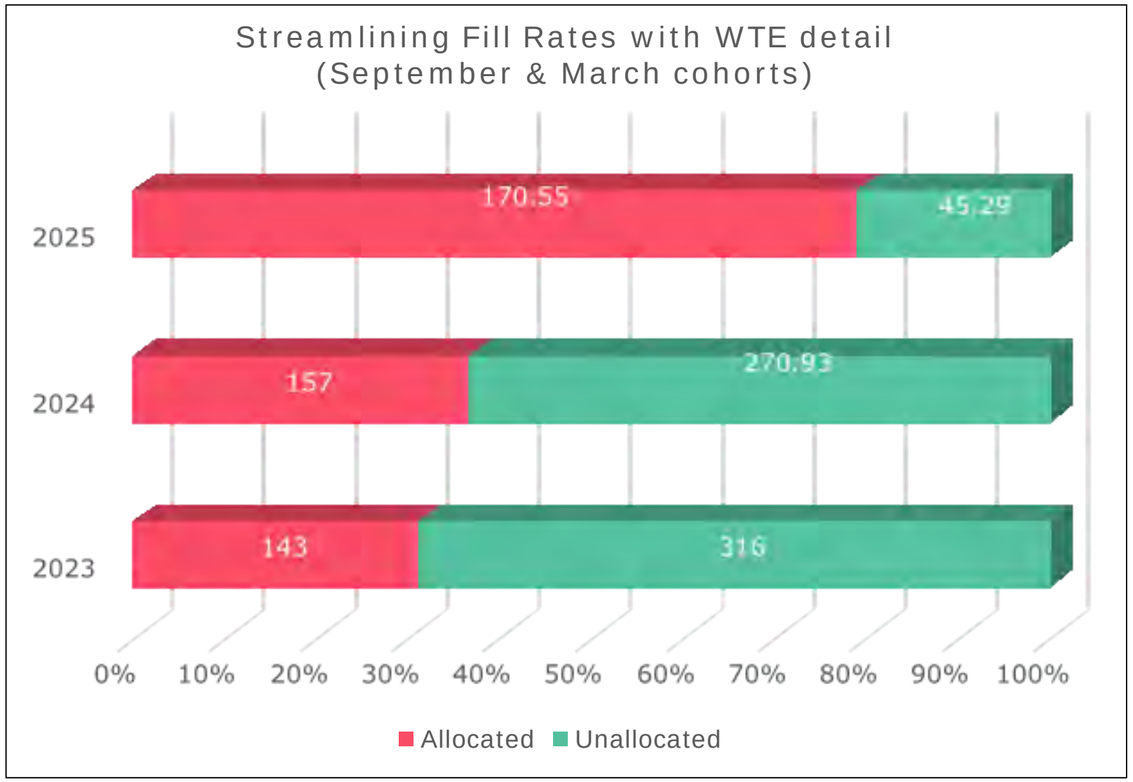
- ABUHB partners with the University of South Wales, Cardiff University and the Open University to offer inclusive, high-quality learning environments that help students fulfil their potential and become confident, competent registrants.
- The Practice Education Facilitator (PEF) Team supports practice learning across the Health Board. It develops Practice Supervisors and Practice Assessors, improves placement learning environments and enhances student experience to encourage future employment within ABUHB.
- In 2025/26, the PEF team provided face-to-face welcome sessions for all students, introduced the ‘Check In, Leave Well’ reflective support programme and launched a Practice Learning Newsletter. It also hosted a Practice Supervisor and Practice Assessor Conference and continued ‘Proud to Nurse, Proud to Nominate’, recognising excellence through student-led nominations and feedback.
- The ABUHB Midwifery PEF presented at a national midwifery conference on collaborative working with partner universities and Cardiff and Vale University Health Board in relation to Practice Supervisor and Practice Assessor education. The ABUHB PEF Team and Cardiff University also hosted international visiting students from Grenada for placements within ABUHB. Feedback was positive, with students valuing their experience of nursing and midwifery care within the Health Board

Student recruitment and transition to employment



Student Streamlining

The Student Streamlining Process is a national programme designed to match student health professionals to positions within NHS Wales Health Boards and Trusts as they approach the completion of their studies. This ensures a smooth transition from education into employment and supports workforce planning across the system.





In 2025/26, ABUHB recruited 172 students and improved nursing cohort streamlining fill rates. The strategy's ambition helped almost eradicate Band 5 Registered Nurse vacancies by the end of the reporting period.

Effective workforce planning and recruitment have strengthened ABUHB's ability to meet future staffing needs. However, new graduate nurse supply exceeds available established vacancies from March 2026. This position is expected to continue for the foreseeable future if turnover remains low.

ABUHB will use workforce information to monitor projected vacancies and decide when to freeze or unfreeze Band 5 vacancies during the year, supporting newly qualified nurses into employment.

HCSW Talent Pool



A dedicated Talent Pool for HCSWs has been established to support more efficient recruitment and ensure a ready supply of pre-assessed candidates. Appointing directly from the Talent Pool can save up to 25 days by removing the need for repeated advertising, shortlisting, and interview processes.

Key Outcomes:

1. **Reduced Time to Hire**
   Vacancies can be filled more quickly, supporting safe staffing levels across clinical areas.

2. **Lower Temporary Staffing Costs**
   Earlier substantive appointments reduce reliance on bank and agency workers, delivering financial efficiencies.

3. **Improved Patient Care**
   A more stable HCSW workforce contributes to consistency, team stability, and better patient experience.

4. **Better Candidate Experience**
   Streamlined processes and quicker decisions help position the organisation as an employer of choice.

The Talent Pool provides a more efficient recruitment route that supports both operational and clinical priorities. In 2024/25, 61% of HCSW band 2 vacancies were filled from the Talent Pool, saving 2,684 days.

We have recruited the following from Talent Pool between April 2025 and March 2026:

Division	Vacancies (WTE)	Filled (WTE)	% filled	Days saved
Medicine	55.88	50.16	90%	1254
Mental Health	5	4	80%	100
PCC	14.56	12.96	89%	324
Surgery	8.76	7.96	91%	199
Urgent Care	2	2	100%	50
Grand Total	86.84	77.72	89%	1,943

Up to 25 days can be saved if appointing from the Talent Pool, saving time taken for advertising, shortlisting and interview. Where a vacancy would otherwise have been filled through agency staffing, use of the Talent Pool could save more than £170 per 12-hour shift.

DEVELOPMENT AND RETENTION







2025/26 priorities: development and retention



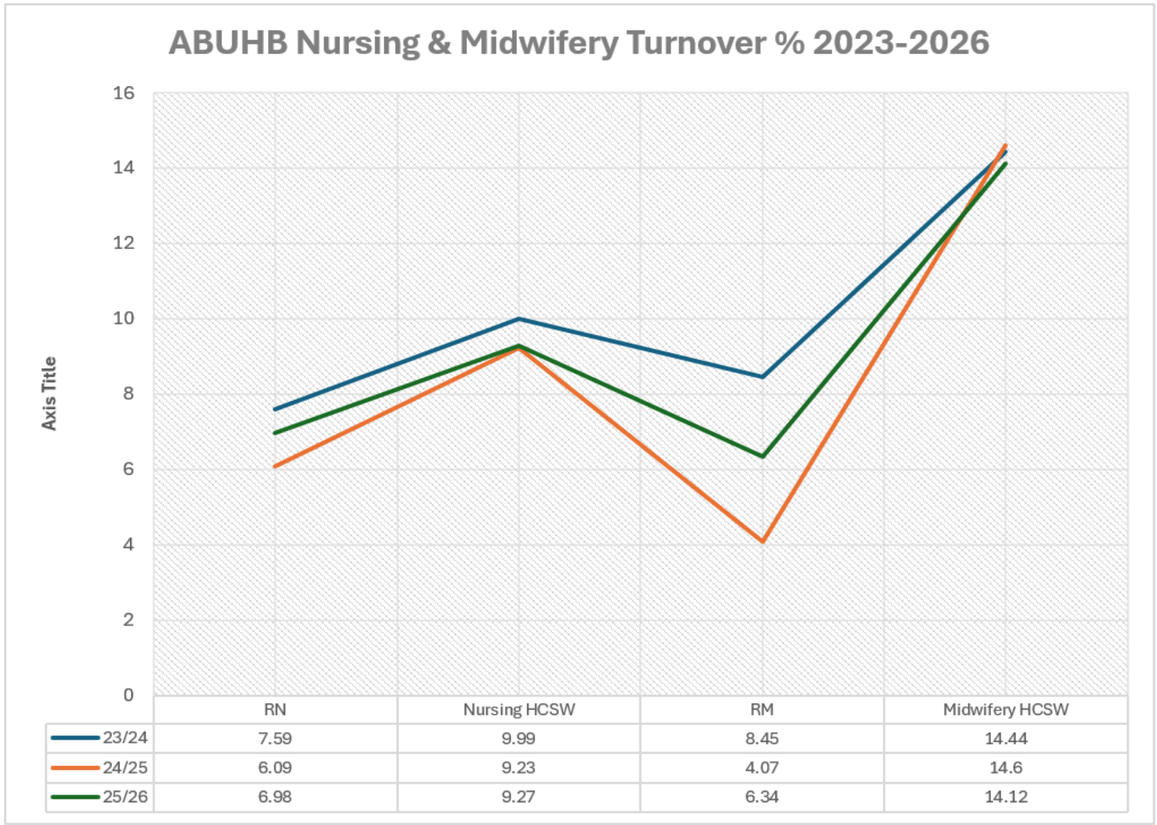
Theme	Priorities	Progress in 2025/26	Next steps and constraints
Career development and education	Develop nurse-led services and integrate frameworks. Secure an education facility. Strengthen leadership at all levels.	Enhanced, Advanced and Consultant Practice roles have grown year on year. LEAD*6 established, with two cohorts completed and a third scheduled for 2026/27. No progress on securing an education facility.	Discussions underway on a Band 5 nursing and midwifery leadership Programme. Develop a Nurse & Midwifery Education Strategy
Retention	Implement supervision recommendations and strengthen preceptorship. Embed restorative clinical supervision (RCS). Expand self-rostering and flexible working. Support lateral moves and rotational posts.	RCS launched with central resources. Digital oversight and reporting tools are in development. JOE nursing and PROMPT midwifery preceptorship programmes include RCS, offered to all newly qualified staff. Lateral transfers launched in January 2026: 9 staff placed and 33 applications awaiting vacancies. MHLD introduced rotational posts for 10 nurses	RCS progress compares favourably with Wales, but uptake varies and protected time remains a barrier. Lateral Transfer Scheme supports access to preferred locations and development opportunities while releasing entry-level posts, Continue to support and evaluate the scheme. Self-rostering pilot completed successfully but demonstrated increased workload for managers. Pilot remains live on rostering. Rotations combine attractive and hard-to-fill roles to broaden skills and reduce reliance on variable pay. Feedback on the first of four placements is planned.

Retention and workforce stability



Retaining experienced nurses is essential to delivering safe, high-quality care and reducing workforce pressures. In alignment with the Wales Nurse Retention Plan, ABUHB has a tailored group to address retention and has adopted a proactive approach that prioritises creating a positive working environment, supporting career development and promoting staff wellbeing. Key actions include embedding restorative clinical supervision, expanding flexible career pathways through initiatives such as the *Future Nurse Academy*, introducing rotational opportunities and facilitating ease of movement within the organisation (lateral moves) and strengthening leadership development at all levels. These measures reflect national priorities to improve retention through engagement, recognition and professional growth—ensuring nurses feel valued and supported throughout their careers.

As a result of these outlined measures, ABUHB has achieved a significant reduction in workforce turnover among registered nursing and midwifery staff, contributing to improved stability and continuity of care.



	RN	Nursing HCSW	RM	Midwifery HCSW
23/24	7.59	9.99	8.45	14.44
24/25	6.09	9.23	4.07	14.6
25/26	6.98	9.27	6.34	14.12

Continuing professional development



Continuing professional development (CPD) is central to a nurse and midwife's lifelong learning and is essential for maintaining up-to-date knowledge and skills. ABUHB is committed to lifelong learning and the development of our workforce. Formal and informal opportunities exist for development including investment in academic courses.

In 2025/26 we allocated a total of more than £400,000 to post registration academic education

Division	Budget Spend	IP/NMP Spend	Advanced Practice	TOTAL
PCC	£15,190.00	£19,398.00	£85,182.00	**£119,770.00**
Corporate	£11,780.00		£5,150.00	**£16,930.00**
F&T	£28,889.00	£2,183.00	£2,982.00	**£34,054.00**
Midwifery	£22,860.00		£2,400.00	**£25,260.00**
Surgery	£36,912.00	£18,474.00	£19,450.00	**£74,836.00**
CSS	£24,162.94	£2,183.00	£3,000.00	**£29,345.94**
Medicine	£43,156.00	£17,780.00	£15,587.00	**£76,523.00**
Urgent Care	£8,300.00			**£8,300.00**
MHLD	£1,667.00	£13,098.00	£1,055.00	**£15,820.00**
	£192,916.94	**£73,116.00**	**£134,806.00**	**£400,838.94**

This spend was attributed to:
Prescribing: 31 nurses/midwives
MSc Advanced Practice: 69 nurses/midwives
MSc Professional Practice: 45 nurses/midwives
MSc Leadership: 9 nurses/midwives
Other miscellaneous MSc programmes: 8 nurses/midwives, supporting development needs directly aligned to service delivery.

Individual L7 modules were undertaken in clinical assessment, coaching, critical care, breastfeeding, aromatherapy for childbirth, neonatal HDU/ITU to meet service demand & patient needs

Continuing Professional Development



Sage & Thyme

A recognised and supported communication skills intervention within the Health Board, particularly aligned to compassionate care, end of life care, emotional support and difficult conversations. It is not currently a mandatory training requirement, but it is actively promoted as good practice and forms part of the Health Board's wider commitment to person-centred care and professional development

In 2025/26, 155 Nurses and Midwives successfully completed Sage & Thyme training.

- Participants report increased confidence in managing conversations with distressed individuals, using a structured approach that promotes empathy and clarity.

Restorative Clinical Supervision (RCS)

RCS provision continues to be embedded across the organisation, supported by 150 RCS supervisors, 35 Professional Nurse Advocates and 20 Train the Trainer participants. Governance is now incorporated into existing professional assurance arrangements, with a dashboard in development to monitor provision and attendance against Welsh Government key metrics.

Professional Conferences, 2025/26



The 2026 Annual Nursing, Midwifery and Specialist Community Public Health Nursing Conference launched the Professional Plan 2026–2030. Building on previous years, it showcased the Plan's ambitions and divisional projects and initiatives already supporting them.

Bevan's Den, a fireside chat with the Executive Director of Nursing and a Rock Choir performance received high ratings for their inspirational and motivational impact.

The conference welcomed 360 in-person attendees. Its marketplace featured 13 teams and services, showcasing projects including EPMA, Accreditation and Research Champions.

Feedback was overwhelmingly positive: 99% of participants would recommend the conference to a colleague, highlighting its value for professional development, shared learning, celebration and networking.

The inaugural Assistant Practitioner Conference brought together over 75 participants under the theme "Celebrate and Collaborate". The event was highly successful and well-received, reflecting the growing importance and contribution of this vital segment of the nursing workforce.



Nursing and midwifery leadership development

Nursing & Midwifery Leadership Academy

The Nursing and Midwifery Leadership Academy has continued to grow in strength, providing a dedicated space for developing professional and compassionate leadership. Designed specifically for nurses and midwives, the Academy welcomed two cohorts (51 aspiring leaders) during this reporting period.

Many graduates have successfully progressed into promoted roles (28% of Alumni), demonstrating the impact of this investment. All graduates join an Alumni network, meeting quarterly to continue their leadership journey. The programme was presented at the CNO Conference this year and has attracted interest from other Health Boards, highlighting its reputation as a model of best practice.



Journey of Excellence (JOE) Programme

The enhanced JOE programme incorporates compassionate leadership from the outset, supporting newly registered nurses to build confidence, develop professionally and begin their leadership journey early.

LEAD*6

LEAD*6 was piloted within Surgery to strengthen Band 6 leadership at clinical level. Following its success, a dedicated faculty was established, and the programme now runs twice yearly, supporting up to 50 aspiring leaders across ABUHB each year and embedding leadership, empowerment and excellence across clinical teams.

Workforce progress in 2025/26



There has been significant advancement in several key domains, notably recruitment effectiveness, candidate experience, branding and marketing, career development, education, professional development, and staff retention. These areas have collectively contributed to improvements in the overall workforce strategy.

Nursing workforce turnover has reduced as outlined in this report and the vacancy position for March 2026 stands at:

- RN: 54 WTE (155.88 WTE in April 2025)
- RM: 11 over established by 23 WTE (over established 23 WTE vacancies in April 2025)
- HCSW: 80 WTE (80 WTE in April 2025)

Projected that there will be 0 vacancies within RN / RM from March 2026 – however there will remain areas that are under recruited – plans in progress to address this.

These outcomes are the result of strong and effective collaboration, working together to ensure every opportunity is taken to maximise recruitment, retention and provide a positive experience for staff across the Nursing, Midwifery, and SCPHN workforce.

STRATEGY EVALUATION
2023–2026
Nursing, midwifery and SCPHN workforce



Strategy evaluation: scope and approach



The Nursing, Midwifery and SCPHN Workforce Strategy 2023-2026 was developed in response to significant workforce challenges and set out a range of actions across recruitment effectiveness, recruitment experience, brand and marketing, career development and educational opportunities, and retention.

This end of strategy review provides a high-level assessment of progress against the 5 original strategic themes and identifies areas that should be sustained or carried forward into future workforce planning.

Workforce position after three years



The overall workforce position should be considered alongside the range of recruitment, development and retention interventions delivered during the strategy period.

While improvements cannot be attributed to any single intervention, the combined approach has contributed to a more coordinated and sustainable model of workforce planning and supply.

Measure	2023	2026	Change
RN vacancy WTE / %	376 / 7.8%	54 / 1.2%	Decrease
HCSW vacancy WTE / %	142 / 5.8%	80 / 3.88%	Decrease
RN turnover %	7.59%	6.98%	Decrease
Midwifery Turnover %	8.45%	6.17%	Decrease
HCSW turnover %	9.99%	9.27%	Decrease
Agency use WTE	237WTE	106WTE	Decrease
Substantive workforce / establishment	3804 WTE/ 4180 WTE	4243 WTE/ 4297 WTE	Increase

1. Recruitment effectiveness



Substantial progress has been made in developing a more coordinated and diverse approach to workforce supply. Annual recruitment planning supported by workforce information data has helped plan projected vacancies to inform requirements for international recruitment, student streamlining and the development of local "grow our own" pathways.

The Internal Lateral Transfer Scheme and Rotational Posts have supported hard-to-fill areas to reduce reliance on variable pay.

The Future Nurse Academy, flexible route, RCN Healthcare Connect and Nursing Cadets have strengthened routes into nursing, while leadership and career development programmes have supported progression within the existing workforce.

Action	RAG
Develop an annual recruitment plan	
Investment in internationally trained nurses	
Recruit to the Future Nurse and Midwifery Academy	
Develop succession and career planning	

2. Recruitment experience



Recruitment processes have evolved considerably throughout the strategy period with greater use of centralised recruitment, talent pools, community engagement in outlying areas and streamlined recruitment routes.

The HCSW Talent Pool represents a significant development in supporting more timely recruitment.

Recruitment performance monitoring and support for recruiting managers have also progressed.
The average time to hire has reduced from 120 days to approximately 60 days, exceeding the target of 71 days.

Action	RAG
Refreshed recruitment information and training	
Talent Pools	
Community Engagement	
Streamlined processes	
Recruitment KPIs	
Continued development of Recruitment Team	

3. Brand and marketing



Throughout the strategy period, standardising recruitment materials and branding has increased the visibility of nursing and midwifery careers through social media, schools, colleges and careers events, alongside strengthened partnership working.

Relationships with education and community partners have become an important component of workforce attraction and the development of local workforce pipelines.

There is ongoing work to better capture applicant and manager feedback on the recruitment process.

Action	RAG
Standardising the brand	
Increasing Community Visibility	
Reviewing Staff Engagement/Feedback	
Reviewing Advertising Platforms	

4. Career development and education



Significant progress has been made in establishing clearer development and career opportunities across the workforce. The Future Nurse Academy provides progression towards registration, while leadership development, CPD, restorative clinical supervision and enhanced, advanced and consultant practice developments have strengthened opportunities beyond registration. While educational opportunities have continued to develop, the ambition to secure a dedicated, fit-for-purpose education facility has not been achieved and remains an area for future consideration.

Action	RAG
Review opportunities for CNS, advanced practice and consultant roles	
Secure a fit-for-purpose education facility	
Develop clear and ambitious career pathways	
Increase professional support and development.	

5. Retention



Retention has received increasing focus throughout the strategy period, moving beyond individual interventions towards a broader approach encompassing professional support, career development and staff experience. Exit questionnaires, restorative clinical supervision, preceptorship, flexible working approaches and self-rostering have progressed to varying degrees. Retention should remain an ongoing priority, with continued focus required on consistent implementation and understanding the factors that influence staff to stay within ABUHB.

Action	RAG
Exit questionnaires	
Self rostering	
Retire and return	
Increased professional support and development	
Flexible working	

Conclusions and future workforce planning



Overall, the 2023-2026 strategy has delivered substantial progress against its original ambitions, with evidence of improvement across workforce supply, recruitment, retention, career development and workforce pipeline. The three-year period has seen a shift from reliance on individual recruitment interventions towards a more sustainable workforce model encompassing grow-your-own pathways, international recruitment, streamlined entry to employment, structured career development and enhanced professional support.

Collective efforts across ABUHB have delivered substantial progress, reducing Registered Nurse vacancies to zero after March 2026. Building on this achievement, the next step is to develop a workforce plan for 2026-2030 that sustains staffing levels and supports continuing professional development, enabling staff to grow and meet future service needs.

GIG CYMRU NHS WALES – 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:**	20 October 2026
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Volunteer Annual Report 2025-2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tanya Strange, Head of Nursing Kathryn Thomas, Senior Programme Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Assurance to Quality Management Group prior to presentation at the People and Culture Committee

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation Volunteering remains a key component of person-centred care across Aneurin Bevan University Health Board. During 2025/26, volunteers supported patients, families, carers and staff across a wide range of hospital and community settings. The service has continued to expand and evolve, responding to emerging need through new volunteer roles, strengthened partnerships and increased community engagement. The purpose of this paper is to present the Volunteer Annual Report 2025-2026 which outlines the contribution, impact and achievements of volunteering across

Aneurin Bevan University Health Board during the past year. The report demonstrates how volunteers continue to enhance patient experience, strengthen communities, support staff and contribute to delivery of the Health Board's strategic objectives and the Gwent 35 vision.

Cefndir / Background

Volunteering has long been part of the fabric of Aneurin Bevan University Health Board, making a significant contribution to patient experience, community wellbeing and compassionate care. What began predominantly as a hospital-based volunteering model has evolved into a broad and integrated network of support operating across both healthcare settings and local communities. Today, volunteers are engaged across acute services, community services, research, cancer care, dementia care, bereavement support, chaplaincy and preventative wellbeing initiatives, reflecting the changing needs of the population and the Health Board's strategic direction.

A significant milestone is approaching, with the Health Board's Ffrind i Mi programme nearing its tenth year of operation. Over the past decade, Ffrind i Mi has developed into a recognised community asset, connecting people, reducing loneliness and social isolation, strengthening community resilience and helping individuals remain active and connected within their local communities. Together with Health Board volunteering services, the programme demonstrates the power of volunteering to improve lives, build social capital and support wellbeing beyond traditional healthcare environments.

This annual report highlights the breadth of volunteer contribution across the organisation and demonstrates how volunteering supports delivery of the Health Board's strategic objectives and the Gwent 35 vision. Volunteers play a vital role in promoting prevention, reducing inequalities, strengthening communities, improving patient experience and supporting person-centred care closer to home. Their contribution represents a significant social value asset for the organisation and the communities it serves.

Asesiad / Assessment

The Annual Report provides strong evidence that volunteering is a strategic asset for Aneurin Bevan University Health Board, delivering measurable benefits for patients, families, staff and communities whilst supporting delivery of the Health Board's person-centred care ambitions and the Gwent 35 agenda. The breadth, diversity and impact of volunteering has continued to grow, with volunteers now making a meaningful contribution across hospital, community and preventative services.

Key achievements during 2025/26 include:

- More than 11,000 volunteer hours delivered in support of patients, families, carers and staff across the Health Board.

- Direct engagement of over 600 volunteers, supported by a growing network of voluntary sector, community and educational partners.
- Expansion of volunteering into additional clinical and community settings, increasing access to support closer to home and strengthening community resilience.
- Development of a more diverse volunteer workforce, with volunteers speaking 41 languages, including Welsh and British Sign Language, improving accessibility and inclusion for local communities.
- Delivery of 57 bespoke training sessions and a comprehensive volunteer development programme, ensuring volunteers are equipped to deliver safe, compassionate and effective support.
- Introduction of five new specialist volunteer roles during the year, responding directly to emerging patient, service and community needs. These included support for veterans, sensory wellbeing, breastfeeding services and carers.

The report also demonstrates the growing contribution of volunteering to workforce development. Many volunteers use their experience as a pathway into education, employment and healthcare careers, gaining confidence, skills and practical experience whilst simultaneously supporting patients and services. This creates value both for individuals and for the wider workforce pipeline.

A particular strength of the volunteering programme is the development of highly specialised roles which provide support that complements clinical care and enhances patient experience.

Notable examples include:

- End of Life and Bereavement Companions, who provide emotional support, companionship and a compassionate presence for patients approaching the end of life and for families experiencing grief and bereavement. These volunteers make a significant contribution to the Health Board's commitment to compassionate care and the delivery of the GRACE End of Life and Bereavement Model.
- Dementia Companions, who support people living with dementia through meaningful engagement, reminiscence activities, companionship and social interaction, helping to reduce distress and improve wellbeing for patients and families.
- Cancer Support Volunteers, who provide practical and emotional support across cancer services, helping people navigate treatment and reducing anxiety during vulnerable periods of care.
- Research Champions, who are helping to make research more accessible and inclusive, encouraging participation and strengthening links between local communities and research opportunities.

- Chaplaincy Service Volunteers, providing compassionate listening and emotional support to patients, families and staff, complementing the wider spiritual care service.
- Partnerships with organisations including Blood Bikes, League of Friends groups, Velindre, Sparkle and Ffrind i Mi, demonstrating the wider social value generated through volunteering and community collaboration.

The report demonstrates clear alignment with the Health Board's strategic objectives and Gwent 35 by:

- Improving patient experience and compassionate care.
- Supporting prevention, wellbeing and healthy communities.
- Reducing loneliness and social isolation.
- Strengthening community resilience and social connectedness.
- Reducing inequalities and improving inclusion.
- Supporting staff wellbeing and enhancing workforce culture.
- Creating opportunities for education, employment and future careers.
- Building stronger partnerships between statutory, voluntary and community sectors.

Risks and Considerations

Whilst the report demonstrates a successful and growing volunteering programme, several key risks require ongoing management to ensure long-term sustainability:

- Maintaining volunteer recruitment and retention in line with increasing service demand.
- Ensuring volunteers continue to reflect the diverse communities served by the Health Board.
- Providing appropriate training, support and governance arrangements as volunteer roles develop and expand.
- Sustaining strong third-sector and community partnerships which underpin many volunteer programmes.
- Ensuring volunteering remains embedded within service transformation, prevention and community-based models of care.

These risks are currently being managed through proactive recruitment, volunteer development, partnership working and regular review of service impact and outcomes. The service is focused on maximising existing resources and strengthening collaborative approaches to deliver sustainable improvement.

Argymhelliad / Recommendation

Recommendation

People and Culture Committee is asked to:

1. RECEIVE AND NOTE the Volunteer Services Annual Report 2025/26 and the substantial contribution volunteers make to patients, families, communities and staff.
2. RECOGNISE volunteering as a strategic enabler of Gwent 35, supporting prevention, community resilience, person-centred care and improved patient experience.
3. ENDORSE the Volunteer Service priorities for 2026/27, which include:

    - Growing and diversifying volunteer opportunities.
    - Increasing community engagement and social value.
    - Strengthening alignment with Gwent 35 and prevention priorities.
    - Expanding innovative volunteer roles that respond to emerging need.
    - Improving accessibility, inclusion and representation.
    - Strengthening evidence of impact through outcome measurement and lived experience.

4. SUPPORT the continued integration of volunteering within service planning, transformation and improvement programmes, recognising volunteers as a valuable community asset that contributes to better health, better care and better lives.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 6.3 Listening and Learning from Feedback

	6.1 Planning Care to Promote Independence 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers 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 Choose an item. Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	

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)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. 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/	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 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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Grace
Because people experience matters

ffrind i mi friend of mine ®

Aneurin Bevan University Health Board
Volunteer Annual Report 2025/26

April 2025 to March 2026







Making a Difference Together

- Compassionate Care
- Stronger Communities
- Valuing Experience
- Inclusive Together
- Making a Difference

Executive Summary



Jennifer Winslade
Executive Director of Nursing

This year, our volunteers once again made an extraordinary contribution. The Ffrind i Mi volunteers dedicated over **11,243** hours of their time, continuing to strengthen the support we offer to patients, families, and staff. We also welcomed **181** new volunteers into our community, each bringing their unique skills, experiences and kindness.

WELCOMING AND SUPPORTING

Our Welcomer volunteers provided essential signposting support to **over 10,625** patients, families, and visitors, offering reassurance, guidance, and a friendly presence at moments that matter. The diversity of our volunteer community continues to grow, with individuals collectively speaking **41** languages, including Welsh and British Sign Language, helping us deliver inclusive and person-centred care.

MAKING A DIFFERENCE TOGETHER

This year saw the introduction of **5** new volunteer roles, co-designed with patients, staff, and volunteers to ensure they meet real needs across our services. Our Volunteer to Career programme continues to flourish, supporting **27** volunteers into paid roles demonstrating our commitment to widening access, developing talent, and creating meaningful pathways into employment.

CONFIDENCE, SKILLS AND IMPACT

Volunteers are equipped with the **confidence and skills** to make a positive impact across a wide range of settings from hospital befriending and community outreach to care home support and telephone companionship.

These achievements, alongside **strong partnerships** and deepening community engagement, have enriched patient experience and strengthened the vital connection between our Health Board and the communities we serve.

COMPASSION AND DEDICATION

I remain deeply inspired by the **compassion and dedication** shown by our volunteers. Their presence brings comfort, dignity, and hope to those in our care and they continue to be an indispensable part of our team. Together, we will keep nurturing and growing this exceptional community of care.

THANK YOU

On behalf of the Health Board, I extend my **heartfelt thanks** to every volunteer, whether supporting in our hospitals or out in the community, for giving your time, energy and compassion. Your contribution makes a profound difference every day. Whether offering a listening ear, providing comfort during difficult moments or simply sharing a warm smile, you embody the values we hold dear and help make people's experience better. Thank you.

How Volunteer Services Supports Gwent 35

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Volunteers are at the heart of our communities and a vital part of delivering our strategy **Better Health**, **Better Care**, **Better Lives** for the people of Gwent.



STRATEGIC PRIORITY	HOW VOLUNTEERS CONTRIBUTE
BETTER HEALTH Improving population health and preventing ill health	• Volunteers reduce loneliness and social isolation, support healthy ageing, encourage community connections and champion wellbeing in our communities.
BETTER CARE Delivering high quality, person-centred, safe and effective care	• Volunteers improve patient experience, provide practical and emotional support, support dementia-friendly care, end of life services and help people navigate health and care services.
BETTER LIVES Supporting wellbeing, independence and community resilience	• Volunteers help people remain connected to their communities, support carers and bereaved families, strengthen community resilience and promote inclusion and belonging.
REDUCING INEQUALITIES Building a fairer, more inclusive Gwent	• Volunteers reach vulnerable and seldom heard groups, support accessible communication initiatives and help amplify lived experience voices through People Participation Panels.
PREVENTION & COMMUNITY WELLBEING Keeping people well and sustaining communities	• Befriending, hospital-to-home support, dementia initiatives and community volunteering help prevent deterioration, promote early help and reduce demand on services.
WORKFORCE & CULTURE Valuing people and working together	• Volunteers complement staff teams, enhance compassionate care and strengthen ABUHB's culture of kindness, respect and person-centred care.



Volunteers are not an add-on to healthcare delivery.
They are a strategic asset, helping Aneurin Bevan University Health Board achieve its ambitions for **Better Health**, **Better Care** and **Better Lives** by strengthening communities, improving experiences and supporting people to live well.

Thank you Volunteers!

The Value and Impact of Volunteering

Volunteering remains an integral part of care across Aneurin Bevan University Health Board, making a **meaningful difference** to patients, families, staff, and wider communities. Through their generosity of time, compassion, and lived experience, volunteers contribute to creating supportive environments at some of life's most important moments.

Across our services, volunteers take on a **wide range of roles**, from welcoming and guiding people through hospital settings, to offering companionship on wards, providing telephone befriending, and helping individuals access support such as PALS. In doing so, they consistently:

- Enhance the overall **experience of care**
- Help to **ease feelings** of anxiety, loneliness, and uncertainty
- Offer practical, **person-centred support** with warmth and empathy
- Provide **valuable perspectives** that inform service improvement and future development



Volunteering Across the Life Course

Making a difference. Every day.



HERE TO HELP
Supporting our community



A WARM WELCOME
Kindness in action



TOGETHER WE MAKE A DIFFERENCE
Celebrating and recognising our amazing volunteers

COMPLEMENTING OUR WORKFORCE

Volunteers are a vital extension of our workforce, **complementing** the work of staff and strengthening our ability to deliver safe, compassionate, and person-centred care.

REFLECTING OUR HEALTH BOARD VALUES

Their contribution reflects and reinforces our **Health Board's values**, with many acting as champions for inclusion, kindness, and community wellbeing.

A LIFE COURSE APPROACH

Our volunteering programme is underpinned by a **life course approach**, ensuring opportunities are accessible, flexible, and meaningful for people at every stage of life.

CONNECTED AND PURPOSEFUL

Whether supporting young people to gain experience or enabling individuals in later life to stay **connected and purposeful**, we are committed to creating inclusive roles that recognise individual strengths.

BROADENING ACCESS

We continue to **broaden access**, proactively engaging with underrepresented groups and providing tailored support and reasonable adjustments to enable participation.

KINDNESS in everything we do | **INCLUSION** for everyone | **COMPASSION** at our core | **TOGETHER** stronger communities

"Thank you to all our incredible volunteers!"

Directly Engaged Volunteers and Partner Support

Currently, **293 directly engaged volunteers** support the Health Board, with many more contributing through valued partnerships with third sector organisations.

Over the past year, **600 volunteers**, plus **78 pharmacy students** have supported the Ffrind i Mi volunteering service.

In addition, those who are engaged by **our partners** for example Age Cymru, League of Friends, Blood Bikes, British Red Cross, Sparkle, have made an invaluable contribution across our sites, providing both practical support and emotional care within busy healthcare environments.

Together, our volunteers and partners make an *extraordinary difference* every day.



OUR VOLUNTEER IMPACT 2025/26

1. Our volunteers have provided over **11,243** unpaid volunteer hours, with a total of over **32,014 hours** (since we started collecting data). This equates to **16 WTE hours.**

2. Our Welcomer volunteers at NHH, YYF and RGH have supported over **10,625** people.

3. 
We supported call outs for **Therapy Dogs** to visit patients on the wards, staff wellbeing events and Oversees Nursing event.

4. We have **48** Community and **Telephone Befrienders** supporting **66 people**, mostly on a weekly basis across the five Boroughs.

5. We have **40** Dementia Companions and **48** End of Life Companions.

6. We have supported over **484** volunteer inductions an increase of **7.6%** on last year.

7. Over **27** volunteers have gained paid employment.

8. We have supported the induction of **17** volunteers into **13** Care Homes across Gwent, an increase of **8** care homes compared to last year.

9. We have almost trebled our experts by experience volunteers from **20** to **58**, covering Mental Health, Cancer, Neuro and Breastfeeding.

10. We have provided **57** training sessions for volunteers, which has seen **388** attendees.

11. We now have **211** Hospital based Befrienders.

12. As part of **Volunteers Week celebrations**, we visited **8** Hospital sites and met with over **100** volunteers, almost double from last year.

13. We have attended **35** volunteer promotion events across the geographical area.

14. Through our partnership with Cardiff University, over **78 pharmacy students** have gained patient experience volunteering opportunities.

15. Listening to patients, staff and volunteers, we have created **2 new** volunteer role profiles during **2025/26.**

16. We have received over **229** referrals for **Home** visits or **Telephone** calls for this period.

17. We have delivered **12 Catch Up Corners,** previously known as Wellbeing Sessions with over **62** volunteers attending a mixture of face to face sessions and Microsoft Teams.

18. We have supported over **45** referrals for End of Life or loneliness on our wards, over **20** more than last year mainly referred to us from **Chaplaincy Team** or **PALS.**

19. **VOLUNTEER HOURS**

67 completed 30 hours	5 completed 500 hours
36 completed 50 hours	5 completed 600 hours
19 completed 100 hours	3 completed 700 hours
10 completed 200 hours	2 completed 800 hours
11 completed 300 hours	2 completed 900 hours
3 completed 400 hours	2 completed 1000 hours

81 more certificates sent out this year!

20. In **2025**, the Volunteer Service were recognised at the Health Board **Staff Recognition Awards.** In addition, our **Wellbeing Volunteer won the Health and Wellbeing Award.** Our Volunteers also **won the TVA Award** and were a **finalist** with **Newport GAVO.**

Volunteers Supporting our Diverse Population



We have **41** spoken languages by **71** volunteers, an increase of nearly **20** volunteers.

These include **24** Welsh Speaking Volunteers and **1** BSL Volunteer.

New Volunteer Roles
Introduced in 2025/26

This year, we were proud to introduce **five new volunteer roles** designed to respond to **emerging needs** and enhance patient and staff experiences:

Poppy Programme (veteran) — 01
Supporting veterans by providing companionship, signposting support, and creating a welcoming environment.

Pygmy Goats — 02
Bringing smiles and moments of joy through therapeutic visits from our friendly pygmy goats.

Sensory Garden — 03
Supporting the upkeep of our sensory garden, promoting wellbeing for patients, staff and visitors.

Peer Mentor Breastfeeding — 04
Offering encouragement, guidance and peer support to families on their breastfeeding journey.

Neuro Peers - Brain Injury Carers Support Group — 05
Providing support, connection and understanding for carers of individuals with brain injuries.



New roles. Real impact.

Extending Volunteer Support

During 2025/2026

Over the past year, **we have extended our volunteer support** across different areas including:

- **Neurostute Support Group** at Park Road Wellbeing Centre, Pontypool
- **Sycamore Ward**, St Woolos
- **Adfariad Ward**, St Cadocs
- **Welcomers Desk**, Royal Gwent Hospital
- **Breastfeeding Community Support Group**, Flying Start, Cwm Hub
- **Breastfeeding Ward Support** B3 Grange University Hospital
- **Care Homes** – Tylscoed, Ty Clyd, Red Rose, Ty Bryn, Aria, Caerleon House, The Priory, Ashton Park, The Fields, White Rose Care Home, Dan-y-Graig, Valley View, Cwmbran House
- **Chemo Support**, Llanfoist Suite, Nevill Hall Hospital
- **Same Day Emergency Care**, Grange University Hospital



More places.
More support.
Stronger together.

Volunteer Training
and Development

All volunteers receive a **comprehensive induction** and **role-specific training** to prepare them for their responsibilities.

Over the past **12** months, **236 volunteers** have completed core and refresher training sessions. Feedback consistently highlights that the induction equips volunteers with the confidence and skills needed to begin their roles effectively. Participants particularly valued the interactive group work, videos, and scenario-based learning.

Overall, the training programme continues to provide **essential knowledge** and **confidence**, enabling volunteers to contribute positively and safely across our services.

To ensure volunteers are confident and well-prepared to support patients and services, we have continued to expand our training offer—particularly for roles requiring specialist knowledge or lived experience, such as mental health, dementia, and end-of-life care.

Over the past 12 months, we delivered **57 bespoke training sessions** to **388 attendees**. This tailored training helps ensure our volunteers are equipped to provide safe, compassionate, and person-centred support.



Great training. Confident volunteers. Stronger care together.

Inspiring FUTURES TOGETHER





Enriching Education and Community Wellbeing

Our volunteer programme also supports learning and intergenerational engagement. Partnerships with **Cardiff University and Haberdashers Monmouth School** offer students their first experience in patient-facing roles, building confidence and inspiring future careers in health and care.

Haberdashers Monmouth School: These 7 students from Year 12 have recently graduated from an intense training and application process to become Accredited Hospital Ward Befrienders. Under the Ffrind **i** Mi scheme, our students can make a real difference to the local community.

In their **luminescent lime green** polo shirts, our compassionate students make the journey to the In-Patient Wards at Nevill Hall Hospital every Wednesday, under the watchful eye of their caring mentor, Mr James Boiling.

Here, they spend **45 minutes** chatting to a range of patients across three wards. Confidence grows and connections are made, reaffirming the school's original values embodied in the Almshouses outside the school gates: care for the sick, the elderly, and the vulnerable. Our students have all benefitted enormously from the scheme, information provided by: Mr James Boiling BA (Hons) History Teacher / Director of Cricket Coaching

Thank you to our students and partners
for making a positive impact in our community!

Key Partners Include

- Age Cymru Gwent
- Plattform
- Blood Bikes
- Sled Dog Society of Wales
- Sparkle,
- League of Friends (LoF) NHH and YAB
- Velndre
- Helpforce Cymru
- Torfaen Voluntary Alliance (TVA)
- Gwent Association of Voluntary Organisations (GAVO)
- Wales Council for Voluntary Action (WCVA)
- Welsh Refugee Council
- British Red Cross
- Pets As Therapy
- Therapy Dogs Nationwide
- Disability Cando
- Bevan Commission
- Bridges Centre
- Friends of Llanfrechfa Grange Walled Garden
- Ysbyty Ystrad FM
- Mirus
- Stroke Association
- Local education institutions including Coleg Gwent, Aspris College, Haberdashers Monmouth School and Cardiff University School of Pharmacy.

These partnerships are vital to delivering inclusive, person-centred care and strengthening community connections across the Health Board.



friend i mi
friend of mine

Working Together: Staff and Partner Collaboration

Collaboration is at the heart of everything we do.

The Patient Experience and Involvement Team works closely with Health Board divisions, volunteers, community groups and third sector organisations to improve patient care and strengthen support for patients, families and staff.

These partnerships bring valuable skills, lived experience and community connections that enhance services, improve wellbeing and help deliver more person-centred care across Aneurin Bevan University Health Board.

Key Contributions

Supporting patients and families through volunteer-led initiatives

Working with community and voluntary sector partners

Enhancing staff wellbeing and compassionate care

Strengthening patient experience through collaborative projects

Thank you to all staff, volunteers and partners whose commitment and collaboration continue to strengthen our services and improve experiences for the people we serve.

League of Friends
Nevill Hall Hospital

Supporting our hospital, caring for our community



A warm welcome, every day

There are approximately some **130** volunteers who run the coffee shop in Nevill Hall Hospital. Patients, staff and visitors use the coffee shop on a daily basis. They often tell us how grateful they are that we are there to serve them delicious sandwiches, drinks and confectionery. Sometimes customers just want to see a smiling friendly face and just chat, occasionally unburdening themselves about the prospect of another round of chemotherapy. One lovely lady comes regularly and buys 6 bars of chocolate for the staff who are doing her chemotherapy.

Investing in better care

Last year we donated **£103,000** to the hospital.

Departments put in bids for equipment they need and last year we bought a bariatric dental chair, operating chairs for ophthalmology and an optical response analyser as well as smaller items for other departments.

Helping visitors find their way

We are also expanding our input into the Welcome Desk at Nevill Hall. We now run it on a Tuesday and Thursday. Visitors are so grateful to the volunteers for giving them directions to departments within the hospital and again a pleasant greeting when they arrive. One dear lady arrived at the welcome desk a little confused. The volunteer asked to see her letter only to realise she was in the wrong hospital. He immediately phoned the hospital concerned and her appointment was rearranged. Just one little helpful act!

Information provided by: **Jean Ellaway**, publicity officer LOF

Thank you to all our wonderful volunteers!

Making a difference *in our community*

Blood Bikes

We provide a rider Monday to Friday 14:00 -17:00 for collection of samples from Nevill Hall Hospital and Royal Gwent Hospital for transfer to Pathology at the Grange University Hospital.

2 shifts
at weekends
10:00 - 21:00

9 riders
covering approx.
37 hours per week

3 people
cover Controller shifts
throughout the week

66 volunteers
44 drivers and 11 controllers
providing a free service to
our NHS in Wales

Occasionally we get requested to do an ad-hoc job.

Information provided by: Lesley Isaacs-Penny, Vice Chair, Blood Bikes Wales



Volunteer time that saves lives

Platform

Quite a few of the people we support on our Pathways to Employment & Gwent OoWS projects have volunteered with Ffrind i Mi project. We have supported them to register for volunteering online, and if required supported them to attend their volunteer interview/induction at YYF.

They have all expressed how they have felt welcomed, safe and supported during the volunteer process, and how they now feel a part of something "rewarding & worthwhile". They have also expressed how they feel they have benefitted from the training offered during this process and how they now feel "more confident" in their volunteer roles.

Information provided by: Ceri Fox, Senior Case Worker, Platform



Thank you

to all our volunteers who give their time and skills to support our hospitals and community.

Thank you to all our amazing volunteers

Velindre:

Supporting every step

of the cancer journey

Velindre:

In Nevill Hall Hospital one of our new areas is supporting in the Llanfoist Suite with the chemo patients and Velindre staff. The volunteers are an invaluable part of the team on the SACT day units, bringing compassion, reassurance, and a friendly face to patients attending for treatment.

Their support not only improves the patient experience but also helps the units run more smoothly. Thank you for all you do.

Information provided by: Amie O'Rourke, SACT Clinical Lead, Velindre

> *"I was surprised although I should not have been really! By how relieved people were to know that I'd also had a cancer experience – I could almost see them relax – they said things like "Oh! You get it!" having had all my treatment during covid with no one with me, I'd been worried that patients here generally had someone with them and that they would not want or need to chat to someone else, but actually this was not the care at all". – Helen, Volunteer*



Compassion in action, every day

Thank you | to our amazing volunteers | You make a real difference

Sparkle: *Growing confidence. Creating smiles.*

Sparkle - Growing up, Megan regularly attended the Serennu Children's Centre for Physiotherapy and Occupational Therapy appointments due to an acquired hemiplegia resulting in one side of her body following brain surgery as a baby.

Megan always felt that the centre staff were amazing and went above and beyond in their care, which inspired her to give something back. In 2019, Megan applied to become a MediCinema volunteer with Sparkle, the children's charity that supports Serennu Children's Centre and its families.

sparkle
helpa plant a smile



MediCinema, delivered in partnership with Sparkle, is a specialist provision enabling children and young people with disabilities to access cinema screenings in a safe and inclusive environment, creating valuable opportunities for families to enjoy shared experiences together.

Megan's role involves welcoming families, offering support during screenings, assisting in the café, as well as helping to set up and close down the cinema before and after each screening.

Megan's contribution is vital to the MediCinema team and helps ensure that families feel welcomed and comfortable when accessing the centre.

For many children and young people, this is their first cinema experience, which can often be overwhelming. Megan has consistently offered reassurance and support, helping to create positive and memorable experiences for all who attend.



A valued team member and an inspiration

Megan is leaving her role after nearly 7 years, having successfully secured full-time employment with an accountancy firm. Throughout her time with Sparkle, Megan has shown exceptional commitment and care, particularly through her vital role within the MediCinema team, always going above and beyond to support families attending screenings. The MediCinema team at Sparkle often refer to each other as a family, and Megan has truly been a valued part of that. While she will be greatly missed, we are incredibly proud of her and wish her every success in this exciting new adventure.

'It has been a pleasure working at Serennu and that's why I have done it for so long. I'll miss everyone but will definitely pop in from time to time. I have really enjoyed my time working with everyone and although I am sad to leave, I am excited for this new chapter to begin. As perfectly captured in Lilo & Stitch: 'Ohana means family, and family means nobody gets left behind or forgotten.' Megan has truly embodied this spirit in everything she has done at Serennu.' – Sara Filer, Operational Lead Sparkle Leisure Services

Every success in this exciting new adventure means the world to me!

Thank you Megan – you make a real difference!

Compassion | Inclusion | Inspiration | Together

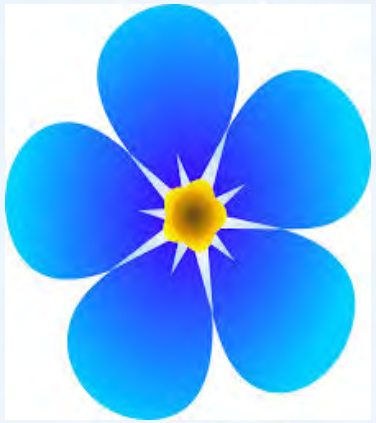
Dementia:

Compassion. Connection. Community.

Dementia: Dementia care has been positively improved by the support of the Volunteer Dementia Companions, who give their time to side by side someone whilst they are receiving care in our hospitals.

Each volunteer receives the dementia awareness training and is invited to attend the meaningful engagement and activity day. We currently have **40** active volunteers.

Packs of resources are then made available to them and the wards to support meaningful, person centred interactions, from holding a hand, reading a news paper or participating in activities, supporting individuals interests and hobbies.



Volunteers feedback is invaluable

to improving care and includes that they would find smaller items like reminiscence cards, dominoes, playing cards, word searches helpful to encourage meaningful activity and have been ordered to complement existing available resources.

Information provided by: Amada Whent, Lead Nurse Dementia



Good News Stories

ffrind i mi
friend of mine

Alan – Alan is a regular volunteer on Hafan Deg ward & has become an integral part of the team. He often provides spontaneous 'goodies', like pudding on the ward as well as advice and appreciates ally both staff and patients.

Brett – Supported Brett during his induction process with a new client in the community with a diagnosis of Dementia, to complete a 'This is Me' document during his first visit – the easy good exercise for Brett to get to know the client and implement skills to complete the document.

Gillian – Gillian attended a Dementia Training session to support her volunteer role at Chepstow Hospital, following the training Gillian implemented appropriate activities with the patient. Her role has helped the patient engage and support meaningful engagement and interaction that they would benefit from. Gillian responded that she would like to support our ward here as well! Gillian is here every Tuesday for befriending session to the residents.

Thank you to all our amazing Dementia Companions – you make a real difference!

Audiology:

Supporting better hearing. Improving lives.

Audiology: We currently have two audiology community clinics running:

- **Risca Library** on the 4th Wednesday of each month
- **Caerphilly Library** on the 1st Friday of each month

Our dedicated volunteers help service hearing aids and give valuable advice and support to hearing aid users in these communities.

We currently have 7 volunteers

Volunteers able to help in servicing hearing aids and in October we ran a very useful training session on the most recent aids, assistive technology and supporting patients with hearing aids that can be connected to the BeMore App.

Thank you to all our amazing volunteers!

We are very grateful to all our volunteers in assisting us and look forward to opening up a **third volunteer clinic in Cwmbran** soon.

New clinic coming soon!



Thank you to our wonderful volunteers – your time, skills and kindness make a real difference.

Cancer Services & Support Volunteers

Caring together. Supporting every step. *Listening. Reassuring. Supporting.*

ffrind i mi
friend of mine

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board



Over the past three years, cancer services within Aneurin Bevan University Health Board have embedded volunteers to support people receiving cancer care.

Each year, over **4,600** individuals are diagnosed with cancer, alongside many more who live with and receive treatment for for cancer over a number of years.

Our volunteers play a **vital role** in addressing this need. They offer a listening ear, personal understanding, and compassionate, non-clinical support, providing time and space for people to talk openly and feel heard.

Our **Cancer Café Support** offers a safe, welcoming space where patients can drop in for a cuppa and a chat. It provides peer support, practical advice, shared experiences and reassurance.

4,600+
People diagnosed with cancer each year

Many people describe a constant "noise" following a cancer diagnosis

- Anxiety and uncertainty
- Emotional and psychological impact
- Reluctance to burden family and friends
- Feeling that others may not fully understand

How our volunteers make a difference

Cancer Café Support

- Safe, welcoming environment
- Peer support and practical advice
- Shared experiences and reassurance

Support During Treatment

- Welcoming patients
- Offering reassurance
- Easing anxiety
- Providing comfort and companionship
- Valued by patients and Velindre staff

> *"We've seen people share practical tips—from where to park for free near treatment centres, to what helps with peripheral neuropathy, and which local optician specialises in dry eyes. It really feels like it's become what we hoped for: a welcoming place where people can drop in for a cuppa and a chat, in a safe space where conversations range from everyday life to symptoms and treatment."*

Similarly, on the Llanfoist Suite in Abergavenny, where Velindre Cancer Services deliver treatment, volunteers are present to meet and support patients.

- Their role in welcoming individuals, offering reassurance, and helping to ease anxiety is highly valued.
- Both patients and Velindre staff consistently express their appreciation, recognising that the volunteers' presence makes a significant and meaningful difference to the care experience.

Information provided by:
Anne May
Strategic Lead Cancer Nurse





A safe space for connection and support

Thank you to all our incredible cancer service volunteers.
Your kindness, time and presence make a real and lasting difference.

Making a meaningful *difference* to the cancer care experience

Information provided by **Anne May**, Strategic Lead Cancer Nurse

Volunteer Research Champions

Supporting research, improving care, connecting communities





WHAT WE'VE ACHIEVED

- Expanded Volunteer Research Champion programme
- Champions trained across hospital and community settings
- Supported engagement events and awareness activities
- Increased visibility of research throughout the Health Board

IMPACT ON PATIENTS & STAFF

- Encouraged conversations about research
- Strengthened links between communities and research teams
- Helped make research part of everyday care
- Raised awareness through badges, lanyards and advocacy

LOOKING AHEAD

- More volunteers joining research units
- Supporting patients and families during visits
- Providing welcome and navigation support
- Continuing to shape future developments through volunteer feedback



Champions make research part of everyday care

Research is becoming more open, relevant and accessible to everyone.

TRAINING
Equipping champions with knowledge and confidence

ENGAGEMENT
Starting conversations and supporting events in our communities

RESEARCH
Making research visible, valued and part of our culture

PATIENT EXPERIENCE
Supporting patients and families every step of the way

COMMUNITY
Building trust and stronger connections across our communities

Information provided by: Emma Heron,
Lead Research Nurse – Delivery Support

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Chaplaincy Service Volunteers

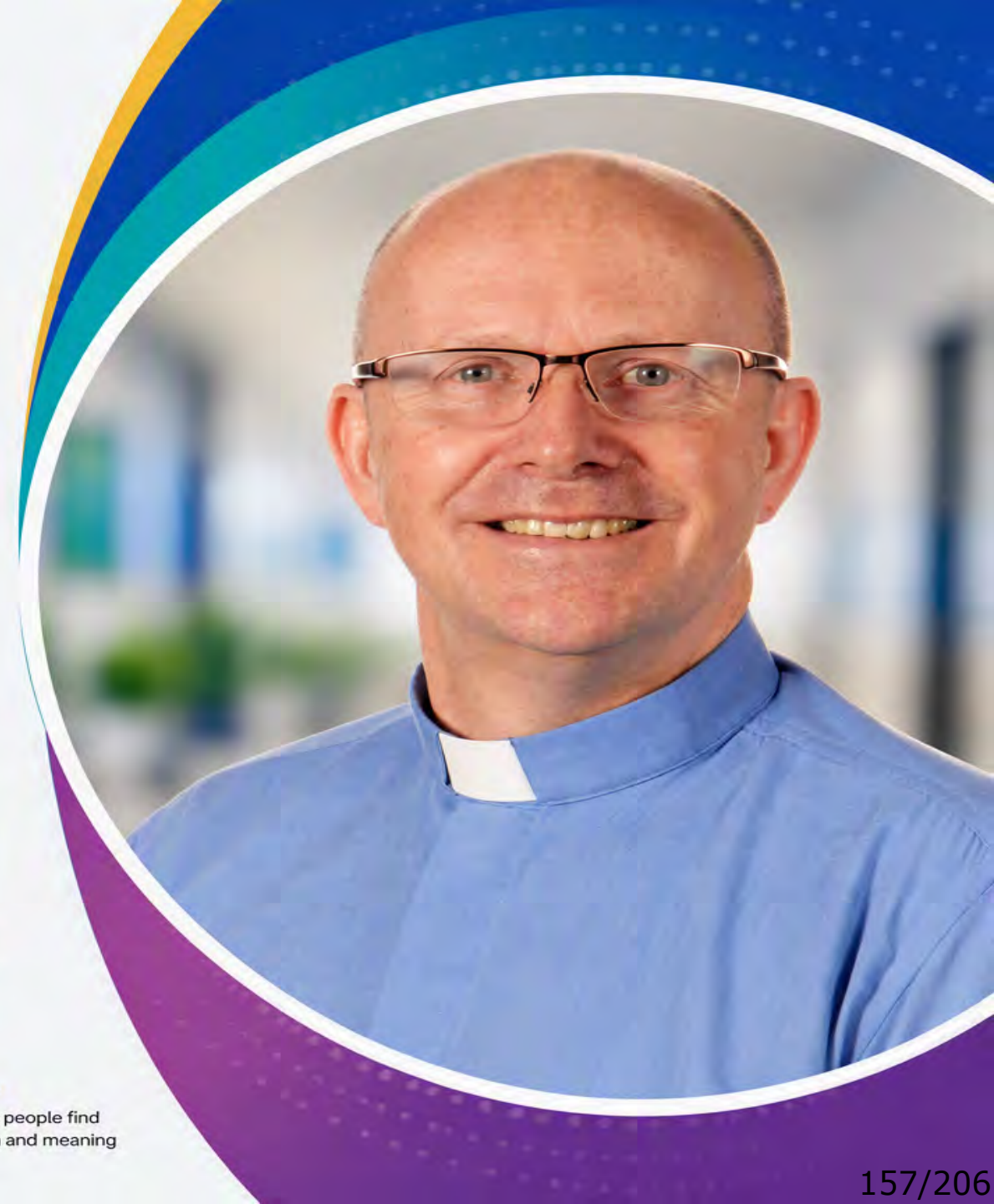
Compassion in action. Hope in every moment.

Delivering spiritual care across the Health Board is a significant undertaking, and volunteers play a **vital role** in helping Chaplains focus on priority patients and areas of need. Our volunteers come from a range of backgrounds, including ordained clergy, and each brings **unique strengths, skills and insights** to the role.

At the Royal Gwent Hospital, for example, volunteers support spiritual care within their own faith tradition while also creating space for **deep listening** with anyone who requests support. This deep listening is a fundamental aspect of spiritual care, helping people explore the sources of **strength, value and hope** that give meaning to their lives.

By increasing the capacity for **compassionate presence** and **meaningful** conversation, volunteers enable Chaplains to use their specialist skills and knowledge where they are needed most, enhancing the overall **support** available to patients, families and staff.

> *"Having volunteers helps create space for Chaplains to meet the wider spiritual needs of patients, including those with a non-religious spirituality or beliefs different from the Chaplain's own faith tradition. By supporting patients with less complex needs, volunteers enable Chaplains to focus their specialist skills where they are needed most. Our Chaplaincy volunteers make a real difference, enhancing person-centred care and playing a vital role within the Chaplaincy and Spiritual Care Team."*
>
> **– Chaplaincy and Spiritual Care Team**



Compassion
We care with kindness and empathy

Listening
We create space to truly hear

Connection
We walk alongside people in their journey

Hope
We help people find strength and meaning

End of Life and Bereavement Companions:

Being there. Making a difference.



End of Life and Bereavement Companions: End of life companions play an incredibly important role across Aneurin Bevan University Health Board. There are currently **48 trained companions** supporting this work, giving their time, compassion and presence to people at a very difficult stage of life.

While clinical staff provide essential medical care, companions bring something equally important, human connection, reassurance and kindness. For patients who may feel anxious, isolated or frightened, having someone to sit with them, listen, or simply be there can make a real difference to how they experience their final days.

Between April 2025 and March 2026, the service received **10 referrals** for companion support. Although this number may seem small, each referral represents a person and family going through a deeply significant time. The involvement of companions helps ensure that these individuals are not alone and that their emotional and social needs are recognised alongside their physical care. Companions are able to spend unhurried time with patients, offering comfort in ways that busy clinical environments can sometimes struggle to provide.

Companions also play a valuable role in supporting families and loved ones.
At the end of life, relatives often feel overwhelmed, emotional and unsure what to expect. Companions can provide a listening ear, offer reassurance, and help create a calm and supportive environment. Their presence can ease distress and help families feel better supported during a very challenging time.

Looking ahead, there are plans to develop the role further by including bereavement support. This will allow volunteers to continue supporting families after a death has occurred, helping them navigate grief and feel less alone. Extending the role in this way will strengthen the continuity of care and provide compassionate support beyond the patient's final days.

In summary, end of life volunteers is a highly valued part of the care team within the Health Board. Through their time, empathy and dedication, they enhance the quality of care for patients and families, while also supporting staff to deliver a more holistic, person-centred approach. Their contribution reflects a strong commitment to dignity, compassion and ongoing support at the end of life and into bereavement. *Information provided by Helen Roberts, Senior nurse End of Life Care and Bereavement*

Grace

Because people's experience matters

Our volunteers make a real difference

- Listening with kindness
- Offering comfort and reassurance
- Supporting patients and families
- Creating calm in challenging times
- Enhancing care with compassion

Thank you to all our amazing companions.

Thank you | Your time. Your compassion. Your presence. | Together, we make every moment matter.

Collaborating for Greater Impact



COLLABORATIVE PARTNERSHIPS

GAVO Volunteer and Development Teams have worked collaboratively to expand and promote befriending opportunities across key areas:

- Cancer, stroke, end of life care, and wider community wellbeing projects
- Through the Volunteering Wales website, targeted outreach, and Jobcentre Plus (JCP) drop-in surgeries
- Awareness and engagement have significantly increased
- Supporting both volunteer recruitment and community participation

PARTICIPATORY BUDGETING

A dedicated GAVO staff member coordinated a Participatory Budgeting fund from the Health Board:

- Local communities form panels, review funding applications, and lead decision-making
- Community voting events empower residents to allocate funding by selecting preferred projects
- Resources are directed toward locally identified wellbeing priorities
- Most projects are coordinated by residents in their free time, on a voluntary basis

STRONGER COMMUNITIES

This collaborative approach has:

- Strengthened partnerships
- Increased access to befriending services
- Enhanced community ownership in shaping local support and wellbeing initiatives

Example: 'B' was initially a nurse in her birth country, referred in by GAVO. She progressed from Volunteer to Career and is now a bank support worker with ABUHB and volunteers in a Care Home.

TVA: SHARING OPPORTUNITIES, BUILDING CONNECTIONS

TVA: Ffrind i Mi continue to actively engage with **TVA** events and partnership opportunities across Torfaen, including involvement in the quarterly Volunteer Management Forums. We also refer many volunteers to their projects each year, helping individuals access meaningful opportunities within their communities.
We are pleased to be looking to develop collaboratively lived experience volunteering opportunities within the Health Board, particularly around domestic violence and abuse and supporting victims of loneliness.

ENGAGE
Working together to build relationships

INVOLVE
Amplifying voices and sharing ideas

EMPOWER
Communities leading change

IMPACT
Better outcomes for everyone

Mirus Partnership

Stronger links, more opportunities, better together

Mirus: During the reporting period, Aneurin Bevan University Health Board established a new partnership with Mirus, strengthening our commitment to inclusive volunteering and community collaboration. This was formalised through the development of clear links and the completion of a Memorandum of Understanding (MOU), supporting individuals connected to Mirus to access meaningful volunteering opportunities within the Health Board.

Working together: Through this new partnership, the Health Board and Mirus are working collaboratively to support individuals into volunteering roles that align with their abilities and aspirations. This approach not only enhances the volunteer experience but also contributes to wider wellbeing, inclusion, and community engagement across the Health Board.

Meaningful opportunities
Helping individuals access volunteering roles that matter

Stronger wellbeing
Supporting confidence, purpose and personal development

Inclusion for all
Promoting equality and access for everyone

Community engagement
Building connections and supporting local communities

Positive impact
Creating a difference for volunteers, patients and staff

Together we are creating more opportunities, stronger communities and better outcomes.



"Just to let you know Thomas had a great experience today loved being with Phil at the Royal Gwent. He is carefully studying the maps of the hospital and telling everyone where all the wards are."

Gill

"Really made a difference to people coming into the RGH which made me feel good.

Thomas

Information provided by:
Volunteering Team | Aneurin Bevan University Health Board

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Strengthening Futures Together

Partnership in action. People at the heart.

Helpforce: Many of our most impactful developments continue to be delivered in partnership with trusted organisations. Over the past year, our collaboration with **Helpforce Cymru** and **Helpforce UK** has progressed significantly, culminating in the successful completion of our joint project to strengthen the Volunteer to Career pathway.

This work has enabled individuals with lived experience, particularly in mental health and learning disabilities to take supported, meaningful steps toward employment in health and care. Notably, one of our volunteers was recently shortlisted for a paid Peer Mentor role within Mental Health services, demonstrating the real and tangible impact of this pathway in supporting people toward sustainable employment.

Helpforce's expertise in evaluating volunteer impact has been instrumental throughout this project, ensuring that our approach is evidence-informed and aligned with best practice. The final project report, now completed and attached, reflects the depth of this work and the positive outcomes achieved for volunteers, services, and the wider system.

helplu / helpforce

- Trusted expertise
- Evidence informed
- Stronger partnerships
- Better outcomes



Real impact. Lasting change.

- Supported progression for individuals with lived experience
- Meaningful steps toward employment in health and care
- Strengthened the Volunteer to Career pathway
- Improved inclusion and wellbeing in our communities
- Evidence-informed approach aligned with best practice

Stronger partnerships. Brighter futures.
Together we make a difference.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Age Cymru Gwent

Robins Volunteer Service

Compassionate support. Stronger together.



> The Robins Volunteer Service continues to provide invaluable support to older patients across our hospital sites, enhancing wellbeing and creating a more positive hospital experience.

Making Every Hospital Stay More Human

9,427
Patients Supported

Across Grange University Hospital, Royal Gwent Hospital and Nevill Hall Hospital

How Robins Volunteers Make a Difference

- Provide companionship and emotional reassurance
- Reduce loneliness in busy ward environments
- Offer practical support to patients
- Improve overall patient experience
- Highly valued by staff and families

Quality & Governance

- 0 complaints received
- **100% compliance** with mandatory training requirements
- Consistently positive feedback from patients, families and staff

LOOKING AHEAD

Recruit More Volunteers
Targeted recruitment campaign to strengthen the service.

Raise Awareness
Promote the Robins service across hospital sites.

Invest in Volunteers
Continue training, development and wellbeing support.

Thank you to all our amazing volunteers for the difference you make every day.
Your time, kindness and dedication help create better experiences for our patients and stronger communities.

Information provided by:
Rhian Parfitt, Healthcare Services Manager,
Age Cymru Gwent

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Volunteer Spotlight: Michelle

Psychology Peer Worker



> Michelle gives us light at the end of the tunnel
> – Service User

Who am I?

I am Michelle, I am a volunteer Psychology Peer Worker in the Part one psychology service POPS for short. I share my own lived experience of having OCD and what has helped me. I have been a service user since 1980 as an adult, although I have struggled with OCD thoughts and superstitions since I was a young child.

Why do I enjoy Volunteering?

I love giving others hope by sharing my story, being honest about my journey, inspiring others to break free from their OCD. Helping them to realize they are not alone. I am just thrilled that I can help others, its so rewarding.

What support do I receive to feel safe and valued as a Volunteer?

I attended the Breaking Free From OCD online group as a service user, and at that time I was also having support from Jess my therapist. Both group and Jess were life changing for me. I now have support from Bec who is a Psychology Peer Worker who walks alongside me.

Breaking Free From OCD

> She is a hope sponge
> – Service User

> If you can do it, I can do it
> – Service User

> Michelle gives us light at the end of the tunnel"
> – Service User

Clinical Psychologist feedback

"I was impressed by the impact of sharing her own experiences. It felt validating for the attendees, having her there brought an understanding and empathy that I couldn't have replicated myself."

Clinical Psychologist

Thank you Michelle for the difference you make.

Your lived experience, empathy and encouragement help create hope and change lives.



Expanding Volunteer Opportunities

Creating more meaningful, flexible and community-based roles across Aneurin Bevan University Health Board

28 VOLUNTEER ROLE PROFILES

- Clinical settings
- Non-clinical settings
- Community-based opportunities

WHY WE'VE EXPANDED

- Responded to volunteer and staff feedback
- Developed more inclusive opportunities
- Better aligned roles to interests, skills and lived experience
- Increased community volunteering pathways

BENEFITS FOR VOLUNTEERS

- Meaningful contribution
- Improved wellbeing
- Roles matched to strengths and availability
- Experience supporting future career aspirations

Supporting people closer to home through volunteering in **hospitals, communities, care homes and local initiatives.**

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Ffrind i Mi Volunteer Roles

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Supporting patients, families and communities across Aneurin Bevan University Health Board

28 Volunteer Roles Supporting Person-Centred Care

- Adverse Weather Drivers
- Armed Forces Volunteers
- BABI Volunteers
- Breastfeeding Peer Support Community Volunteers
- Breastfeeding Peer Support Ward Volunteers
- Care Home Volunteers
- Chaplaincy Volunteers
- Community Volunteers
- Dementia Companions
- Digital Buddies
- End of Life Companions
- Expert by Experience Alcohol Care Team
- Expert by Experience Cancer Services
- Expert by Experience Cardiac Rehab
- Expert by Experience Mental Health
- Expert by Experience Neuro
- Friendship Groups
- Hear in Your Community
- Hospital Volunteers
- Hospital Welcomers
- Patient Survey Volunteers
- Research Champions
- Sensory Garden Volunteers
- Pets as Therapy
- Volunteer to Career
- Telephone Befrienders
- Walk and Talk Volunteer
- Wellbeing Volunteers

Supporting Volunteer and Patient Wellbeing

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We're here to listen, support and care





Valued
Supported
Connected
Cared for

Ongoing wellbeing support
- We provide responsive, individual contact and structured opportunities for connection to ensure both volunteers and patients feel supported, listened to, and **valued**.

Encouraging open conversations
Volunteers are encouraged to **reach out** on an ad hoc basis to share their experiences, including both positive moments and challenges.

Safe, empathetic support
Our team offers a **safe and empathetic space**, providing reassurance, practical guidance, and signposting to additional support where needed.

Monthly "Catch-Up Corners"
Open to all volunteers, these sessions provide a supportive environment for sharing experiences, building peer connections, and fostering community and collective wellbeing.

Access to specialist support
Volunteers are signposted to the Health Board's wellbeing poster, with links to a wide range of **wellbeing services** and professional resources.

Safeguarding emotional wellbeing
Our integrated approach recognises the important contribution volunteers make and helps **safeguard their emotional wellbeing**.

Creating a supportive environment
We promote **resilience**, encourage open communication, and ensure both volunteers and patients feel cared for and supported.

Together, we create a stronger, more compassionate community where everyone matters.

Thank you to all our volunteers for making a difference every day.

Spotlight on Volunteer to Career:
Building the Workforce of the Future

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Aneurin Bevan University Health Board remains committed to supporting volunteers to progress into employment, education, and wider career opportunities within health and care settings.

The **Volunteer to Career pathway** provides individuals with meaningful experience across a range of environments, including hospital wards, community services, care homes, and mental health settings. These opportunities enable volunteers to develop practical skills, build confidence, and gain valuable insight into NHS roles.

The programme also focuses on creating opportunities in areas aligned to **current recruitment needs**, enabling volunteers to gain relevant experience that supports successful job applications. This targeted approach helps individuals build the skills and knowledge required to transition more effectively into paid roles.

Throughout the year, volunteers have actively engaged with the service to seek guidance and support in taking their next steps. This has included **assistance with job applications**, interview preparation, and accessing work experience opportunities aligned to their career aspirations.

Volunteers have successfully progressed into **employment** across a range of roles. For example, individuals have secured positions such as Healthcare Assistants, Maternity Care Support Workers, and community-based roles, demonstrating the value of volunteering as a pathway into the workforce.

Others have used their experience to support applications for further study, including professional training programmes such as Occupational Therapy.

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Volunteer to Career

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The team has also provided tailored support to volunteers, including:

- Writing employment references to support job applications
- Offering one-to-one guidance on completing NHS job applications and preparing for interviews
- Supporting progression into the Health Board's Resource Bank as a route into substantive employment
- Signposting to additional work experience opportunities, such as portering and clinical support roles
- Liaising with employment mentors, job coaches, and external advisors to ensure joined-up support for volunteers
- Facilitating Volunteer to Career Pathway meetings to explore individual goals and development opportunities

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Volunteer to Career

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Our Volunteer to Career pathway provides tailored support, builds confidence and opens doors to meaningful employment and further education.

EMPLOYMENT OUTCOMES

27+
Volunteers secured paid employment

30+
Progressed to further education

Feedback from volunteers highlights the positive impact of this support. Many have expressed gratitude for the guidance received, noting increased confidence in applying for roles and navigating recruitment processes.

VOLUNTEER → **SUPPORT** → **CONFIDENCE** → **OPPORTUNITY** → **SUCCESS**

VOLUNTEER — Gaining experience and making a difference

SUPPORT — Tailored guidance and practical help

CONFIDENCE — Building skills and self-belief

OPPORTUNITY — Employment and education pathways

SUCCESS — Achieving career ambitions

APPLICATION SUPPORT
- Writing employment references
- NHS job applications
- Interview preparation

TAILORED GUIDANCE
- One-to-one guidance on applications and interviews
- Bespoke sessions to explore goals

PARTNERSHIP WORKING
- Jobcentre Plus
- Employment mentors
- Coleg Gwent
- Universities

CAREER PROGRESSION
- NHS employment
- External organisations
- Higher education
- Workforce development



> The Volunteer to Career pathway continues to play a vital role in enabling individuals to move from volunteering into meaningful employment, while also supporting workforce development and contributing to high-quality patient care across the Health Board.

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Volunteer to Career Feedback

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VOLUNTEER FEEDBACK

"Many thanks for the opportunity to attend the Volunteer to Career Pathway meeting. I truly appreciate the initiative to support volunteers in exploring professional development and career opportunities. I appreciate the opportunity to learn more about the available pathways, gain insights on how I can grow within and outside the organisation and discuss any potential next steps. I will always keep in touch with you for any potential next steps. With gratitude"

Mary John

CAREER PROGRESSION STORY

"I hope you're well and are enjoying the festive season. I'm writing to ask if one of you would be willing to provide a reference for my application to study Occupational Therapy at Cardiff University. Being part of the Ffrind i Mi Ward Befriending project is such a rewarding experience, and I feel you are well placed to speak about the support I provide to patients and the commitment and interpersonal skills I bring to the role.

I've realised that I'm most fulfilled by meaningful 1:1 work, and this befriending role has really reinforced that. Alongside this, I'm about to start a part-time role as a Community Rehab Support Worker, which builds directly on my experience and helps me prepare for OT study. I want to reassure you that I have no intention of stepping back from my volunteering at Monnow Vale until the course starts in September 2026, if I am successful with my application.

Karin

VOLUNTEER FEEDBACK

I wanted to take a moment to sincerely thank you for your guidance and support. As you advised, I applied for NHS jobs While I was previously shortlisted, I wasn't successful in the interview this time—but I'm continuing to apply and gain experience. Your encouragement has been a huge motivation for me, and I truly appreciate it. I still remember our conversation in the hospital canteen and how you guided me through the process—it really helped me take these steps with confidence.

VOLUNTEER → CONFIDENCE → EMPLOYMENT → EDUCATION

27+ Volunteers Secured Paid Employment

30+ Volunteers Progressed to Further Education

Real people. Real support. Real futures.

Promoting Volunteering

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This year, we have prioritised raising awareness of the value and accessibility of volunteering across Aneurin Bevan University Health Board.

Through targeted outreach, local partnerships, social media, and events, we have showcased the wide range of volunteering opportunities available, helping to grow a more inclusive, diverse, and engaged volunteer workforce. Over the past year, the team participated in more than **38 promotional events** across Gwent, including:

- **School and College Careers Events** – Careers, Celebrating your next steps and Season of Joy events.
- **Health & Wellbeing Fairs** – Connecting with local communities.
- **Jobs and Employability Fayres** – Promoting volunteer-to-career pathways.
- **Platform and local Community Mental Health Events / Talks.**
- **Volunteer Recognition Events** – Celebrating contributions and raising visibility.
- **Nursing, Midwifery and SCPHN Conference.**
- **Local Hospitals and Libraries**
- **Communities 4 Work Events**





These efforts continue to reinforce our commitment to promoting volunteering as a valuable and accessible way to improve lives, support NHS services, and build stronger, healthier communities.

Awards and Recognition

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4 Award Categories

ABUHB Staff Awards Recognition

British Empire Medal (BEM)

In 2025, the Volunteers were finalists in **4 award categories**, and were presented with a recognition award at the Aneurin Bevan Staff Awards, reflecting the outstanding contributions of our volunteer team.

4th July 2025

ABUHB Staff Awards:

- All Ffrind i Mi Volunteers were recognised for their contribution.
- Winner – Health and Wellbeing – Stella Montgomery

17th October 2025

Ffrind i Mi TVA Winners

22nd October 2025

Ffrind I Mi GAVO Newport finalist







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Kathryn Thomas

Our very own Programme Manager, Kathryn Thomas, was awarded with a British Empire Medal (BEM) in the Kings New Year Honours 2025

> "A well-deserved recognition of exceptional dedication, compassion and commitment to supporting patients, families and communities."



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"Building the future of volunteering together

Looking Ahead 2026-2027

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01 **Enhanced Volunteer Training and Development:** Introduction of specialist neuro training for volunteers supporting individuals with epilepsy and aphasia. In addition, working in partnership with the Mental Health Team and volunteers to develop and deliver training on "Sharing Your Lived Experience Safely", ensuring volunteers are equipped to contribute in a safe, structured, and supported way.

02 **Bereavement Support Volunteering:** Development of a dedicated bereavement volunteer role to provide compassionate support to patients, families, and carers.

03 **Bevan Commission Collaboration:** Exploring opportunities to unlock the skills and experience of retired professionals within the Welsh Health and Care sector, including consideration of pre-retirement engagement pathways.

04 **Partnership with Department for Work and Pensions (DWP):** Strengthening collaboration with the Jobcentre Plus Employer Adviser service to deliver bespoke volunteering opportunities for individuals receiving long-term sickness benefits. This work supports pathways into employment, training, and meaningful pre-employment experiences.

05 **Nutrition and Hydration Programme:** Supporting the "Every Patient, Every Meal" initiative in partnership with the Nutrition and Hydration Team, including the development of volunteer roles that enhance patient experience at mealtimes.

06 **Community and Wellbeing Initiatives:** Working with partners such as Momentum to establish community-based activities, including walking groups beyond Newport, promoting wellbeing and social connection.

07 **Skills and Volunteering Cymru Partnership:** Working collaboratively with Skills and Volunteering Cymru to identify and create meaningful opportunities for learners, supporting skills development and progression into employment.

Looking Ahead 2026-2027





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- **Implementation of Assemble,** a new All-Wales digital platform for volunteer management. This system will enhance volunteer recruitment, rota management, and training processes, while improving communication and engagement. The platform is scheduled for launch this year and will support a more streamlined and consistent approach to volunteering across Wales.
- **Widening participation and inclusion** by actively reaching out to underrepresented groups, including Welsh speakers and individuals whose first language is not English, to ensure our volunteer community reflects the diversity of the population we serve.
- **Enhancing support in dementia and end-of-life care** by expanding Companion roles across hospital, community, and care home settings, and strengthening volunteer involvement along the bereavement pathway.
- **Creating clearer pathways from volunteering into employment**, working in partnership with Workforce, Staff Side, and clinical teams to support individuals to transition into sustainable careers within the Health Board.
- **Developing peer support opportunities within specialist areas**, including mental health, cancer, cardiac, neurological, and alcohol services, enabling people with lived experience to support others.
- **Strengthening our infrastructure** through the development of dedicated volunteer hubs across hospital sites, alongside implementing the Assemble digital platform to support recruitment, scheduling, and data insight.
- **Further enhancing patient experience** by embedding volunteers within "what matters" conversations and strengthening their role in feedback systems such as Civica and the Poppy Programme.
- **Investing in learning and cultural competence** through expanded training opportunities, including sensory awareness, digital skills support, and bespoke modules, with the ambition of achieving GOLD Cultural Competence Accreditation.

These priorities reflect our continued commitment to building a skilled, inclusive, and compassionate volunteer workforce, one that not only enhances the quality of care but also strengthens connections between our services and the communities we serve.

Growing Together

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Key Risks and How We're Managing Them

Volunteer Services continues to go from strength to strength.

To ensure we remain sustainable and responsive, we are focused on managing the following key risks:

1 Volunteer Attrition

Volunteers may retire, relocate or experience changes in personal circumstances, which could impact our capacity.



Impact: Reduced volunteer capacity and potential gaps in service delivery.

2 Increasing Demand

Referral rates continue to rise. If demand outpaces capacity, this could affect our ability to meet expectations.

Impact: Pressure on capacity and potential impact on service quality and response times.

3 Reliance on Fixed-Term Funded Posts

Some key roles are funded for a limited time. If funding ends, this could affect innovation, service development and future sustainability.

Impact: Loss of specialist capacity and reduced ability to sustain and grow rervices.

4 Demonstrating Value and Impact

As demand grows, it is essential to clearly demonstrate the contribution of volunteering to patients, communities and our organisational goals.

Impact: Reduced visibility of value and potential risk to future support and investment.

How we are managing these risks:

- Ongoing volunteer recruitment and engagement activity.
- Effective volunteer coordination and support.
- Strong community and third-sector partnerships.
- Regular review of service demand and capacity.
- Exploration of opportunities to embed successful initiatives within wider service models where appropriate.

Overall, the report provides assurance that Volunteer Services remains a mature, *effective and highly valued service* that continues to adapt proactively to changing needs within the current financial environment.

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VOLUNTEER SERVICES KEY PRIORITIES FOR 2026/2027

Building on our achievements, shaping our future together

Thank you Volunteers!
You make a real difference every day

1 ENHANCE PATIENT & VISITOR EXPERIENCE

- Provide a warm welcome and practical support
- Improve information, signposting and communication

2 EXPAND & DEVELOP VOLUNTEER ROLES

- Grow existing roles and create new opportunities
- Align roles to service needs and community priorities

3 STRENGTHEN COMMUNITY PARTNERSHIPS

- Collaborate with local organisations and community groups
- Co-design initiatives that improve wellbeing and outcomes

4 INCLUSION & ACCESSIBLE VOLUNTEERING

- Promote equality, diversity and inclusion
- Remove barriers and widen participation for all

At the heart of our communities

Better Health
Better Care
Better Lives

5 INVEST IN LEARNING & DEVELOPMENT

- Provide high quality training and continuous development
- Support confidence, skills and career pathways

6 SUPPORT END OF LIFE & BEREAVEMENT CARE

- Provide compassionate support for patients, families and carers
- Grow and strengthen specialist bereavement roles

7 PROMOTE RESEARCH & INNOVATION

- Support research participation and community engagement
- Champion improvement, learning and innovation

8 PREVENTION & COMMUNITY WELLBEING

- Support preventative initiatives and healthy lifestyles
- Reduce isolation and build community resilience

9 SUPPORT OUR WORKFORCE & IMPROVE EXPERIENCE

- Complement staff teams and enhance capacity
- Improve patient experience through kindness and connection

10 IMPLEMENT ASSEMBLE VOLUNTEER DATABASE

- Implement the Assemble Volunteer Database to streamline systems
- Improve communication, reporting and volunteer experience

11 MEASURE IMPACT & SUSTAIN OUR SERVICE

- Strengthen data and insight to demonstrate our impact
- Secure resources to ensure a sustainable, thriving service
- Celebrate our volunteers and the difference they make

We will continue to listen, learn and work together to make a difference that matters.

Together, we can achieve even more in 2026/2027

11,243 VOLUNTEER HOURS IN 2025/26

600+ VOLUNTEERS ENGAGED

41 LANGUAGES SPOKEN

THOUSANDS OF ACTS OF KINDNESS



Celebrating a Year of Impact

Volunteers Making Every Interaction Matter

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Together We Have:

11,243 Hours of Direct Support

32,000+ Volunteer Hours Contributed

10,625 Patients, Families & Visitors Supported

71 Volunteers Speaking 41 Languages





Thank you to all our amazing volunteers!

Investing in People

484 Volunteer Inductions

57 Training Sessions

388 Training Attendees

27+ Volunteers Progressed into Paid Employment



> Our volunteers continue to make a remarkable difference across Aneurin Bevan University Health Board, providing compassion, reassurance, companionship and practical support to patients, families, staff and communities every day.
>
> Their contribution strengthens patient experience, supports workforce development and helps create more inclusive, person-centred care.

Looking Ahead 2026–27

Building on this success we will continue to:

- Expand volunteering opportunities
- Strengthen partnerships and community connections
- Develop new volunteer roles
- Support pathways into employment and education
- Enhance patient experience and wellbeing





Real People • Real Support • Real Impact

Growing Together

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The Power of People, Partnership and Purpose



28 Volunteer Role Profiles

293 Directly Engaged Volunteers

41 Languages Spoken

Hospital & Community Supporting People Wherever They Need Us

> From befriending and dementia companionship to peer support and community outreach, volunteers are enhancing patient experience, reducing loneliness and supporting recovery.

Building Confidence
Helping people gain skills, confidence and opportunities.

Creating Connection
Reducing loneliness and strengthening community wellbeing.

Co-Producing Better Services
Shaping services around what matters most to patients and families.







Our Future Vision
Growing an inclusive, skilled and supported volunteer workforce that improves patient experience, supports staff and strengthens connections with our communities.

Compassion • Confidence • Connection • Community

Together We Are Making a Difference

Thank you

to all our volunteers and partners

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Real People
Real Support
Real Impact

Together we provide compassion, reassurance and practical support every day.

We build confidence, restore connection and co-produce services that reflect what matters most.

We strengthen communities, reduce loneliness and support recovery.

We work in partnership to create more inclusive, equitable, person-centred care.

Your time. Your kindness. Your commitment.

Thank you for making a difference

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Aneurin Bevan
University Health Board

Because people's experience matters

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Contact

For more information on this report or to find out more about volunteering, please email:

ABB.Ffrindimi@wales.nhs.uk

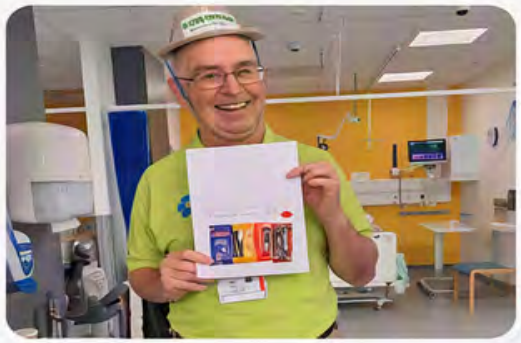
Report prepared by:
Tanya Strange, Head of Nursing and
Kathryn Thomas, Senior Programme Manager

15th August 2026

Thank you to all our volunteers – together we make a difference in our communities and across our Health Board.









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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
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 Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

The purpose of this report is to update the People and Culture Committee on the strategic risks delegated to it by the Board (SRR 001a to 001d), and to present the refreshed risk assessment template, together with the position of each risk against the revised Risk Appetite Statement approved by the Board on 28 September 2026.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

The Board has delegated oversight of four strategic workforce risks (SRR 001a to SRR 001d) to the People and Culture Committee (the Committee).

When the Committee last received this report in June 2026, all four risks were assessed against a single ‘People’ appetite of OPEN, with a tolerance threshold of a score of 17 or below.

Since that meeting, two things have changed:

- the Board approved a revised Risk Appetite Statement, which sets separate appetite parameters for different types of workforce exposure; and
- the four risk assessments have been moved onto a refreshed template, which sets out controls, assurance across the three lines of defence, control effectiveness, assurance ratings more clearly.

The refreshed assessments are attached at Appendix A. The review of their content is still under way, with Workforce Leads so the scores, controls and actions may change and the next report will reflect this.

The refreshed template is presented now so that the Committee can see the new format and the risk position against the revised appetite in the interim.

Asesiad / Assessment

Revised Risk Appetite

The revised Risk Appetite Statement replaces the single 'People' appetite with two Workforce parameters:

- Staff health, safety, wellbeing and statutory workforce requirements: Limited (8 or below). Only low exposure is acceptable, with no appetite for avoidable breach or unmanaged risk of serious harm.

- Workforce capacity, capability, role redesign and new ways of working: Measured (12 or below). Moderate exposure may be accepted where it is addressed through a credible workforce plan.

The Statement makes clear that appetite applies to the specific exposure rather than the broad theme, that the qualitative boundary applies alongside the score, and that where more than one parameter materially applies, the most restrictive one governs. As a result, SRR 001b (staff wellbeing) is now assessed against the 'Limited' parameter, and SRR 001a, 001c and 001d against the 'Measured' parameter. In each case the threshold is lower than the previous threshold of 17.

Refreshed Risk Assessment Template

The refreshed template records, for each sub-risk;

- linked corporate risks;
- each key control, whether it is preventative or recovery, and its effectiveness;
- assurance evidence mapped across the three lines of defence, with an assurance rating;
- gaps in assurance and the action to close them; and,
- further controls planned over the short, medium and long term.

Current Risk Position

SRR 001 – There is a risk that the Health Board cannot consistently deliver and sustain safe, high-quality services that meet current and changing population needs, due to the four causes set out in Table 1.

Table 1: Delegated strategic risks – position against the revised appetite

Ref	Threats *Due to*	Revised appetite	June 2026 score	Current score	Target score	Within appetite (current / target)
SRR 001a	Insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties	Measured 12 or below	High (12)	Moderate (8)	Low (4)	Y / Y
SRR 001b	Sustained workload pressures, workplace stressors and insufficient organisational capacity to protect staff wellbeing and manage sickness absence	Limited 8 or below	High (12)	High (12)	High (9)	N / N
SRR 001c	Gaps in leadership capacity, capability, accountability and succession at critical levels of the organisation	Measured 12 or below	High (12)	High (12)	Moderate (6)	Y / Y
SRR 001d	National employment disputes resulting in industrial action and reduced workforce availability	Measured 12 or below	Extreme (16)	High (12)	Moderate (8)	Y / Y

Scores and target scores are as recorded in the refreshed assessments and may change as their content is updated.

Compared with the June 2026 report, the current score for SRR 001a has reduced from 12 to 8, reflecting the reduction in vacancies and zero forecast registered nurse vacancies in rostered areas.

The current score for SRR 001d has decreased from 16 to 12 following horizon-scanning activity, which suggests a reduced likelihood of further industrial action in the foreseeable future.

The scores for SRR 001b and SRR 001c remain unchanged at 12.

Controls and Assurance

Table 2 summarises the controls and assurance recorded in the refreshed assessments. Of the 17 key controls, 2 are assessed as Effective and 15 as Partially Effective.

Assurance is rated Reasonable for 14 controls and Limited for 3.

Table 2: Summary of controls and assurance

Sub-risk	Key controls and effectiveness	Assurance ratings	Principal gaps in assurance
SRR 001a Workforce supply	6 controls, all Partially Effective	5 Reasonable 1 Limited	10-year supply and demand model still in draft; medical and hard-to-fill posts remain exposed; e-job planning at 54% against an 80% trajectory; medical e-rostering delayed; establishment dashboard has slipped and there is no independent assurance on variable pay reduction (Limited).
SRR 001b Staff wellbeing	4 controls, all Partially Effective	4 Reasonable	Independent assurance on attendance dates from 2023/24; sickness absence not shown against the 2024/25 baseline; OH waiting times not reported and SEQOHS outcome pending; latest local survey shows reduced staff wellbeing; Rest and Facilities Charter compliance reported to LNC only.
SRR 001c Leadership and succession	4 controls, all Partially Effective	2 Reasonable 2 Limited	No measure of succession-plan coverage for critical posts and Internal Audit outcome not recorded (Limited); no PADR compliance data and no independent assurance (Limited); leadership programme evaluation measures participation rather than impact.
SRR 001d National employment disputes	3 controls: 2 Effective, 1 Partially Effective	3 Reasonable	Debrief and learning from previous industrial action not yet completed; days lost and recovery of activity not reported; elements of Resident Doctor contract reform still in negotiation; Band 2/3 national framework still in draft; local grievances remain live.

The next report will provide the Committee with a complete and up-to-date assessment of the risks within its delegated remit. It will provide enhanced assurance regarding the effectiveness of risk management arrangements, progress against agreed actions, and the extent to which risks are being managed towards their agreed appetite.

Risks that remain outside the agreed appetite will be subject to more detailed review, enabling the Committee, and subsequently the Board, to scrutinise the adequacy of mitigating actions and gain assurance that each risk is being actively and effectively managed.

Argymhelliad / Recommendation

The People and Culture Committee is asked to:

- NOTE the revised appetite parameters now applied to SRR 001a to 001d;
- RECEIVE the refreshed risk assessments at Appendix A, noting that they are provided in the interim while their content is updated and may change by the next report;
- NOTE that SRR 001b is outside the revised appetite but note the actions to reduce the risk exposure;
- NOTE the reduced scores for SRR 001a and SRR 001d; and,

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 001a (8), SRR 001b (12), SRR 001c (12), SRR 001d (12)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 7.1 Workforce 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	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Refreshed risk assessments SRR 001a to 001d (Appendix A); Risk Appetite Statement, Issue 2 (September 2026)
Rhestr Termau: Glossary of Terms:	SRR – Strategic Risk Register; CRR – Corporate Risk Register; OH – Occupational Health; PADR – Performance Appraisal and Development Review. Three lines of defence – operational management (first), oversight functions (second) and independent assurance (third).
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Director of Workforce and Organisational Development

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	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

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

People And Culture Committee Risk and Assurance Dashboard

Position of the Strategic Risk and Threats

1 Principal Risk	4 Threats	1 Outside of Appetite	0 Positive assurance	3 Reasonable assurance	1 Limited assurance

Summary

- ONE of the four threats to the principal risk is currently scored above the agreed appetite threshold and therefore requires focused oversight.
- Overall assurance regarding the management of the threats has been informed by the current, appetite and target risk scores, together with an assessment of control effectiveness, progress against agreed actions and the available assurance evidence.
- The assurance conclusions presented within each risk assessment are based on an evaluation of the effectiveness of the individual strategic controls.

Assurance Scale

Positive	Reasonable	Limited	No assurance
Controls are operating effectively and exposure is at or below target.	Exposure is within appetite, but further delivery or evidence is required.	Exposure remains above appetite or significant control gaps remain.	Evidence or score information is insufficient to support a conclusion.

RISK APPETITE	**Workforce / Measured / Score 12 and below**	**Publication Status**	**Public**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**		
IMTP	**Section 4: Enabler – Workforce & Culture**		
Linked Corporate Risks	**CRR 001, 004, 006, 008, 011, 012, 024, 025, 026, 030, 036**		
SRR 001 A *(Risk Event)*	There is a risk that the Health Board cannot consistently deliver and sustain safe, high-quality services that meet current and changing population needs.		
Threat *(As a result of / Due to)*	Due to insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties.		
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • Non-compliance with safe staffing principles and standards. • Increased workload.	**Organisation** • Operational disruptions. • Reduced quality of services. • Reputational damage. • Financial strain – use of agency and bank staff.

		Risk Scoring Guidance	Current Level	Target Level	
Lead Executive Director	Director of Workforce & Organisational Development				**Trajectory of the risk**
Oversight Forum	People & Culture Committee	**Likelihood**	2 (Unlikely)	2 (Unlikely)	**Stable**
Initial Date of Assessment	01 June 2023	**Impact**	4 (Major)	2 (Minor)	
Last Reviewed	July 2026	**Risk Score**	**8 (Moderate)**	**4 (Low)**	
Next Review (Quarterly based on current risk score)	October 2026	The current risk score is **WITHIN** of the Appetite Threshold. The Target score to be achieved is **WITHIN** of the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
People Plan 2025–2030 and strategic workforce planning *Preventative control* Board-approved People Plan with workforce plans aligned to the IMTP, the Gwent Strategic Workforce Action Plan and supply/demand modelling.	**1st line:** People Plan tracker; Nursing and HCSW supply and demand tracker. **2nd line:** Workforce Dashboard and People Plan progress reported to Executive Committee, People & Culture Committee and Board. **3rd line:** Workforce planning external audit action plan (2024) and Structured Assessment response (Aug 2025); external quarterly vacancy reporting to WG.	**Partially Effective**	Vacancies reduced from 442 to 330 WTE (Sept 2025), but 10-year supply and demand predictions remain in draft and the link between workforce, service and financial plans is not yet evidenced.	Finalise 10-year supply and demand model with HEIW; report People Plan outcome measures (vacancies, turnover, time to hire) to P&CC; close workforce planning audit actions.	**Reasonable**
Recruitment pipeline and modernisation *Preventative control* National and international recruitment campaigns, over-recruitment of newly qualified nurses, centralised talent pools, Future Nurse Academy and the Recruitment & Selection Policy (Sept 2025).	**1st line:** Recruitment KPIs; Medical & Dental and student streamlining fill-rate reports. **2nd line:** Vacancy and time-to-hire reporting via the Workforce Dashboard; Workforce Supply Oversight Group (HEIW-led, Executive membership). **3rd line:** External quarterly vacancy reporting to WG; Internal Audit of Right to Work and International Recruitment (April 2026).	**Partially Effective**	Zero RN vacancies forecast in rostered areas, but medical and hard-to-fill posts remain exposed; impact of 1,000 new NHS England trainee posts (Aug 2026) on Welsh medical supply not yet quantified; outcome of April 2026 audit not recorded.	Report Right to Work / International Recruitment audit outcome to P&CC; model impact of NHS England trainee posts; deliver training-doctor fill-rate dashboard.	**Reasonable**
Retention programme *Preventative control* Retention lead and two-year action plan, Internal Retention Group, NHS Wales Nurse Retention Plan, HCSW retention plan, flexible retirement and the HCSW Band 2/3 framework.	**1st line:** Turnover and exit data analysis; new starter surveys. **2nd line:** Internal Retention Group; turnover reported via Workforce Dashboard; HEIW all-Wales retention self-assessment baseline. **3rd line:** NHS Wales Staff Survey (Oct–Nov 2025); Internal Audit Staff Culture (Q3 2024/25).	**Partially Effective**	Retention impact not yet evidenced across all staff groups (deep dive limited to Estates & Facilities); latest local survey showed a reduction in staff wellbeing; Staff Culture audit outcome not recorded.	Report turnover trend against People Plan target and Staff Survey 2025 results to P&CC; report Staff Culture audit outcome and management actions.	**Reasonable**
Safe staffing and effective deployment *Recovery control* Nurse Staffing Levels (Wales) Act 2016 compliance, SafeCare, e-rostering, e-job planning and medical e-systems (e-locum, e-agency).	**1st line:** Weekly filled/unfilled shift reports; Medical Staffing Co-ordinator review of rotas; cross-site operational calls. **2nd line:** Routine reporting against nurse staffing levels to Board. **3rd line:** External reporting on Nurse Staffing Levels; National Nursing Acuity Audits.	**Partially Effective**	E-job planning compliance static at 54% (Feb 2026) against 80% trajectory for 2026/27; medical e-rostering delayed (contract improvement notice issued to supplier).	Deliver revised e-job planning trajectory (Medical Director); report first medical e-rostering go-live (summer 2026) and benefits to P&CC.	**Reasonable**

Establishment control and variable pay reduction *Recovery control* Variable Pay Reduction Plan and ESR establishment control, overseen by the Value & Sustainability Board, limiting the financial impact of agency and bank reliance.	**1st line:** Weekly agency usage reports for HCSW/RN; Patchwork bank and agency data. **2nd line:** Variable Pay Programme Board reporting to Value & Sustainability Board; establishment control delivery plan agreed by Executive Committee. **3rd line:** No independent assurance identified.	**Partially Effective**	Establishment dashboard launch has slipped (Feb 2026 to late April 2026); bespoke medical model not yet developed; no independent review; progress against 30% agency spend reduction not reported.	Launch establishment dashboard and report agency spend against the 30% reduction target to P&CC and F&PC; consider inclusion in Internal Audit plan.	**Limited**
Education, training and new roles pipeline *Preventative control* HEIW Education & Training Plan, IMTP education commissioning, flexible routes into registered nursing, cadets, and new and advanced roles.	**1st line:** Training place and pathway completion data (c.35 flexible-route RNs per year). **2nd line:** IMTP education commissioning; Gwent Workforce Board programme. **3rd line:** HEIW Education & Training Plan 2025/26; Strategic Workforce Implementation Board reporting to the Minister.	**Partially Effective**	No local evaluation of whether new roles are reducing vacancy hotspots; Resident Doctor contract reform elements still in negotiation with BMA.	Evaluate new and advanced roles against vacancy hotspots; report Medical & Dental Recruitment & Retention Strategy 2025–2030 progress.	**Reasonable**

Preventative Controls to reduce Likelihood ***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)*	**Recovery Controls to reduce Impact** ***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)*
Short term (0–12 months) • Recruitment: over-recruitment of newly qualified nurses (Sept 2025, Mar 2026, Sept 2026) giving zero forecast RN vacancies in rostered areas. • Work with HEIW for earlier notification of unfilled and part-time training posts. • Expand talent pools into high-turnover areas such as Facilities and Health Records. • Retention: develop career pathways (e.g. non-clinical to clinical); implement Talent Management and succession planning workshops. • NHS Wales Nurse Retention Plan quarterly updates (submission update Sept 2025) [date passed – confirm status]; HCSW retention plan reviewed monthly; new starter surveys with Nursing & Midwifery. • Organisational turnover and exit analysis (initial deep dive into Estates & Facilities). • Workforce planning training prospectus (launched May 2025) and HEIW Workforce Planning Hub (2026 dates); recruitment training for managers to reduce time to hire. • Development of a training-doctor fill-rate dashboard; review of nurse streamlining preferences exceeding vacancies.	**Short term (0–12 months)** • Utilise SafeCare to support effective deployment in adult wards. • Medical rostering roll-out to resume (October 2025) [date passed – confirm status]; first areas live summer 2026; contract improvement notice issued to Patchwork. • E-job planning: revised trajectory commissioned by the Medical Director to reach 80% in 2026/27 (54% in Feb 2026). • Analyse Patchwork bank and agency data to identify high-usage areas and convert to substantive roles. • Variable pay: action plan based on the WHC to reduce bank and agency usage. • Extend scope of Advanced Clinical Practitioners to reduce pressure on medical capacity.
Medium term (12–24 months) • Explore overseas clinical attachments in other Divisions (currently Medicine only) to create a pipeline for senior grades. • Medical & Dental Recruitment & Retention Strategy 2025–2030. • Continued implementation of new roles (Physician Associates, CAAPs, enhanced, advanced and consultant roles); increase Band 4 assistants in Community/Mental Health and Cardiac Physiology. • Registered Nursing Associate role with placements from September 2027. • Partnership with DWP: 12-week placements for unemployed people (up to 50 candidates per year). • 10-year workforce supply and demand predictions (draft) and HEIW supply/demand modelling initiatives. • Regional strategic workforce plans (Orthopaedics, Endoscopy, Women's Health Units, Vascular).	**Medium term (12–24 months)** • None Identified
Long term (24–36 months) • HEIW expansion of Primary Care training capacity, including the Primary Care Academy.	**Long term (24–36 months)** • None Identified
Longer-term capital dependency • No capital dependency identified.	**Longer-term capital dependency** • No capital dependency identified.

Control Rating	Description
Effective	The control is operating as intended and there is evidence that it is reducing the likelihood and/or impact of the risk.
Partially Effective	The control is operating but does not fully address the risk, is not consistently applied, or evidence of effectiveness is mixed.
Ineffective	The control is not operating as intended, is not consistently applied, or there is little evidence that it is reducing the risk.

Assurance Rating	Criteria
Positive	Multiple sources of evidence demonstrate the control is consistently effective. Independent assurance supports the conclusion.
Reasonable	Evidence demonstrates the control is generally effective, although some gaps or weaknesses exist.
Limited	Some evidence exists, but it is incomplete, inconsistent or does not fully demonstrate effectiveness.
No Assurance	Little or no evidence exists that the control is effective.

RISK APPETITE	**Workforce/ Limited/ Score 8 and below**	**Publication Status**	**Public**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**		
IMTP	**Section 4: Enabler – Workforce & Culture**		
Linked Corporate Risks	**CRR 006**		

SRR 001 B *(Risk Event)*	There is a risk that the Health Board cannot consistently deliver and sustain safe, high-quality services that meet current and changing population needs.			
Threat *(As a result of / Due to)*	Due to sustained workload pressures, workplace stressors and insufficient organisational capacity to protect staff wellbeing and manage sickness absence.			
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • High absence levels, with some sustained long periods. • Non-compliance with safe staffing principles and standards.		**Organisation** • Reputational damage to the Health Board as an employer. • Work-related claims. • Financial implications.
Lead Executive Director	Director of Workforce & Organisational Development	Risk Scoring Guidance	**Current Level**	**Target Level**
Oversight Forum	People & Culture Committee	**Likelihood**	3 (Possible)	3 (Possible)
Initial Date of Assessment	01 June 2023	**Impact**	4 (Major)	3 (Moderate)
Last Reviewed	July 2026	**Risk Score**	**12 (High)**	**9 (High)**
Next Review (Quarterly based on current risk score)	October 2026	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **OUTSIDE** of the Appetite Threshold.		**Trajectory of the risk** **Stable**

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Attendance management *Recovery control* All Wales Managing Attendance at Work Policy, absence and referral trend monitoring through the Workforce Performance Dashboard, and targeted 'hot spot' plans.	**1st line:** Monthly sickness monitoring reports; regular meetings with Divisions. **2nd line:** Workforce Dashboard reported to Executive Team, TUPF, LNC and People & Culture Committee. **3rd line:** Internal Audit Sickness Absence 2023/24 – Reasonable; Long Term Sickness Absence Management review (2023/24).	**Partially Effective**	Independent assurance dates from 2023/24; the assessment does not show sickness absence trend against the 2024/25 baseline (IMTP measure).	Report sickness absence against 2024/25 baseline to P&CC; seek follow-up audit coverage.	**Reasonable**
Occupational Health and Employee Wellbeing Service *Recovery control* Additional OH capacity, OPAS G2 system with NWSSP, external Employee Assistance Programme (Vivup) and regional OH partnership working.	**1st line:** OH referral trends and waiting times. **2nd line:** Summary of Wellbeing and OH activity in dashboard reporting to Executive Team and P&CC. **3rd line:** SEQOHS accreditation applied for in Q4 2025/26 (outcome pending).	**Partially Effective**	Not known whether support is reaching all staff; OH waiting-time trend not reported; accreditation outcome pending.	Continue divisional engagement on available support; report OH waiting times and SEQOHS outcome to P&CC.	**Reasonable**
Culture, psychological safety and speaking up *Preventative control* Speaking Up Safely, Respect & Resolution, the Avoidable Employee Harm Programme, Schwartz Rounds, staff networks and the Strategic Equality Plan.	**1st line:** Speaking Up Safely action plan; Avoidable Employee Harm Programme (60–70% reduction in investigations over 3 years). **2nd line:** People & Culture Committee reporting; local wellbeing surveys. **3rd line:** NHS Wales Staff Survey; Internal Audit Staff Culture (Q3 2024/25).	**Partially Effective**	Mixed evidence: Staff Survey 2024/25 shows improved culture and diversity, but the latest local survey shows reduced staff wellbeing; Staff Culture audit outcome not recorded.	Report Staff Culture audit outcome; deliver and report the staff survey action plan on engagement and work-related stress.	**Reasonable**
Safe working conditions – Rest & Facilities Charter *Preventative control* BMA Rest and Facilities Charter compliance assessment and action plan; Staff Welfare Charter.	**1st line:** Compliance assessment and action plan. **2nd line:** Reporting of compliance to the Local Negotiating Committee. **3rd line:** Monitoring of compliance via NHS Employers.	**Partially Effective**	Compliance position is reported to LNC only and not visible to P&CC.	Include Charter compliance position in P&CC wellbeing reporting.	**Reasonable**

Preventative Controls to reduce Likelihood ***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)*	Recovery Controls to reduce Impact ***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)*
Short term (0–12 months) • Increase wellbeing initiatives, including long-term programmes within large departments (e.g. Maternity). • Identify, train and develop Respect and Resolution advocates; take a data-based approach to Respect and Resolution processes. • Work with Professional Nurse Advocates to offer high-quality support to nursing colleagues; trained mediator network. • Implement, develop and embed Speaking Up Safely in line with the Welsh Government Framework. • Next phase of the Avoidable Employee Harm Programme – transfer benefits to Respect and Resolution processes. • Pilot of 'Safe atmospheres' training in theatres; Schwartz Rounds 10-year celebration events. • Staff Survey action plan addressing engagement and work-related stress; planning for the 2026 staff survey. • Review of staff diversity networks; buddy system for international medical staff; empowerment passport for disabled staff.	**Short term (0–12 months)** • Enhanced financial wellbeing offer. • Support for Trade Union representatives and members with rapid escalation where appropriate. • 'Safe Space' conversations for senior medical leaders (Faculty of Medical Leadership & Management). • Work with trade union and national partners to improve attendance (Wellbeing Passport, alternative roles, health promotion).
Medium term (12–24 months) • **None Identified**	**Medium term (12–24 months)** • Regional occupational health partnership with Cardiff & Vale and Cwm Taf (Phase 1 collaborative physician procurement complete).
Long term (24–36 months) • None Identified	**Long term (24–36 months)** • None Identified
Longer-term capital dependency • No capital dependency identified.	**Longer-term capital dependency** • No capital dependency identified.

Control Rating	Description
Effective	The control is operating as intended and there is evidence that it is reducing the likelihood and/or impact of the risk.
Partially Effective	The control is operating but does not fully address the risk, is not consistently applied, or evidence of effectiveness is mixed.
Ineffective	The control is not operating as intended, is not consistently applied, or there is little evidence that it is reducing the risk.

Assurance Rating	Criteria
Positive	Multiple sources of evidence demonstrate the control is consistently effective. Independent assurance supports the conclusion.
Reasonable	Evidence demonstrates the control is generally effective, although some gaps or weaknesses exist.
Limited	Some evidence exists, but it is incomplete, inconsistent or does not fully demonstrate effectiveness.
No Assurance	Little or no evidence exists that the control is effective.

RISK APPETITE	**Workforce/Measured/ Score 12 and below**	**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**		
IMTP	**Section 4: Enabler – Workforce & Culture**		
Linked Corporate Risks	**CRR 027**		

SRR 001 C *(Risk Event)*	There is a risk that the Health Board cannot consistently deliver and sustain safe, high-quality services that meet current and changing population needs.			
Threat *(As a result of / Due to)*	Due to gaps in leadership capacity, capability, accountability and succession at critical levels of the organisation.			
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • Adverse impacts on staff recruitment and retention.		**Organisation** • 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.
Lead Executive Director	Director of Workforce & Organisational Development	Risk Scoring Guidance	**Current Level**	**Target Level**
Oversight Forum	People & Culture Committee	**Likelihood**	3 (Possible)	3 (Possible)
Initial Date of Assessment	01 June 2023	**Impact**	4 (Major)	2 (Minor)
Last Reviewed	July 2026	**Risk Score**	**12 (High)**	**6 (Moderate)**
Next Review (Quarterly based on current risk score)	October 2026	The current risk score is **WITHIN** of the Appetite Threshold. The Target score to be achieved is **WITHIN** of the Appetite Threshold.		**Trajectory of the risk** **Stable**

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Talent management and succession planning framework *Preventative control* Framework signed off by Executive Committee, with resources and workshops available to all leaders.	**1st line:** Workshop uptake (114 of 120 places booked). **2nd line:** Talent and Succession Board; P&CC reporting on People Plan progress. **3rd line:** Internal Audit review referenced – scope and outcome not recorded.	**Partially Effective**	No measure of succession-plan coverage for critical posts; independent assurance not specified.	Report succession-plan coverage for critical roles to P&CC; confirm Internal Audit scope and outcome.	**Limited**
Leadership development offer *Preventative control* Mapped leadership journey: Clinical Director and Directorate Manager programmes, Nursing & Midwifery Leadership Academy, Core Leadership (c.200 staff a year), HEIW aspiring Director/CEO programmes and masterclasses.	**1st line:** Evaluation of internal leadership programmes and regular review of the offer. **2nd line:** P&CC reporting against People Plan 2025–2030. **3rd line:** HEIW monitoring frameworks for national programmes.	**Partially Effective**	Evaluation measures participation rather than impact on accountability or performance.	Introduce impact evaluation of leadership programmes; develop very senior leadership programme (2026/27).	**Reasonable**
Performance appraisal and management competency *Preventative control* PADR process supported by masterclasses, and engagement with the management competency framework being adopted in Wales.	**1st line:** PADR completion at team level. **2nd line:** PADR compliance is an IMTP measure but is not reported within this assessment. **3rd line:** No independent assurance identified.	**Partially Effective**	No PADR compliance data presented; management competency framework not yet adopted.	Include PADR compliance trajectory in Workforce Dashboard reporting to P&CC.	**Limited**
Targeted divisional leadership and culture support *Recovery control* Bespoke support for senior management teams in clinical and non-clinical settings, including leadership and culture work in MHLD.	**1st line:** WOD divisional reporting. **2nd line:** No organisational-level reporting identified. **3rd line:** No independent assurance identified.	**Partially Effective**	MHLD work is at an early stage; no evidence yet of impact or scalability.	Report MHLD outcomes and scaling plan to P&CC during 2026.	**Reasonable**

Preventative Controls to reduce Likelihood ***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)*	Recovery Controls to reduce Impact ***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)*
Short term (0–12 months) • Talent and succession planning development workshops rolled out across the Health Board throughout 2026/27. • Designated talent management and succession planning resources on the intranet, updated regularly. • Explore leadership funding options with USW (Government grants and apprenticeship levy). • Continued commitment to NHS graduate schemes. • Review of leadership journey and planning of a very senior leadership development programme (2026/27).	**Short term (0–12 months)** • Continued bespoke development and support for senior management teams (leadership, team dynamics and thriving). • Leadership and culture work in MHLD Division, with methods to be scaled across the Health Board in 2026.
Medium term (12–24 months) • Work with HEIW to inform a national development programme for managers. • Engagement with the management competency framework to be adopted in Wales (following NHS England implementation).	**Medium term (12–24 months)** • None Identified
Long term (24–36 months) • None Identified	**Long term (24–36 months)** • None Identified
Longer-term capital dependency • No capital dependency identified.	**Longer-term capital dependency** • No capital dependency identified.

Control Rating	Description
Effective	The control is operating as intended and there is evidence that it is reducing the likelihood and/or impact of the risk.
Partially Effective	The control is operating but does not fully address the risk, is not consistently applied, or evidence of effectiveness is mixed.
Ineffective	The control is not operating as intended, is not consistently applied, or there is little evidence that it is reducing the risk.

Assurance Rating	Criteria
Positive	Multiple sources of evidence demonstrate the control is consistently effective. Independent assurance supports the conclusion.
Reasonable	Evidence demonstrates the control is generally effective, although some gaps or weaknesses exist.
Limited	Some evidence exists, but it is incomplete, inconsistent or does not fully demonstrate effectiveness.
No Assurance	Little or no evidence exists that the control is effective.

RISK APPETITE	**Workforce / Measured / Score 12 or below**	**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**		
IMTP	**Section 4: Enabler – Workforce & Culture**		
Linked Corporate Risks	**No linked corporate risks**		

SRR 001 D *(Risk Event)*	There is a risk that the Health Board cannot consistently deliver and sustain safe, high-quality services that meet current and changing population needs.			
Threat *(As a result of / Due to)*	Due to national employment disputes resulting in industrial action and reduced workforce availability.			
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • Non-compliance with safe staffing principles and standards.		**Organisation** • Litigation and financial penalties. • Reputational damage to the Health Board and loss of public confidence.
Lead Executive Director	Director of Workforce & Organisational Development	Risk Scoring Guidance	**Current Level**	**Target Level**
Oversight Forum	People & Culture Committee	**Likelihood**	3 (Possible)	2 (Unlikely)
Initial Date of Assessment	01 June 2023	**Impact**	4 (Major)	4 (Major)
Last Reviewed	August 2026	**Risk Score**	**12 (High)**	**8 (Moderate)**
Next Review (Monthly based on current risk score)	September 2026	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.		**Trajectory of the risk** **Stable**

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Industrial action response and command arrangements *Recovery control* All Wales Industrial Action Planning Group, local planning arrangements, command and control structure, derogation processes and business continuity plans.	**1st line:** Established processes and tools from previous industrial action; local staff redeployment assessments. **2nd line:** Reporting to Executive Team; Business Continuity groups; command and control structure stood up as required. **3rd line:** All Wales IA group and Welsh Government planning group.	**Effective**	Debrief and learning from previous action is planned but not completed; days lost, cancelled activity and recovery (IMTP measures) not reported.	Complete debrief and capture learning; report days lost, service disruption and recovery of activity after any action.	**Reasonable**
Employee relations and social partnership *Preventative control* Local Negotiating Committee, Trade Union Partnership Forum and national partnership groups, with early notification of ballot outcomes via NHS Employers/WG.	**1st line:** LNC and Trade Union Partnership meetings; divisional engagement. **2nd line:** Reporting to Executive Team. **3rd line:** Welsh Partnership Forum and Business Committee.	**Effective**	Local grievances remain live (Band 2/3 job descriptions, Health Visitor job description); partnership effectiveness not formally reviewed.	Report resolution of local disputes to P&CC; continue national Health Visitor working group input.	**Reasonable**
Implementation of national pay and contract agreements *Preventative control* Resident Doctor contract implementation plan, AfC and Medical & Dental pay awards 2026/27, HCSW Band 2/3 framework and Real Living Wage uplift (April 2026).	**1st line:** Band 2/3 assessments 98% complete for staff in post (as at 1 Jan 2026). **2nd line:** Resident Doctor Contract Reform Steering Group and implementation readiness assessment (with Medical Director). **3rd line:** Band 2/3 Implementation Framework (draft, subject to Cabinet Secretary approval); NHS Wales Employers guidance.	**Partially Effective**	Elements of Resident Doctor contract reform still in negotiation with BMA; Band 2/3 national framework still in draft.	Report Resident Doctor readiness assessment and Band 2/3 completion to P&CC.	**Reasonable**

Preventative Controls to reduce Likelihood ***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)*	**Recovery Controls to reduce Impact** ***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)*
Short term (0–12 months) • Issue of WHC on AfC non-pay elements of the collective agreement 2022–24. • Early notification of consultative ballot outcomes via NHS Employers/WG; monitoring of national TU ballot responses ahead of strike ballots. • Local negotiation and response to grievances on Band 2/3 HCSW job descriptions. • Resident Doctor contract reform planning structure with Medical Director; implementation readiness assessment. • CPD/statutory and mandatory training review with TU colleagues. • Review of Health Visitor job description in partnership with TUs; contribution to national Health Visitor working group.	**Short term (0–12 months)** • Contractual reviews and disputes supported with guidance from NHS Wales Employers. • Debrief session to reflect on and capture learning for any future action.

Medium term (12–24 months) • None Identified	**Medium term (12–24 months)** • None Identified
Long term (24–36 months) • None Identified	**Long term (24–36 months)** • None Identified
Longer-term capital dependency • No capital dependency identified.	**Longer-term capital dependency** • No capital dependency identified.

Control Rating	Description
Effective	The control is operating as intended and there is evidence that it is reducing the likelihood and/or impact of the risk.
Partially Effective	The control is operating but does not fully address the risk, is not consistently applied, or evidence of effectiveness is mixed.
Ineffective	The control is not operating as intended, is not consistently applied, or there is little evidence that it is reducing the risk.

Assurance Rating	Criteria
Positive	Multiple sources of evidence demonstrate the control is consistently effective. Independent assurance supports the conclusion.
Reasonable	Evidence demonstrates the control is generally effective, although some gaps or weaknesses exist.
Limited	Some evidence exists, but it is incomplete, inconsistent or does not fully demonstrate effectiveness.
No Assurance	Little or no evidence exists that the control is effective.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	People & Culture Committee – Review of Committee Forward Work Plan 2026/27
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)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People & Culture Committee is asked to review the agreed Committee Forward Work Plan appended to this report. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2026/27 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

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

To aid the Committee when reviewing its programme of business, the Forward Work Programme captures the timing of when reports are to be submitted, identifies items that have been deferred and captures new requests for reports and enables the Committee to monitor and review its business at each meeting.

During the period the following requests and/or changes to the forward work plan have been included:

Items Deferred on the Forward Work Plan

To date, the following reports have been deferred

- Job Planning Update, deferred to the February meeting

Additional reports on the Forward Work Plan

The following reports have been added to the forward work plan this period:

- HEIW Education and Training Targeted Visit Report for Medicine, scheduled for October's meeting.

- Volunteering Annual Report, scheduled for October's meeting.

Items removed from the Forward Work Plan

To date, the following items have been removed from the Forward work plan.

- Assurance Report in respect of the prevention of Violence & Aggression against Staff and incident rates including benchmarking across all staff groups.

This was removed owing to the report now being presented to PQSOC and that this has been removed to align with PQSOC's responsibilities.

These changes have been reflected on the updated Forward Work Programme.

Argymhelliad / Recommendation

The Committee is requested to NOTE the updated Committee forward work plan as provided in Appendix 1.

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 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:	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 2026-27

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 2025/26
- 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 16th June 2026	QTR 2 July to Sept No Meeting	QTR 3 Oct to Dec 20th October 2026	QTR 4 Jan to Mar 2nd February 2027
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓		✓	✓
Declarations of Interests	Chair	SI	✓		✓	✓
Minutes of the Previous Meeting	Chair	SI	✓		✓	✓
Action Log and Matters Arising	Chair	SI	✓		✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2027/28	DoCG	AN				✓
Review of Committee Programme of Business 2026/27	DoCG	SI	✓		✓	✓
Committee Annual Report 2026/27 • Annual Review of Committee Terms of Reference 2026/27	DoCG	AN				✓

• Annual Review of Committee Effectiveness 2026/27 • Outcome of the annual review of Committee effectiveness 2026/27						
Committee Risk Report	DoCG	SI	✓		✓	✓
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	AN			✓	
Annual Review and Refresh of the People Plan and its Priorities	DoW&OD	AN				✓
NHS Wales Staff Survey – Results and Action Plan	DoW&OD	AN	✓			
Speaking Up Safely Report	DoW&OD	AN			✓	
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	AN				✓
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	AN	✓			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	AN	✓			
Body Camera Update	DoAHP&HS	Add Hoc				✓

Mandatory Training Update	DoW&OD	Add Hoc				✓
Update on survey outcomes and associated action plans PCC 1002/10	DoW&OD	Action	✓			
HEIW Education and Training Targeted Visit Report for Medicine	MD	Add Hock			✓ ✓	
Volunteering Annual Report	DoN	Add Hock			✓	
Refreshed People Experience and Involvement Framework	DON	Add Hock				✓
Organisational Development						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	AN	✓			✓
Annual Assurance Report on Medical Revalidation	MD	AN	✓			
Job Planning Update	DoW&OD	SI	✓			✓
Employment Rights Act Changes PCC 1002/09	DoW&OD	Action	✓			
Workforce Performance						
Workforce Performance Dashboard incorporating Key Performance Indicators	DoW&OD	SI	✓		✓	✓
Job Planning Progress Update	DoW&OD	BI-AN	✓		✓	

Commented [GT(BUCS1]: Added to FWP 08/06/2026

Commented [GT(BUCS2]: Added to FWP 14/08/2026

Commented [GT(BUCS3]: Added to FWP 23/09/2026

Commented [GT(BUCS4]: Deferred to February Meeting

People Plan 2025-2030, Quarterly Review Objective 1 - Better Health and Wellbeing	DoW&OD	AN	✓			
People Plan 2025-2030, Quarterly Review Objective 2 - Better Future Workforce	DoW&OD	AN			✓	
People Plan 2025-2030, Quarterly Review Objective 3 - Better Working lives	DoW&OD	AN				✓
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	SI	✓		✓	✓
Speciality Doctors and Clinical Fellows Framework	DoW&OD	AN			✓	
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	AN			✓	
DBS Review – Health Board Position	DoW&OD	BI	✓			✓
Nursing Strategy	DoN		✓			

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
DoAHP&HS	Director of Allied Health Professions & 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	
√	Scheduled agenda item in FWP
D	Deferred from this agenda
√D	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee