

People & Culture Committee

Wed 15 October 2025, 09:30 - 12:30

Microsoft Teams



Agenda

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Oral Chair

1.2. Apologies for Absence

Oral Chair

1.3. Declarations of Interest

Oral Chair


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

Attached Chair

 PCC 20251015 1.4 PCC 20250611 Minutes.pdf (12 pages)

1.5. Committee Action Log

Attached Chair

 PCC 20251015 1.5 Committee Action Log.pdf (3 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

3. ITEMS FOR DISCUSSION

3.1. NHS Wales Staff Survey – Action Plan Update

Attached Director of Workforce & OD


 PCC 20251015 3.1 NHS Wales Staff Survey – Action Plan Update .pdf (6 pages)

 PCC 20251015 3.1 NHS Wales Staff Survey – Action Plan Update - Appendix 1_Staff Survey Comms Plan 2025.pdf (6 pages)

3.2. Sickness Absences Update

Attached Director of Workforce & OD


 PCC 20251015 3.2 Sickness Absence Update.pdf (9 pages)

 PCC 20251015 3.2 Sickness Absence Update - Appendix 1 - CIPD Health and WellBeing at Work Report.pdf (36 pages)

3.3. People Plan 2025/30 - Delivery Measures & Plan



Attached Director of Workforce & OD

 PCC 20251015 3.3 People Plan 2025-30 .pdf (5 pages)

 PCC 20251015 3.3 People Plan 2025-30 - Appendix 1 - Measuring Success People Plan.pdf (4 pages)



3.4. Disclosure and Barring Service Review – Electronic Staff Record Update

Attached *Director of Workforce & OD*

-  PCC 20251015 3.4 Disclosure and Barring Service Review.pdf (6 pages)
-  PCC 20251015 3.4 Disclosure and Barring Service Review - Appendix 1 DBS Review Exec Comm Paper.pdf (8 pages)



3.5. Workforce Performance Dashboard incorporating Key Performance Indicators

Attached *Director of Workforce & OD*

-  PCC 20251015 3.5 Workforce Performance Dashboard.pdf (5 pages)
-  PCC 20251015 3.5 Workforce Performance Dashboard Appendix 1 - Dashboard.pdf (7 pages)


3.6. Report from the Director of Workforce & OD, including Agile Working Framework, Employee Relations & Suspensions over 4 months

Attached *Director of Workforce & OD*

-  PCC 20251015 3.6 Director of Workforce & OD Report.pdf (11 pages)
-  PCC 20251015 3.6 Director of Workforce & OD Report - Appendix 1 Agile Hybrid Working Programme Plan.pdf (2 pages)

3.7. Framework - Speciality Doctors and Clinical Fellows

Attached *Director of Workforce & OD*

-  PCC 20251015 3.7 Speciality Doctors and Clinical Fellows Framework.pdf (8 pages)



3.8. Workforce Organisational Changes 2020-2025

Attached *Director of Workforce & OD*

-  PCC 20251015 3.8 Workforce Organisational Changes .pdf (9 pages)

3.9. People & Culture Committee Risk Report

Attached *Director of Corporate Governance*

-  PCC 20251015 3.9 Committee Risk Report .pdf (6 pages)
-  PCC 20251015 3.9 Committee Risk Report - Appendix A Strategic Risk Assessments.pdf (9 pages)

4. ITEMS FOR INFORMATION

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

Attached *Director of Corporate Governance*

-  PCC 20251015 4.1 Review of Committee Forward Work Plan 2025-26 .pdf (4 pages)
-  PCC 20251015 4.1 PCC Forward Work Plan 2025-2026 - Appendix 1 .pdf (7 pages)

5. OTHER MATTERS

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 10th February 2026



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

MINUTES OF THE PEOPLE AND CULTURE COMMITTEE

| | |
|------------------------|--------------------------|
| DATE OF MEETING | 11 June 2025 10.30-13.30 |
| VENUE | Microsoft Teams |

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|----------------------|---|
| PRESENT | Paul Deneen, Committee Chair, Independent Member Helen Sweetland, Independent Member Philip Robson, ABUHB Vice Chair of the Board Vivek Goel, Independent Member |
| IN ATTENDANCE | Sarah Simmonds, Director of Workforce & OD Robert Holcombe, Director of Finance, Procurement & VBHC Rani Dash, Director of Corporate Governance Naomi Murtagh, Board Business Manager James Calvert, Medical Director Karen Newman, Assistant Director of Communications and Engagement Star Moyo, Head of Equality Diversity and Inclusion Cathy Brookes, Head of Workforce Planning Geraint Scott, Head of the Welsh Language Unit Huw Williams, Welsh Language Support Officer Joanne Gubbings, Assistant Director of Workforce & OD Katelyn Falvery, Assistant Director of Workforce & OD Julie Chapelle, Assistant Director of Workforce & OD Shelley Williams, Deputy Director of Workforce Peter Brown, Assistant Director of Workforce & OD Gavin Thomas, Governance Support Officer |

Preliminary Items

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| PCC/1106/01 | Welcome and Apologies Paul Deneen (PD), Chair, welcomed everyone to the meeting and noted that guests would be joining later in the Committee to help support particular agenda items. |
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| PCC/1106/02 | <p>Apologies for Absence</p> <p>There were no apologies for absence to be noted.</p> |
| PCC/1106/03 | <p>Declarations of Interest</p> <p>There were no Declarations of Interest to record.</p> |
| PCC/1106/04 | <p>Draft Minutes of the last Meeting held on 11th February 2025</p> <p>The previous minutes were reviewed and AGREED as a true and accurate record of the meeting.</p> |
| PCC/1106/05 | <p>Committee Action Log</p> <p>The Committee received the action log and was content with the progress made in relation to the completed actions. Paul Deneen, (PD), Independent Member, Committee Chair noted that there were no outstanding actions.</p> |
| <p>Items for APPROVAL/RATIFICATION/DECISION</p> | |
| PCC/1106/06 | <p>Development of Committee Annual Programme of Business 2025/26</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the Annual Programme of Business 2025/26 to the Committee. Joanne Gubbings (JD), Assistant Director of Workforce & OD, noted that the strategic quality plan needed to be rescheduled for January’s committee meeting on the forward work plan so that it considered by the Committee prior to being submitted to the Board.</p> <p>RD, agreed for this to be moved on the forward work plan.</p> <p>Action Director of Corporate Governance.</p> <p>The Committee APPROVED the Committee Annual Programme of Business 2025/26.</p> |
| <p>ITEMS FOR DISCUSSION</p> | |
| PCC/1106/07 | <p>Annual Assurance Report on Medical Revalidation</p> <p>James Calvert (JC), Medical Director, presented the paper to the Committee and provided background to his role in relation to the paper. The Committee noted that the appraisal rates for GPs and Consultants exceeded the national average and in</p> |



terms of SAS doctors, whilst the rates were low at the time of the Committee, there was a plan to bring these rates up to a similar level as the consultants.

Philip Robson (PR), ABUHB Vice Chair, noted that the report was very detailed and enquired on the 360-feedback process and its role in the revalidation process. JC explained how the process worked in relation to medical revalidation.

Paul Deneen (PD), Chair, queried that other health boards were not undertaking the same amount of work in respect of revalidation. JC agreed and explained that he believes this could be due to the sheer volume of work which is involved in medical revalidation.

The Committee **NOTED** the report.

PCC/1106/08

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

Star Moyo (SM), Head of Equality Diversity and Inclusion, presented the report to the Committee.

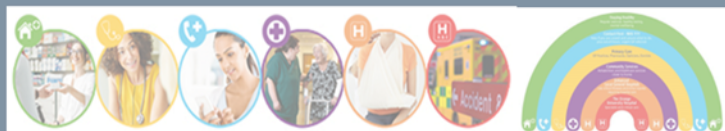
The Committee noted that there had been a re-launch of some of the networks within the Health Board as well as the roll out of a new E-earning package via ESR, with 67% of the workforce already having completed it.

Helen Sweetland (HS), Independent member, queried if the international nurses which commence employment with The Health Board, are appointed on a short-term contract and how many of them remain working for the Health Board after appointment.

Shelly Williams (SW), Deputy Director of Workforce, explained that when the overseas nurses are appointed, they are appointed on a permanent contract, but they commence their employment as unregistered nurses while they undertake their OSCE, and once they have secured their OSCE qualification, they are then registered on Band 5. In terms of fall out rate, SW explained that she did not have this detail to hand but that she would share with the Committee outside of the meeting.

Action: Director of Workforce & OD.

The report was **NOTED** by the Committee.



PCC/1106/09

Committee Risk Report

Rani Dash (RD), Director of Governance, presented the report to the Committee. RD outlined the potential risk relating to Nurse Education at Cardiff University. Sarah Simmonds (SS), Director of Workforce & OD, explained that the proposals on Nursing education have been curtailed at the moment, but further explained that there will still be implications for the Health Board as the number of places will be reduced. The Committee heard that 70% of the Health Boards nurses currently come from Cardiff University.

Helen Sweetland (HS), Independent Member, explained that whilst the situation was concerning, she believes that there would be benefits, in the quality of the course being delivered which could also lead to a lower dropout rate.

In addition, SS advised the Committee that she had been informed that the trade unions had written to the members about strike action in response to the recent pay award announced by Welsh Government and that the position on strike action should be known by late summer.

The Committee **NOTED** the report.

PCC/1106/10

Annual Review and Refresh of the People Plan and its Priorities

Sarah Simmonds, (SS) Director of Workforce & OD, presented the report to the Committee and explained that the final report will be presented at Board later this year.

The Committee noted the key achievements from the paper including the reduction in turnover from 9.10% down to 8.64%.

The Committee further noted that the framework consisted of 22 core actions plus 7 new actions/initiatives added after publication, structured under the three strategic objectives

The Committee noted that the new People Plan would build on the existing plan to date with more of a focus on the IMTP Priorities.

Paul Deneen (PD), Chair, explained that he was pleased to see that the staff networks were gaining traction again, but



he remained concerned about the PADR rates which were outlined in the report.

SS commented that whilst it was recognised that further work was needed, strides had been taken to simplify the process and to remove barriers.

Helen Sweetland (HS), Independent Member, queried if there was enough resources available to be able to deliver the actions. SS explained the use of the delivery framework whilst acknowledging that the Health Board would always welcome additional staff.

PD noted that when referencing staff wellbeing, we needed to ensure that we include volunteers on the People Plan.

The Committee **NOTED** the report and were **ASSURED** by its contents.

PCC/1106/11

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

Geraint Scott (GS), Head of the Welsh Language Unit, was welcomed to the Committee as well as Huw Williams (HW), Welsh Language Support Officer.

The Committee noted that the Welsh Language Unit formally launched the next aspect of the Skills Surgery programme at Eisteddfod yr Urdd in Margam Park, Swansea on the 27 May 2025. The Committee noted that while the sessions delivered by Health Board staff were positively received by all participants, they are resource-intensive and currently limited in the number of students they can accommodate.

GS explained that the aim of the project was to generate a pack that was fully resourced and would be able to be delivered independently by schools. The resource launched contained fully planned lessons with all associated resources that any school can deliver. The Committee noted that the lesson plans had been aligned with the Welsh Government's 'Curriculum for Wales' with each lesson clearly noting which areas of the curriculum would be covered within each lesson.

GS provided an update in respect of digital platforms and it was noted that work had continued on existing digital platforms to ensure that they were both compliant with the



Welsh Language Standards and ready for use by service users.

The Committee noted that the patient portal platform was fully compliant with the Welsh language standards and further noted that the promptly health platform was ready to be launched.

The Committee further noted that the use of Welsh language champions in departments was working well, particularly in the physiotherapy department, but there were often misconceptions around the role and the need to be fluent in Welsh speaking.

PD asked if there were any plans to utilise AI developments in this field. GS explained that they were exploring Co-Pilot due to the bilingual capabilities, however it was also noted that the Welsh Language Commissioner's Office was focused on this element and the Health Board would take a steer from them when there was a plan to utilise AI more systematically.

The report was **NOTED** by the Committee.

PCC/1106/12

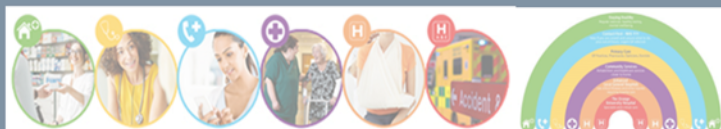
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers

Shelley Williams (SW), Deputy Director of Workforce, presented the report to the Committee. It was noted that the educational commissioning plan was part of the requirement of the Health Board's IMTP submission, and was considered and approved by the Executive Committee on 13 March 2025 prior to submission directly to HEIW as the strategic workforce and education body for NHS Wales.

The Committee noted that this year's education commissioning mostly assumed a training pipeline that moderately replaced turnover and retirements and any agreed anticipated service expansion.

The Committee noted that in Nursing and Midwifery the current reported vacancies of 170WTE across all bands is a reduction from last year by 100WTE.

Furthermore, the Committee noted that the appetite of students to take up careers within the NHS may also have been affected by current industrial relations and pay disputes



within the public sector. In addition to this, the Committee heard that whilst student placements had increased in some training fields by 50% over the past 5 years, there was an underlying concern that there was a diminishing pool of Welsh students willing to undertake university education in these fields. For example, not all branches of nursing were successful in filling their places in 2022 and as a result Cardiff University would not be running a Mental Health course in March 2024 due to poor uptake for this field last year.

The Committee **NOTED** the report.

PCC/1106/13

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

Sarah Simmonds (SS), Director of Workforce & OD, presented the report to the Committee and it was noted that there had been some progress made in relation to job planning.

Helen Sweetland (HS), Independent Member, explained that whilst progress has been made, she remained disappointed to see the compliance rate at 42%.

SS explained that whilst she recognised the compliance was not where the Health Board would want it, there had been progress made with percentage increases month on month. SS further explained there was targeted work underway with Divisional Directors, Clinical Directors, and individual consultants.

James Calvert (JC), Medical Director, explained to the Committee that the Health Board had to start from scratch with a new system, from design through to procurement and deployment all of which take time. JC noted that whilst it was a positive process, it will take time to embed.

HS noted the target set by Welsh Government was 90% compliance by September and queried if there were any sanctions if the Health Board was non-compliant. JC explained that he was not aware of any sanctions, but believed that most of the divisions would reach this target.

The report was **NOTED**.

PCC/1106/14

Workforce Performance Dashboard incorporating Key Performance Indicators



Sarah Simmonds (SS), Director of Workforce & OD, presented the report to the Committee. It was noted that in April 2025, sickness absence increased to 5.98%, which was a 0.04% increase compared to March 2025 (5.94%). The 3 main reasons for sickness were Anxiety, Stress, Depression and other Psychiatric illness 32.6%, other Musculoskeletal problems 9.4% and Other known causes-not elsewhere classified were 7.4%.

In terms of staff turnover, the 12-month total percentage was 8.71% compared to 9.04% at the same time last year, which was a decrease of 0.33%.

The Committee noted that Nursing and Midwifery had the lowest turnover rate of 6.05%, whilst Allied Health Professionals had the highest turnover rate of 11.96%

The Committee further noted that Statutory and Mandatory training had decreased from 81.98% in March 2025 to 78.36% in April 2025. Statutory and Mandatory training compliance also decreased by 1.45% compared to 79.81% in April 2024, and SS explained that this was a result of additional courses being added to the library of training.

Helen Sweetland (HS), Independent Member, noted that administrative and clerical posts were increasing and queried if the strict review policy for vacancies remained in place.

SS confirmed that the review policy remained in place and all vacancies were reviewed.

Furthermore, the Committee noted that Welsh Government was undertaking a review of statutory and mandatory training.

SS advised that the OD team deliver bespoke projects across the divisions, and advised that the team had received 224 requests for training and support over a 24-month period.

Phil Robson, (PR) ABUHB Vice Chair of the Board, thanked SS for the report and asked if the Committee could receive a report on how much the Health Board had grown over the last 5 years.

Action: Director of Workforce and OD

The report was **NOTED** by the Committee.



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

Sarah Simmonds (SS), Director of Workforce & OD, presented the report to the Committee. It was noted that during the period January to March, the Health Board had commissioned 14 new disciplinary investigations. The majority of the investigations (11 cases, 78%) relate to a failure to meet required standards or behaviour, with the remaining 3 linked to allegations of fraud.

In addition, the Committee noted there had been an increase in new disciplinary investigations from 5 in the previous quarter, to 14 in this period.

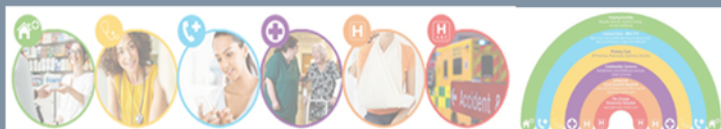
It was noted that at the time of the Committee there were 9 employees suspended from duty representing 0.05% of the workforce. SS explained that 3 employees had been suspended for over 12 months, 2 had been suspended for over 6 months, 3 employees had been suspended between 3 and 6 months and 1 employee had been suspended for less than 3 months.

SS explained that all suspensions were either linked to patient safety concerns or a police investigation, which often elongated the period of suspension and could prevent the Health Board taking further employer action until the criminal process had concluded.

The Committee noted that the All-Wales Staff Survey was undertaken in October and November of each year. The results would then be published at the end of February each year and SS confirmed that the organisational results had been shared with all staff via the intranet.

SS explained that the planning to promote the 2025 Survey was underway. The Committee noted that a staff survey communications plan had been developed which would enable the Health Board to promote the staff survey all year round with an aim of increasing participation rates.

The Committee heard that staff had provided feedback that there were too many surveys and therefore it had been agreed to refocus the Staff Wellbeing survey and this would no longer be sent out as an all-staff survey, but would instead be used as a bespoke tool to support individual teams when requested.



SS informed the Committee that work was ongoing to map the surveys which take place and also discussions were taking place to stand down all other surveys when the National Staff Survey is out so this becomes the focus.

Paul Deneen, Chair, thanked SS for the report and explained that he believes it would be useful to see the mapping out of all surveys which take place between January and December which could be broken down into each quarter.

Action: Director of Workforce & OD

The Committee **NOTED** the report.

PCC/1106/16

Speaking up Safely

Peter Brown (PB), Assistant Director of Workforce & OD, presented the report. It was explained that Welsh Government launched the Framework for Speaking up Safely in NHS Wales in August 2023 and was designed to be a safety net for staff who feel for any reason, unable to raise their concerns using other mechanisms.

PB explained that the Health Board launched the Framework on 01 December 2024 and since its launch 18 concerns have been raised using this process and of these, 6 have been raised anonymously. In addition, PB explained that in December 2024 the process was subject to a planned internal audit by NWSSP, the outcome of which was limited assurance.

The Committee noted that the audit was an assessment of the implementation of Welsh Government's framework and further noted that prior to the framework's launch there was a dedicated e-mail address for staff to use, and this was changed with the launch of the new framework.

The Committee noted that there was a planned follow up audit but there was no date for this yet.

Helen Sweetland (HS), Independent Member, requested clarity around the raising concerns policy and the speaking up safely process. PB explained that the Raising Concerns policy is the formal policy, and the Speaking Up Safely framework is the last resort to be used when all other routes outlined within the policy have been exhausted.



SS confirmed that the Health Board were taking on Board all of the issues outlined with the auditors to address the actions from the audit.

The Committee **NOTED** the report.

ITEMS FOR INFORMATION

PCC/1106/17

Annual Review of External Organisations Meeting Minutes

The Committee received and noted the External Organisations Meeting Minutes.

The Committee **NOTED** the minutes.

PCC/1106/18

Committee Annual Report 2024/25

The Committee received the Annual Report for 2024/25.

The Committee **NOTED** and **APPROVED** the Committee Annual Report.

PCC/1106/19

Annual Review of Committee Terms of Reference

The Committee received the Terms of Reference for 2025/26.

The Committee **APPROVED** the Terms of Reference.

OTHER MATTERS

PCC/1106/20

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

The Committee agreed the following items should be brought to the attention of the Board:

- Job Planning to ensure there is a plan in place to address all issues and that this is progressed. This is to be regularly re viewed at People and Culture Committee meetings.
- Refreshing of the People Plan and the 3 pillars. To include Volunteers.
- Speaking up Safely to receive regular updates and to ensure actions are in place to address all of the



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| | <p>issues raised by the internal audit and that these are reviewed and monitored.</p> <ul style="list-style-type: none"> • Reporting that there had been 8 suspensions (of over 4 months). |
| <p>PCC/1106/21</p> | <p>Any Other Urgent Business</p> <p>Paul Deneen, Chair, noted that this was likely to be James Calvert (JC), Medical Directors, last meeting and expressed his sincere thanks for his work with the Committee during his tenure and wished him all the best in his new role.</p> <p>There was no other urgent business and the Committee was closed.</p> |
| <p>PCC/1106/22</p> | <p>Date of the Next Meeting</p> <p>Wednesday 15th October 2025</p> |

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

| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
|-------------------|---------------------|--|----------------------------------|--------------|--|
| June 2025 | PCC/06/11/06 | Development of Committee Annual Programme of Business 2025/26 Strategic Equality Plan to be moved to January prior to Board reporting. | Director of Corporate Governance | October 2025 | <u>Completed</u> <u>July Update</u> Strategic Equality plan has been moved on the Committee forward work plan. |
| June 2025 | PCC/06/11/08 | Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales Fall out rate of overseas nurses to be shared with Committee Members | Director of Workforce & OD | October 2025 | <u>Completed</u> <u>October Update</u> Update on International Educated Nurse retention included in the Workforce & OD Director report, Agenda Item 3.6, October 2025 Committee. |



| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
|-------------------|---------------------|---|----------------------------|--------------|---|
| June 2025 | PCC/06/11/14 | <p>Workforce Performance Dashboard incorporating Key Performance Indicators</p> <p>The Committee to receive a headcount comparison report detailing organisational growth over the past five years</p> | Director of Workforce & OD | October 2025 | <p><u>Completed</u></p> <p><u>July Update</u></p> <p>A headcount comparison report has been included in the Committee forward work plan.</p> <p><u>September Update</u></p> <p>A headcount comparison report has been included on the agenda for October's meeting under item 3.8</p> |

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

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



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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | All Wales Staff Survey – Proposal to Support Increasing Participation Rate for 2025 and Beyond |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Ruth Badham, Head of 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

Every year in October and November, the Health Board undertake the National NHS Wales Staff Survey. The survey is identified as a key action within the Health Board's People Plan to allow for effective monitoring of staff engagement and promotes compassionate leadership models that are correlated to improve organisational performance, clinical outcomes and patient experience. In addition, the survey offers an opportunity to monitor changes within the organisation or the impact of initiatives already undertaken such as Speaking Up Safely, Staff Retention or Friends and Family tests.

In 2024, the Health Board response was **13.3%** (reduced from 18.1% in 2023), limiting the ability to draw meaningful conclusions and drive improvement. There is a critical need to improve participation and engagement across the organisation to ensure that all staff feel safe, encouraged, and empowered to share their views and to ensure that the organisation hears and responds appropriately to these voices.

Whilst a national target has been set to achieve a minimum 26% participation rate in the October 2025 survey, the Health Board would like to achieve a 30% participation rate. Achieving this will require proactive planning, consistent messaging, and a united leadership approach that demonstrates the Health Board's commitment to listening, learning, and acting together.

This paper was considered at the Executive Committee on Thursday 04 September, whereby the approach was welcomed, the recommendations approved and some positive suggestions noted.

The People and Culture Committee is asked to note the Health Board's approach and proposed actions to encourage and increase the return rate and the intended ambition for a 30% return rate. The Committee is also asked to note the ongoing work to enable the NHS Staff Survey to become a core mechanism to engage with staff views.

Cefndir / Background

In 2023, HEIW took on the development and coordination of the All Wales NHS Staff Survey. This survey provides an opportunity to gather insights into the experiences and perspectives of NHS Wales staff, aiming to support ongoing improvement across Health Boards.

In undertaking the survey in 2023 and 2024, the Health Board have learned some significant lessons and received some constructive feedback:

- Consideration that there are possibly too many surveys and therefore it would be beneficial to focus on the All-Wales Staff Survey, with the staff wellbeing survey now available as a bespoke offer to teams who request it.
- There is considerable variety in response rates from different teams. These range from Medicine at 6.1% (121 responses from 1,992 staff) to Public Health at 64% (37 responses from 57 staff). Equally, different divisions have shown varying levels of interest in receiving and analysing the results.
- Staff responded best to direct emails, personal requests from their line managers and the incentive scheme. They responded less well to the roadshow events. At one road show in Grange University Hospital, over 120 staff were approached but this only converted to 3 completed responses on that day. The day on which the direct all staff email went out saw 100 completed surveys on the first day and 170 the following day. Equally, the 2 days following the launch of the incentive scheme saw a spike of 71 and 120 completed surveys, followed by a higher daily average than prior to the launch.

Asesiad / Assessment

The 2024 All Wales NHS Staff Survey return rate of 13.3% indicates that many staff do not feel confident or motivated to share their views. The reason why is unclear but it may be due to a lack of visibility around the impact of previous feedback, concerns about anonymity, a disconnect between staff and organisational leadership or simply a lack of awareness about the survey.

There is now a timely and shared opportunity to take collective responsibility and improve how we engage our staff voices. Staff want to feel heard, valued, and reassured that their feedback will drive meaningful change. Accompanied by proactive and visible leadership at all levels that demonstrates care, credibility, and a genuine commitment to making their working lives better.

- 68.1% of staff feel that patient care is the organisations top priority.
- 58% of staff agree or strongly agree that the organisation will take effective action if they report a serious incident.

- 41.2% of staff say that they are exhausted at the thought of another shift / day at work.
- 49.3% of staff feel that the organisation values their work.
- 56.5% of staff feel that they get recognised for good work.

Increasing participation requires a whole-system effort, with clear and visible commitment from every leader across the Health Board to promote the survey, model openness, and support action on results.

Support for Delivery: Tools, Resources and Expectations

It is anticipated that colleagues will ask, "*How do we support this?*" and "*What tools will we be given?*". To ensure leaders across the Health Board feel confident and equipped to play their part, a comprehensive support package will be developed and made available ahead of the survey launch. This will enable consistent messaging, visible leadership, and local ownership of the process.

To support this, a comprehensive Communication Plan has been developed in partnership with colleagues in the Communications and Engagement Team. A copy is included in **Appendix 1**. In addition, a series of tools and resources are being developed to support local managers to promote the staff survey, these include:

- **Communications Toolkit** - Including key messages, leader videos, email templates, posters, screen savers, and social media content to raise awareness and promote participation.
- **Manager Briefing Pack** - A short guide to help leaders understand the purpose of the survey, how to talk about it with their teams, and how to respond to questions or concerns (including issues of anonymity and psychological safety).
- **Participation Tracker & Dashboard** - Regular updates during the survey window to show directorate-level response rates and encourage healthy competition and shared accountability.
- **Drop-in Q&A Sessions** - Virtual briefing sessions for managers and team leads to ask questions, share ideas, and troubleshoot barriers in real time.
- **Pop-up survey rooms** - The majority of sites will have pop-up survey rooms during the 8-week period, which will allow staff to be released from their work areas to enjoy a hot drink and complete the survey in a calm and welcoming environment.
- **Access Support Materials** - Instructions for supporting staff who may not have easy digital access, including hard copy versions of the survey.
- **Feedback-to-Action Template** - A simple framework for teams to review their survey results and co-produce action plans. This supports local ownership and ensures staff see how their voices lead to change.
- **Post-survey Communications Plan** - A strategy to cascade the results in a timely and transparent way, emphasising "You Said, We Did" messaging to build trust and maintain engagement.

This suite of tools will be coordinated and distributed by Organisational Development, with local flexibility to tailor content to specific services or staff

groups. Importantly, it ensures that no leader is expected to do this alone, but all leaders are expected to take action to support listening to staff voices, using the resources available.

Ask of the Executive Committee

- **Executive Sponsorship:** Endorse this paper and commit to visible, active leadership in supporting the 2025 survey campaign across all areas of the organisation.
- **Shared Accountability:** Allocate clear responsibility for promotion, participation and follow-up actions to divisional triumvirates, Workforce Business Partners, and local managers.
- **Participation Target:** Set an organisation-wide participation rate target of 30%, with directorate-level tracking.
- **Funding:** An allocation of financial support from the Workforce and Organisational Development budget for coffee vouchers, and weekly prize draws to incentivise staff to participate. The offer of a prize draw for a shopping voucher is also being considered. This is being worked up to ensure that the offer of the incentive supports the anonymity and confidentiality of survey submission and results. In addition, HEIW have confirmed that each organisation will received £1,000 to support incentives. The Health Board are challenging this amount with HEIW based on organisational staffing numbers; however, an increase was not approved.

| Health Board Prize Draw Options | Units required |
|---|----------------|
| Free Coffee Voucher at Staff restaurants for those staff who complete the survey (@30% of 15,000) | 4,500 |
| Weekly Prize Draw (Team Biscuit Box) | 8 |

- **Divisional Assurance meetings:** It has been discussed with the Workforce Business Partners to include discussion of the staff survey response rates in monthly Divisional Assurance meetings. Once the results are released in 2026 discussions will relating to outcomes, themes, hotspot areas and improvement action plans. Other avenues of support with embedding the staff survey to local management responsibilities would be welcomed from the Executive Committee.
- **Time:** Clear communication cascaded from the Executive Committee and through the Directorate and Local Management structures that time in existing work patterns or planned meetings and events can be utilised to support allocating 20 minutes to complete the survey.
- **Other Staff Surveys:** All other internal staff surveys are paused between September to December 2025 to ease survey fatigue and support clarity of message.

Further work will be undertaken following completion of the survey to support Divisional and local management teams to develop and enact action plans to respond to staff feedback.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the Health Board's approach and proposed actions to encourage and increase the return rate and the intended ambition for a 30% return rate. The Committee is also asked to note the ongoing work to enable the NHS Staff Survey to become a core mechanism to engage with staff views.

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 are a key element of the Health Board's assurance framework. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | Governance, Leadership and Accountability 6.3 Listening and Learning from Feedback 3.2 Communicating Effectively 7.1 Workforce |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Not Applicable |
| 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: | HEIW - Health Education and Improvement Wales PADR - Performance Appraisal Development Review |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

Effaith: (rhaid cwblhau)

Impact: (must be completed)

| | |
|----------------------|---|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; |
|----------------------|---|

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

2025 Annual Staff Survey Communications Plan

| | |
|-------------------------|---|
| Target Audience: | (See Sheet 2 for additional information on return rates) |
| 1. Age | The rate of returns from 51-60 year olds is double that of 16-30 year olds |
| 2. Gender | 81% of the workforce is female and they account for 74% of the returns. 19% of the workforce is male and they account for 17.4% of the returns |
| 3. Divisions | There are significant discrepancies in the return rates when comparing patient facing and non patient facing staff groups Medicine 6.1% - F&T 14.4% - Primary and Community Care 9.6% MH&LD 10.5% WOD 75.6% - Finance 44.7% - PH 64.9% |
| Questions | Can we target different groups of staff differently? At the moment we have a one size fits all media campaign. Do we have the skills or capacity at local or national level to target different demographic groups? How best can we use the Professional Bodies (Royal Colleges) to support completion of the staff survey by patient facing staff? Can target incentives toward those groups of staff who have the lowest return rates? |

| | |
|------------------------------|--|
| Communication Methods | Aim: To use all forms of communication including, digital, social media, analogue, Face to Face Comment: The biggest impact on returns last year were 1, The staff incentive scheme, followed by all staff emails |
|------------------------------|--|

| Activity | Date | Lead | Support | Status | Comments |
|----------|---|-----------------|---------|------------|---|
| 1 | Digital Media (ABUHB Intranet pages plus Digital Media Platforms) To maintain a constant year round Staff Survey presence on the intranet supported by other digital media in the run up to the launch of the 2025 survey. | | | | |
| 1.1 | Post 2024 Results on Intranet | March 2025. | DM | Doug Evans | Completed Initial Briefing Posted in March 2025 https://nhswales365.sharepoint.com/sites/ABB_Pulse/SitePages/Staff-Survey-Results-are-Now-Available.aspx Shared again in May 2025 with graphic of key points https://nhswales365.sharepoint.com/sites/ABB_Pulse/SitePages/Staff-Survey-Results-.aspx |
| 1.2 | Maintaining regular news items on the intranet promoting the staff survey and how ABUHB is using it. | From April 2025 | DM | Doug Evans | On Track / On going March: Promotion of Survey Results. April Incentive Prize Awarded and publicised: May - July: Series of thematic communications highlighting 'You Said We Did' August - September Pre launch materials. October - November Survey publicise Survey promotional events and activities) Congratulations to our Staff Survey Prize Winners! |

| | | | | | | |
|------|---|----------------------|------|-----------------------------|-----------------------------------|--|
| 1.3 | Pre launch messages to prepare staff for survey launch in October 2025 | From early September | DM | Doug Evens | Not yet started | |
| 1.4 | Preparation of Promotional Videos | July / August 2025. | DM | Doug Evens | In Progress | To cover different demogrpahics including: Chief Executive, Director of WOD, Junior Doctors, SAS Doctors, Therapists, Nurses, Porters, HCSW, Staff under 30, Older Staff, Staff with protected characteristics. To convey three core messages: 1. I've done my survey have you? 2. The survey is confidential. 3. You said we did. |
| | | 6th August | | | Diary date confirmed | Chief Executive |
| | | TBC | | | Completed | Director WOD |
| | | TBC | | | In Progress | Resident Doctor (To be identified) Draft email sent to Pete to circulate to the CDX Alumni |
| | | TBC | | | In Progress | HCSW (Celyn Mathews Date for filming to be confirmed) (HCSW Education Team also to do a group video - agreed with Roma Morris awaiting confirmation of date) |
| | | TBC | | | Not yet started | Nurse (to be identified) |
| | | TBC | | | Not yet started | Therapist (to be identified) |
| | | TBC | | | Not yet started | Members of the EQI Networks (via Star Moyo) |
| | | TBC | | | Not yet started | TU Rep (To be identified) |
| | | | | Completed | Stacey John (Digital Facilitator) | |
| 1.5 | HEIW National Media Messages. | July 2025. | HEIW | Daniel Madge and Doug Evans | Pending approval from HEIW | The Staff Survey is led by HEIW working closely with the individual NHS organisations. |
| 1.6 | Establish links with Linda Coe to ensure that Resident Doctors receive updates via the Resident Docotrs Paddle pages. | From April 2025 | DM | Linda Coe | In progress | To ensure that the intranet news items are copied onto Padlet pages. Have intiated discussions with Linda Coe. Have agreed to place fewer items on Padlet at the end of the Summer and in the run up to launch. This will include a full pack of the You Said We Did Slides and then copies of the promotional materials and QR code. |
| 1.7 | Screen savers | October - Nov | DM | TBC | In progress | Request made through James in the Communications Team as they control this process. |
| 1.8 | ESR update message | October - Nov | DM | Kate Davies | In progress | To place promotional message on ESR esparound pay day. Kate has agreed. Need to send her appropriate wording in September ready for launch in October. |
| 1.9 | ALL staff emails | Oct - Nov | | Doug Evens | Not yet started | Agreement to run all staff emails weekly throughout the duration of the 2025 Staff Survey. Request put into Communicaitons Team. |
| 1.10 | Padlet: Share all communications re Staff Survey on Resident Doctors Padelt pages | Ongoing | DM | Linda Coe | In progress | At request of Linda Coe, initial messages published on the intanet will be published on Padlet in September. The request is to have all communications prior to the launch in one hit and to avod drip drip messaging as used on staf intranet. |
| 1.11 | Provide all Staff with an email signature that says that the Surveyis Open / That they have completed their survey. | | | | | Mae'r Arolwg Staff bellach ar agor / The Staff Survey is now open OR Rydw i wedi cwblhau fy Arolwg Staff / I've completed my Staff Survey. |

| | |
|---|---|
| 2 | Amend Survey Design / Preperation for 2025 Survey: To amend the structures so that staff can easily identify where their team sits within the survey questions |
|---|---|

| | | | | | | |
|-----|---|-------------------|----|-------------------------------------|-----------|---|
| 2.1 | Agree an organisational structure that relates to the management structure (not the ESR structure) and share it with IQVIA so that they can build it into the 2025 survey | By end June 2025. | DM | Dan Davies, and Fahmin (HEIW) IQVIA | Completed | Management structure received from Dan Davies. Next steps to review and share revised hierarchies with the BPs and then with HEIW for inclusion into the 2025 survey. Agreed with Kat etto align ESR and Management Structures. |
| 2.2 | Reduce demsnds on staff to complete surveys by rebranding the Wellbeing Survey as a bespoke offer. | April 2025. | DM | Doug Evans | Completed | Wellbeing Survey has been stopped as an organisational wide offer and is now available on request to support individual teams as required. |

| | | | | | | |
|-----|---|--|---------------|----------------|---|---|
| 3 | Promotional Events and Activities: To provide a range of visible activites for staff who do not have regular access to the ntranet or digital communicaitons | | | | | |
| 3.1 | Mobile Staff Survey Clinics ('Click and Sip') - To target clinical staff who do not have easy access to the intranet during the working day | Agreed by end August | | | Budget required. (are we able to seek sponsorship?) | To identify a way to take mobile devices to clinical settings with the incentive of coffee / cold drinks |
| | | | | | 6 mobile devises | Identify 6 lap tops or ipads for use during October and November |
| | | | | | Fiunding for coffee / Drinks / Incentives | Identify funding to provide staff with a free drink or snack whilst completing the survey. |
| 3.2 | Walk Abouts and Drop ins - visible presence across all sites to talk to staff face to face and encourage participation. | site timetable to be agreed by end August | DM | TBC | Not yet started | RGH |
| | | TBC | DM | TBC | Not yet started | GUH |
| | | TBC | DM | TBC | Not yet started | NHH |
| | | TBC | DM | TBC | Not yet started | YAB |
| | | TBC | DM | TBC | Not yet started | YYF |
| | | TBC | DM | TBC | Not yet started | County |
| | | TBC | DM | TBC | Not yet started | St Cadocs |
| | | TBC | DM | TBC | Not yet started | Chepstow |
| | | TBC | DM | TBC | Not yet started | Monno Vale |
| | | TBC | DM | TBC | Not yet started | Tri Chwm |
| | | | | | Serennu | |
| 3.3 | Poster Campaign | Agreed with HEIW by end August. To be distributed through BPs and WOD colleagues and during site visits. . | DM | WOD Colleagues | On Track. HEIW will supply the posters (x200) as in 2024. These will be printed on plastic paper that is approved by infection control and can be displayed in clinical areas | Pposters have been ordered along with other promotional mataterials (Pens and Trolley pins) |
| 3.5 | National Incentive Scheme / Prize Draw | Agreed by end August | Fahmin (HEIW) | DM | HEIW to discuss with Directors WOD / WG | HEIW to riase discussion of a national incentive scheme. Would require funding at a national level. |
| 3.6 | Local Prize Draw | Agreed by end August | DM | PB / SS | Funding Required | To be discussed with Direcotr WOD |
| 3.7 | Identify Sponsorship for Incentive Scheme | By August | DM | PB | | |
| 3.8 | Induction | All Year | DM | Helen Aldridge | In progress | Helen to share dates with DM for regular slot on Induction. Also agreed to create time during the Oct and November inductions for staff to complete the survey. |
| 3.9 | Add Staf heirarchy to their pay slip | NA | NA | NA | NA | Agreed with Sarah Simmonds - Monday 16/6/25. Advice received that it is not possible to add individual messages on each pay slip. the Not Possible |

| | | | | | | |
|-----|---|-----------|----|------------|-------------------------|---|
| 4 | Key Messages from Executive Team: To address key concerns that are raised as barriers by staff | | | | | |
| 4.1 | Mandate clinical staff being given 30 mins to complete the survey separate form their break. | Oct / Nov | DM | Doug Evens | In progress | Sarah Simonds has agreed. DM to agree wording and method of communicaiton |
| 4.2 | Promote safeguards to ensure anonymity within WOD videos | | | | To be agreed with Ececs | |

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|-----|--|-------------|----|-------------------------|-------------|--|
| 5 | Cascade Information through key groups: To demonstrate that the staff survey results are a critical part of the business decisin making process and that ABUHB is listening to staff views and acting on them | | | | | |
| 5.1 | Attend DMT / SMT Meetings to promote survey | 12th August | DM | Julie Richards | In progress | Medicine |
| | | 26th August | DM | Teri llewellyn | In progress | MH & LD |
| | | TBC | DM | Charlotte Anstee | Completed | Primary Care and Community - Attended WC 25th June |
| | | TBC | DM | Sue Wilmott | 28.07.25 | Family and therapies |
| | | TBC | DM | Jodi Johansson | TBC | Clinical Support Services (Rhiannon Penny) |
| | | TBC | DM | Kate Hiscox | TBC | Surgery |
| | | TBC | DM | Angela Palfrey | TBC | Urgent |
| 5.2 | Trade Union Partnership | TBC | DM | George Puckett | TBC | Emailed George on 14th June to arrange |
| 5.3 | Staff Networks: To provide specific analysis that can be shared with the EDI Network leads and initiate ongoing engagment and promotioinal activites | TBC | DM | Star Moyo | In progress | Meeting Star on 14th June to discuss ways forward |
| 5.4 | LNC | TBC | DM | Vivek Goel | TBC | |
| 5.5 | Add Survey to Ward Accreditation | ASAP | DM | Tracey Partridge Wilson | | |

| | | | | | | |
|-----|---|-----------|----|-------------------------|-------------|-------------------------------------|
| 6 | Establish Links between Survey Topics and Key ABUHB Workstreams: 1. To ensure results are accounted for in workstream activity; 2. To use survey results to monitor impact; 3. To inform You Said We Did communicartions | | | | | |
| 6.1 | Topic 1: Moral (Retention) | Continual | DM | Helen Knight | In progress | Stacey Salithial is working on this |
| 6.2 | Topic 2: Patient Safety (TBC) | Continual | DM | Tracey Partridge Wilson | TBC | |
| 6.3 | Topic 3 Staff Engagement (Engagement) | Continual | DM | TBC | TBC | |
| 6.4 | Topic 4; Speaking Up (Speaking UP) | Continual | DM | Peter Brown | In progress | |
| 6.5 | Topic 5: Compassion and Inclusion (Equality and Diversity) | Continual | DM | Jo Gubbins / Star Moyo | In progress | |
| 6.6 | Topic 6: Learning and Improving (Education / Training / ABCi) | Continual | DM | TBC | TBC | |

| | | | | | | |
|------|---|-----------|----|---------------------------------|-------------|--|
| 6.7 | Topic 7: Stronger Together (TBC) | Continual | DM | TBC | TBC | |
| 6.8 | Topic 8: Flexible Working (Flexible Working) | Continual | DM | Ruth Madine | In progress | |
| 6.9 | Topic 9: Healthy Working Environments (Health and Safety, Wellbeing) | Continual | DM | Lidia Palmer / Adrian Neal | TBC | |
| 6.1 | Topic 10: Staff Recognition (Staff Recognition) | Continual | DM | Kris Hawkes | In progress | |
| 6.11 | Topic 11: Bullying and Harassment (Sexual Safety & Prevention of Violence, H&S) | Continual | DM | Lidia Palmer / Helen Drew Jones | In progress | Lidia has access to the Staff survey Data and is doing her own analysis. Data will be used to inform and monitor the new Sexual Safety and Prevention of Violence Strategy |
| 6.12 | WICCS Update | Continual | DM | Stavey John | In Progress | Comment from Stacey John: We are hoping that the information we gather from the survey will provide data on staff wellbeing in specific areas that currently use WCCIS. By doing this, we are hoping that when a new system is implemented, we can measure any increase in job satisfaction/wellbeing etc. Once I get access, it may have additional information for some of our other benefit baselines and realisation in the future surveys data. |

| | | | | | | |
|----------|---|-------|----|------------|----------------|--------------------------------|
| 7 | Feedback and Reporting | | | | | |
| 7.1 | Provide Divisional Reports to BPs and Divisional Management teams | April | DM | BPs | Completed | |
| 7.2 | Share organisational results on intranet | March | DM | Doug Evans | Completed | |
| 7.3 | Add completion rates to Divisional Dashboards to demonstrate that engagement with the survey is being monitored | July | DM | Kate | Not yet agreed | To be agreed with Director WOD |
| 7.4 | Consider adding relevant Survey Results alongside existing measures in Divisional Dashboards | July | DM | Kate | Not yet agreed | To be agreed with Director WOD |

| | | | | | | |
|------------|--|------------|----|------------|---------------------|--|
| 8 | Additional activities to support communication and engagement | | | | | |
| 8.1 | Communications Toolkit Including key messages, leader videos, email templates, posters, screen savers, and social media content to raise awareness and promote participation. | End August | DM | Doug Evens | In Progress | |
| 8.2 | Manager Briefing Pack A short guide to help leaders understand the purpose of the survey, how to talk about it with their teams, and how to respond to questions or concerns (including issues of anonymity and psychological safety). | End August | DM | Doug Evens | In Progress | |
| 8.3 | Participation Tracker & Dashboard Regular updates during the survey window to show directorate-level response rates and encourage healthy competition and shared accountability. | Oct-Nov | DM | HEIW | To start in October | |
| 8.4 | Drop-in Q&A Sessions | | | | | |

| | | | | | |
|-----|---|---------------|----|-------------|-----|
| 8.5 | Establish timetable for Virtual briefing sessions for managers and team leads to ask questions, share ideas, and troubleshoot barriers in real time. | End August | DM | OD Team | TBC |
| 8.5 | Access Support Materials Instructions for supporting staff who may not have easy digital access, including hard copy versions of the survey. | End August | DM | HEIW | TBC |
| 8.6 | Feedback-to-Action Template A simple framework for teams to review their survey results and co-produce action plans. This supports local ownership and ensures staff see how their voices lead to change. | End October | DM | Ruth | TBC |
| 8.7 | Post-survey Communications Plan A strategy to cascade the results in a timely and transparent way—emphasising "You Said, We Did" messaging to build trust and maintain engagement. | End September | DM | Ruth / Doug | TBC |

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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Sickness Absence – Managing Attendance at Work |
| 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 |

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 assurance on the reporting and management of sickness absence and describes the governance framework of the Health Board’s internal Managing Attendance Partnership Working Group and associated action plan.

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

Cefndir / Background

Health and wellbeing of staff is a key priority and Strategic Risk for the Health Board and included as the first pillar of the Health Board’s new People Plan (2025-2030). This is replicated nationally across NHS Wales and wider public sector through strategies such as “A Healthier Wales” and Public Health campaigns.

It is well known that a healthy and engaged workforce are less likely to report as sick¹, although acknowledging that people are working longer, and healthy life expectancy is reducing (see overleaf). Sickness absence rates are reported as part of the monthly workforce dashboard and presented to Board, Executive Committee and People and Culture Committee. The information is tracked, monitored and

¹ Health and Wellbeing at Work Survey 2025, CIPD

assessed in detail, whilst ensuring the management of sickness absence is in accordance with the NHS Wales Managing Attendance at Work Policy.

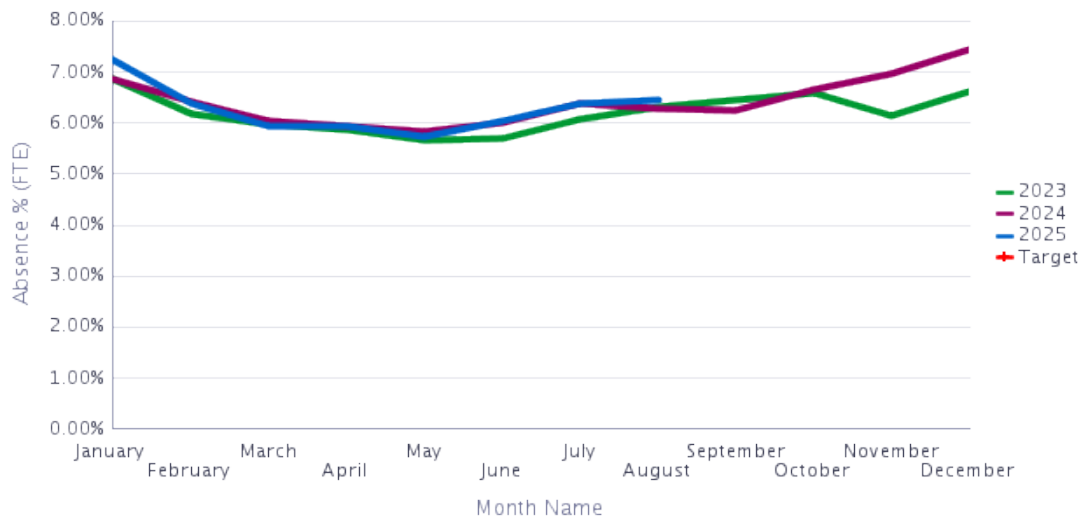
A Managing Attendance Partnership Working Group was established in October 2023 which considers supportive initiatives and approaches to support attendance, prevent absence and facilitate an early return to work for those who are absent from work. The group identifies hot spot areas (using workforce data and intelligence) and oversees sickness absence deep dives to inform an action plan aiming to address the most common challenges and reasons for absence. More recently, the methodology to calculate sickness absence has been further explored, this is reported via the Electronic Staff Record (ESR) system.

Asesiad / Assessment

Sickness absence in August 2025 was 6.46%, which was an increase from 6.38% in July 2025. This means that 871 Full Time Equivalent (FTW) staff were absent from work in August which cost the Health Board £3m in sick pay (this excludes costs associated with backfill). The most common reasons were:

- Anxiety, Stress, Depression and other Psychiatric illness (38%)
- Musculoskeletal problems (8.2%)
- Gastrointestinal problems (7.5%)

The graph below demonstrates that sickness absence has been consistent over the last three years:



This trend has increased significantly since the Covid-19 pandemic. During the spring/summer months of 2018 (and in years prior), sickness absence was less than 5%. It is likely that there may have been higher trends of 'presenteeism' during this time, whereas now, staff are more likely to report as sick, particularly if there are symptoms of infections to reduce any infection risks. This increase is also consistent with other sectors and reflects broader societal trends, including an ageing workforce (34% of the Health Board's workforce are aged 50+) and a rise in long-term health conditions (as reported below in the CIPD Report).

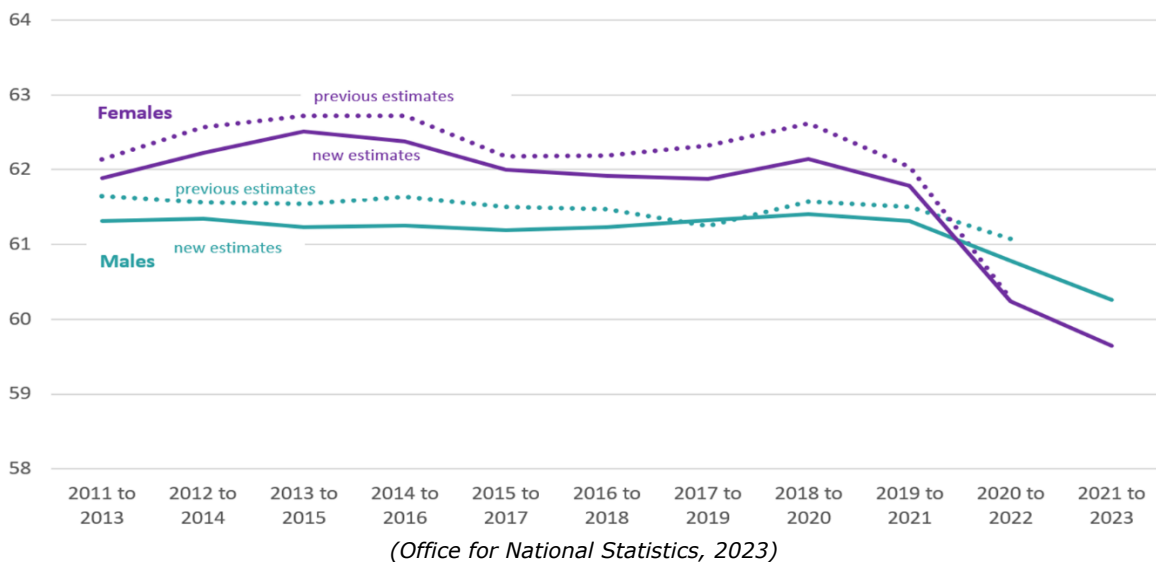
The breakdown by staff group is below, with the highest absence seen in additional clinical services (e.g., Healthcare Support Workers) and estates and ancillary staff. This is consistent month on month:

| Staff Group | Absence FTE | Available FTE | Absence FTE % |
|----------------------------------|-------------|---------------|---------------|
| Add Prof Scientific and Technic | 714.16 | 14,113.77 | 5.06% |
| Additional Clinical Services | 8,313.14 | 90,556.60 | 9.18% |
| Administrative and Clerical | 3,883.73 | 87,171.71 | 4.46% |
| Allied Health Professionals | 1,359.72 | 30,136.84 | 4.51% |
| Estates and Ancillary | 2,880.25 | 33,156.50 | 8.69% |
| Healthcare Scientists | 339.16 | 8,065.04 | 4.21% |
| Medical and Dental | 552.61 | 27,166.65 | 2.03% |
| Nursing and Midwifery Registered | 9,209.29 | 128,089.66 | 7.19% |

Healthy Life Expectancy

A healthy life expectancy is the average number of years an individual can expect to live in full health, without illness or injury² and is determined by mortality rates and self-reported health status.

The graph below demonstrates that healthy life expectancy is reducing rapidly, with females now lower than males for the first time. The majority of the Health Board’s workforce is female (82%).



NHS and wider public sector pension changes mean that in future years, people will need to work longer than previous generations to reach the full benefit of their pension, with state pension age due to rise to 67 in 2028 (and future increases planned). Therefore, an increase in working life, coupled with a decrease in healthy life expectancy presents a significant challenge to the health and absence of the workforce moving forward.

CIPD Health and Wellbeing Survey Report

² World Health Organisation, 2025

The Chartered Institute of Personnel and Development (CIPD) is the professional body for HR. A Health and Wellbeing Survey Report was published in September 2025, **Appendix 1** and examines health, wellbeing and attendance trends. The report confirms that absence is increasing in all sectors, specifically absence relating to mental health symptoms. It also recognises the absence in the public sector is generally higher than other sectors.

Sickness Absence Calculation and Benchmarking

Sickness absence is calculated automatically by ESR, and the same methodology has been applied to all NHS Wales and NHS England organisations since 2006 when ESR was implemented. National project groups were established on behalf of the Department for Health and as ESR is an integrated HR and payroll system, sickness absence reporting is used for Statutory Sick Payments (SSP) and to calculate sickness absence and occupational sick pay. This means it is reportable for 365 days of the year, and whilst staff do not work 365 days per year, the Full Time Equivalent (FTE) is used. For example, if a full-time member of staff was reported to be absent from Monday to Sunday (7 days), the maximum hours of absence would be 37.5 hours or 1 FTE.

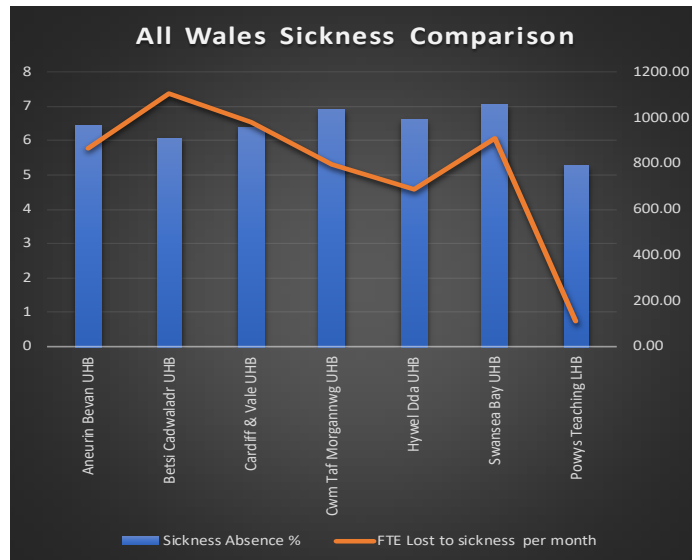
The methodology to calculate sickness absence is:

$$\text{FTE absence days} / \text{FTE days available over a 12-month period}$$

All NHS Wales organisations report sickness absence monthly, and this is collated nationally for benchmarking purposes. The Health Board has comparable absence rates to other large Health Boards as demonstrated below (July 2025):

| All Wales Comparison | Sickness Absence % | FTE Lost to sickness per month | Staff in Post - FTE | Sickness FTE Lost | FTE Available 12 months |
|--------------------------|--------------------|--------------------------------|---------------------|-------------------|-------------------------|
| Aneurin Bevan UHB | 6.43 | 867.66 | 13494 | 310295 | 4925310 |
| Betsi Cadwaladr UHB | 6.07 | 1106.74 | 18233 | 403961 | 6655045 |
| Cardiff & Vale UHB | 6.39 | 982.14 | 15370 | 358482 | 5610050 |
| Cwm Taf Morgannwg UHB | 6.92 | 795.52 | 11496 | 290366 | 4196040 |
| Hywel Dda UHB | 6.6 | 689.70 | 10450 | 251741 | 3814250 |
| Swansea Bay UHB | 7.04 | 910.41 | 12932 | 332301 | 4720180 |
| Powys Teaching LHB | 5.27 | 112.62 | 2137 | 41106 | 780005 |
| All Wales Figures | 6.26 | 6238.09 | 99650 | 2276903 | 36372250 |

As the calculation takes into consideration the number of FTE days available (e.g. the number of staff employed), the graph below demonstrates how smaller organisations (e.g. those with less staff) may have similar levels of absence, but in reality, the number of days lost to absence is less, whilst conversely organisations with increased numbers of staff have more days lost to absence:



Application of Managing Attendance at Work Policy

The Workforce and Organisational Development (OD) Team support managers in the application of the NHS Wales Managing Attendance at Work Policy, to ensure the effective deployment of support and management during absences. Each month the Workforce Team review every member of staff who has met a prompt (in July 2025 this was over 5,000) and ensure that managers consider appropriate action and next steps in line with policy. In addition, the team also contact managers for every absence attributed to Stress/Anxiety/Depression to signpost them to early support and intervention opportunities, including the stress risk assessment.

It is acknowledged that there will be staff who unfortunately cannot sustain their attendance at work, due to a health condition or concern. In such cases, it may be necessary to evaluate whether it is viable to continue with the employment relationship and in most cases, this is agreed with the member of staff with support from trade union representatives (where appropriate).

Since January 2025, the Health Board has supported 78 mutual termination agreements on the grounds of health. Mutual ill-health termination is only referred to where there is a shared agreement that the employment should end and always conducted with a compassionate approach to avoid the need to put the member of staff through a Final Formal hearing and dismissal process, whilst still ensuring the principles of the policy are adhered to. In addition, the Health Board has progressed 18 employees to a Final Formal absence meeting over the last year. This meeting is a final stage of the Managing Attendance at Work Policy to consider next steps. Of the 18 cases considered, 8 have resulted in dismissal on the grounds of capability due to health.

Managing Attendance Working Group

The group has recently reviewed and strengthened its membership with the addition of Public Health colleagues, to ensure wider trends and resources are triaged and incorporated into the Health Board's work and agenda.

The work completed by the group has enabled and prioritised the delivery of a number of actions, including;

- A 'deep dive' (e.g., thorough analysis) into absences attributed to Stress/Anxiety/Depression has been completed (as the most common reason for sickness absence), with most of this absence reason relating to staff within the 46 – 60 age bracket. Whilst the reasons behind these absences are often complex and multifaceted, the deep dive confirmed most absences were attributable to factors external to the workplace. It is also acknowledged that in a predominately female workforce (82%), it is highly likely that symptoms associated with the menopause will contribute to a proportion of this absence. The Health Board has an established Menopause network and has recently facilitated the delivery of Menopause awareness training facilitated by NHS Wales Shared Service Partnership (NWSSP) Legal and Risk Team, highlighting the workplace implications and actions managers can take to support staff.
- Development of a Wellbeing Passport which acts as a framework to help employees who have concerns with managing their health and wellbeing or caring commitments in the workplace, to explain the impact of their needs at work and develop a joint plan for support or adjustments. The passport acts as a tool that an employee can take with them throughout their employment in the Health Board, and update and amend as and when their health or commitments vary.
- Collaborated with medical education leads, Divisions and Single Lead Employer to share best practice and improve the absence monitoring of Resident Doctors to create a seamless link of support between the Health Board as the host organisation and Employer (NWSSP). This supportive framework ensures that our Resident Doctors receive the same level of support and engagement as our substantively employed staff, developing a working relationship and expectation that promotes the Health Board as an employer of choice.
- A revised Managing Attendance at Work managers toolkit with an increased focus and signposting to support and guidance on the current 'hot spot trends' such as menopause, carers leave, domestic abuse, bereavement and financial wellbeing.
- Refreshed employee wellbeing awareness materials to support self-support e.g. self-referral to Physiotherapy services.
- Developing resources to improve resources for employees experiencing domestic violence. Recent data suggests that healthcare support workers are more likely to experience domestic violence³.

The group is currently agreeing the prospective workplan, which will underpin the ambitions within the revised People Plan (2025-2030) and ministerial targets for staff wellbeing. Initial areas of focus include:

- A dedicated management guidance and support framework, developed in conjunction with Employee Wellbeing, for managers and employees who are aware that a colleague has expressed suicidal thoughts.

³ [Nursing staff 'more likely' to experience domestic abuse | Nursing Times](#)

- Focus on adopting the avoidable employee harm principles within the Respect and Resolution process, with the primary aim to reduce the number of formal interventions and associated absence.
- Creating guidance for staff and managers that enable meaningful reasonable adjustment discussions and actions for identified needs e.g. Neurodiversity or disability.
- Continued engagement with Occupational Health and Wellbeing teams to support staff to remain in work, return to work and to prevent absence where possible.

The Health Board is also engaged with emerging work led by Public Health Wales and HEIW to support staff wellbeing.

Methodology and Approach

Sickness absence is multifaceted, relevant to the multigenerational workforce and varying health, wellbeing and support required at different stages of the employment life cycle. In addition, it is unlikely that there will be a linear correlation between a singular action and impact, given the number of staff and variable determinants of sickness absence, health and wellbeing. Therefore, to enable the delivery of a transformational and achievable action plan, we will implement the principles of Scrum Inc, a global approach to solving multidimensional problems in a complex system. This will allow us to prioritise the actions we believe will have the biggest impact, whilst recognising the capacity of the Workforce and OD Team and managers across the Health Board. It will allow the Health Board to remain agile to change, impact and review with the aim of reducing sickness absence within the next 12 months.

Whilst a reduction is dependent on internal, external and individual factors it is essential given the financial, economic and societal challenges facing the health board, our staff and patients.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note this report for information and support the ambition to reduce sickness as outlined in the Health Board's People Plan success measures.

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): | 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: | CIPD - Chartered Institute of Personnel and Development ESR - Electronic Staff Record FTE - Full Time Equivalent HEIW - Health Education & Improvement Wales NWSSP - NHS Wales Shared Services Partnership OD - Organisational Development SSP - Statutory Sick Payments |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Not Applicable |
| • Service Activity & Performance | Not Applicable |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb | No does not meet requirements |

| | |
|---|---|
| Equality Impact Assessment (EIA) completed | 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 |

Survey report
September 2025

Health and wellbeing at work

The CIPD has been championing better work and working lives for over 100 years. It helps organisations thrive by focusing on their people, supporting our economies and societies. It's the professional body for HR, L&D, OD and all people professionals – experts in people, work and change. With over 160,000 members globally – and a growing community using its research, insights and learning – it gives trusted advice and offers independent thought leadership. It's a leading voice in the call for good work that creates value for everyone.

Simplyhealth is committed to improving healthcare access for all, with a particular focus on providing affordable, targeted workplace healthcare. This helps address the key drivers of sickness absence – helping people stay healthy, remain in work, and recover faster if they fall ill. It simplifies access to healthcare by removing barriers and reducing costs, providing fast, 24/7 GP and mental health support, health cash plans, and a range of pay-as-you-go services. No GP referral or pre-approval is required, and the majority of plans cover pre-existing conditions. With over 150 years of experience and status as a B Corp, Simplyhealth reinvests profits to make healthcare more accessible for everyone.

Survey report

Health and wellbeing at work 2025

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Publication information

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1 Foreword

For 15 years, the CIPD and Simplyhealth have collaborated on the *Health and wellbeing at work* report, reflecting a shared commitment to improving workforce health. Ill health currently costs the UK economy £150 billion annually, with over 2.8 million people economically inactive due to long-term health conditions.

Encouragingly, more employers are developing standalone wellbeing strategies, with 74% believing senior leaders prioritise employee wellbeing – up from 61%.

Employers believe investment delivers measurable returns, including improved health and wellbeing (54%), increased employee engagement and reduced sickness absence (both at 39%), and enhanced performance (38%).

However, the report reveals another record high for absence levels: 9.4 days in 2025, up from 7.8 in 2023. These levels reflect broader societal trends, including an ageing workforce and a rise in long-term health conditions.

Mental ill health remains the leading cause of both short- and long-term absence surpassing, other drivers such as stress and minor illness in the short term, and musculoskeletal or long-term health conditions over the long term.

The report shows the most common challenge for health and wellbeing next year is securing budget amid economic pressures. Cost-effectiveness and ease of access are the key factors organisations consider when selecting benefits.

Workplace healthcare must be more equitable, reaching all employees with accessible, preventative support that includes those with pre-existing conditions. Traditional benefits often create cost and access barriers, especially for lower-paid workers with multiple health issues. Simplyhealth works to remove these barriers, helping people stay well and recover faster, particularly those facing greater health inequalities.

Employers have an important role in supporting their people's health and are uniquely positioned to enable a preventative approach to health and remove barriers to healthcare access.



Paul Schreier
Chief Executive Officer,
Simplyhealth

2 Introduction

The CIPD's 2025 *Health and wellbeing at work* report, supported by Simplyhealth, examines health, wellbeing and attendance trends and challenges. Now in its 24th edition, the report presents evidence to help employers and their people teams make informed decisions about their health and wellbeing policies and interventions to improve employee and organisational outcomes.

HR teams are integral to the effective implementation of wellbeing interventions and we know people professionals feel a keen sense of responsibility for people's wellbeing. It is also important that people professionals prioritise and are mindful of their own wellbeing, which can be overlooked in a pressured and fast-moving operating climate.

The report is based on a survey of 1,101 HR and people professionals or management-level employees with major HR decision-making involvement or influence in their organisation.

3 Key findings

A sharp increase in sickness absence

- Average absence levels have increased to 9.4 days per employee per year, compared with 7.8 days in 2023 and 5.8 days in 2022.
- Mental ill health is the top cause of long-term absence (41% of respondents citing it within top three causes) and minor illnesses by far the main reason for short-term absence (78%).
- However, mental ill health is the second main cause of short-term absence (29%), with stress a major cause of both short- and long-term sickness absence (26% and 28%, respectively).

More organisations are taking a strategic approach to wellbeing

- The proportion of organisations with a stand-alone wellbeing strategy has increased from 44% in 2020 to 57% in 2025. This shows that more organisations are designing their wellbeing activity to support multiple aspects of wellbeing, such as positive values and principles, mental health and personal growth.
- Nearly three-quarters (74%) of respondents agree that employee wellbeing is on senior leaders' agendas, up from 61% in 2020. Line manager buy-in to wellbeing is also on the up, from 58% in 2020 to 75% in 2025.
- There is a considerable focus in some areas on supporting people if they are affected by wellbeing-related issues through the life stages, particularly in the case of caring responsibilities for young children (75% of organisations), bereavement (67%) and chronic health conditions and disabilities (67%).

Preventing stress and supporting mental health requires concerted action

- Nearly two-thirds (64%) of organisations are taking steps to identify and/or reduce stress in the workplace, but only half (50%) of organisations overall think their efforts are effective. Heavy workloads stand out as the top cause of stress-related absence (41% of those organisations reporting stress-related absence).

- The overwhelming majority of organisations are taking action to support employee mental health at work, with just 12% choosing not to take any steps. The top three measures are access to counselling services (43% of employers), phased return to work and/or other reasonable adjustments (43%), and offering an employee assistance programme (41%).
- Only a minority of organisations train line managers to support mental health (29%). Those that do so report more positive findings in terms of managers' confidence to spot the early warning signs of mental ill health and have sensitive conversations with employees; for example, 73% of employers who train managers agree that 'managers are confident to have sensitive discussions and signpost staff to expert sources of help if needed', compared with 57% of those who don't offer training.

Working from home can lower absence and boost productivity

- Over a third (36%) of organisations with employees working from home say that sickness absence rates have decreased as a consequence, compared with just 16% reporting an increase.
- Respondents are twice as likely to report that productivity has increased (33%) than decreased (16%) as a result of homeworking.
- Overall, over a third (35%) of organisations report that 'presenteeism' (working when unwell) has risen as a result of employees working from home.

Investment challenged by rising costs but the benefits are clear

- Investing in employee wellbeing is associated with opportunities for individuals and for the vast majority (90%) of organisations. As well as the chance to improve people's health and wellbeing (54% of organisations), key outcomes can be higher employee engagement (39%), less sickness absence (39%) and enhanced employee performance (38%).
- Finding the budget for employee wellbeing on top of rising business costs is the top challenge for wellbeing (39% of organisations).
- Cost-effectiveness is the main factor organisations consider when selecting health-related benefits (56%).

Most employers offer occupational health services and sick pay

- Overall, 69% of organisations provide occupational health (OH) services for employees, rising to 86% of large organisations with 250 or more employees.
- There is scope for organisations to benefit even more at a preventative and strategic level from the clinical expertise that OH offers, with few using OH services to manage health risks (31%) or develop a health and wellbeing strategy/policies (29%).
- Out of all organisations surveyed, two-thirds (66%) have occupational sick pay schemes for all employees, with nearly two-thirds (62%) believing that the Statutory Sick Pay (SSP) rate (currently £118.75) is too low and should be increased. Three-quarters (75%) agree that SSP should be payable on a flexible basis – that is, paid on a part-time basis in conjunction with wages – to support a phased return to work.

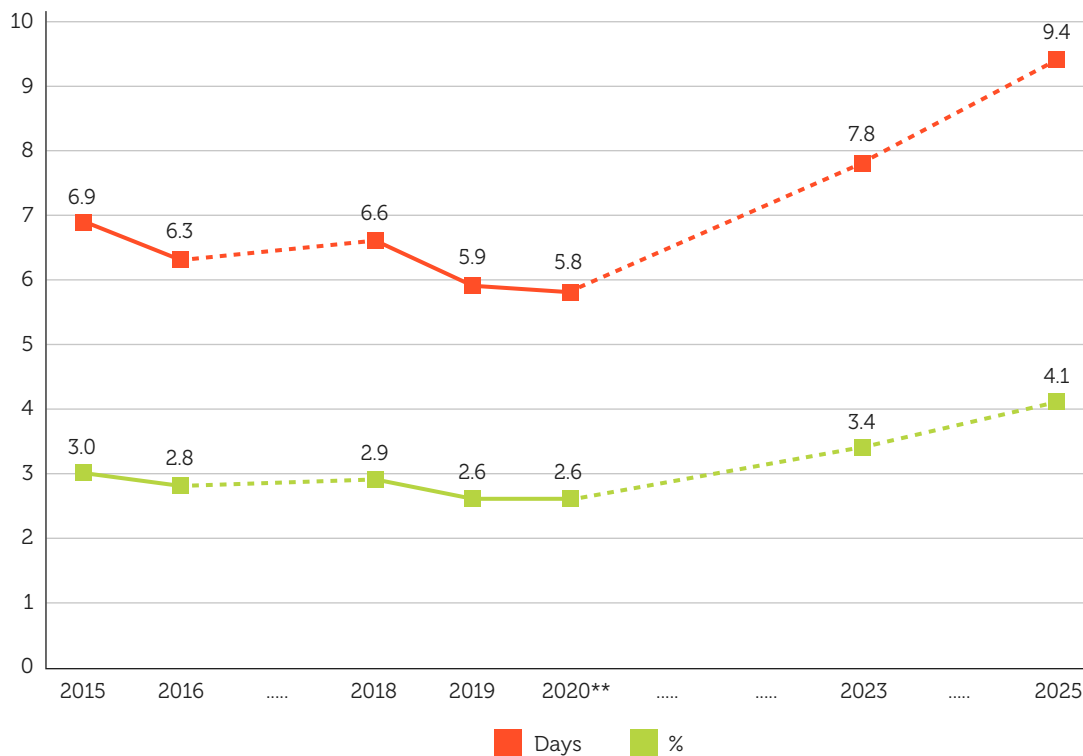
4 Absence and attendance management

Sickness absence rate reaches a record high

In our *2023 Health and wellbeing at work report*, we reported the highest level of sickness absence in more than 15 years. Now, in our 2025 report, we have recorded an even higher absence rate. We explore some of the potential factors behind this rise below.

The average level of employee absence rose to 9.4 days per employee, or 4.1% of working time lost (see Figure 1), marking another record high. This is an increase of 1.6 days compared with 2023, which was also a record high at that time. However, there is considerable variation between organisations.

Figure 1: Average* level of employee absence, per employee per annum



*5% trimmed mean.

**Data collected October to November 2019 before COVID-19 pandemic in the UK

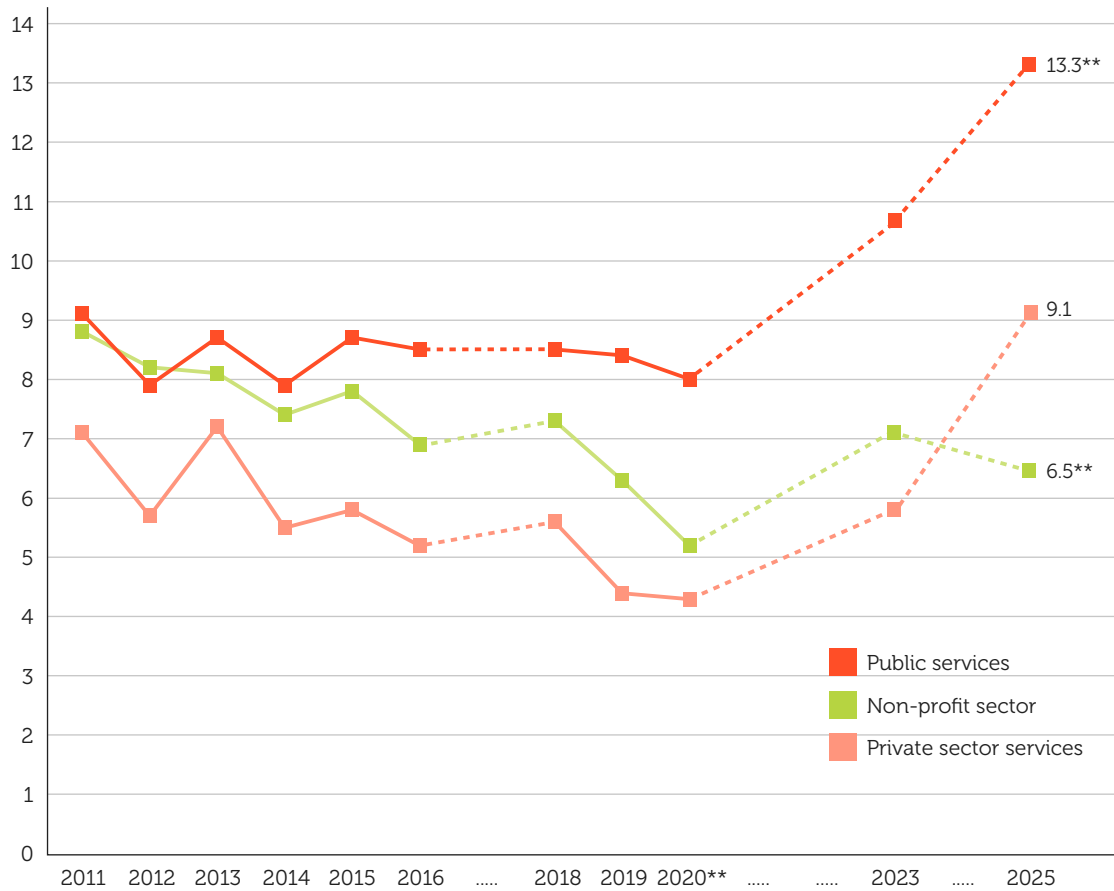
Base: 2025: n=305; 2023: n=290; 2020: n=365; 2019: n=446; 2018: n=443; 2016: n=736; 2015: n=396.

Absence levels have increased across all sectors

Employee absence rates have risen across the board but remain their highest in the public sector, although the small sample sizes and considerable variation within sectors mean these figures should be interpreted with caution (Figure 2).

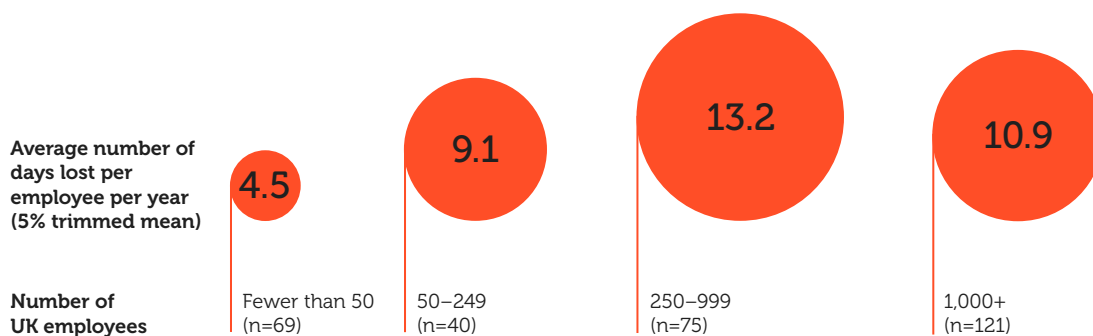
As seen in previous years, smaller organisations tend to have lower levels of absence than larger ones (Figure 3).

Figure 2: Average number of days lost per employee per year, by sector*



*5% trimmed mean
 **small sample sizes so should be treated with caution
 Base: private sector: n=247; public services: n=33; non-profit: n=25.

Figure 3: The effect of workforce size on absence levels (%)



Psychological ill health is a major cause of sickness absence

Minor illness remains the most common cause of short-term absence. However, psychological ill health, encompassing poor mental health and stress, features strongly as a cause of both short- and long-term absence.

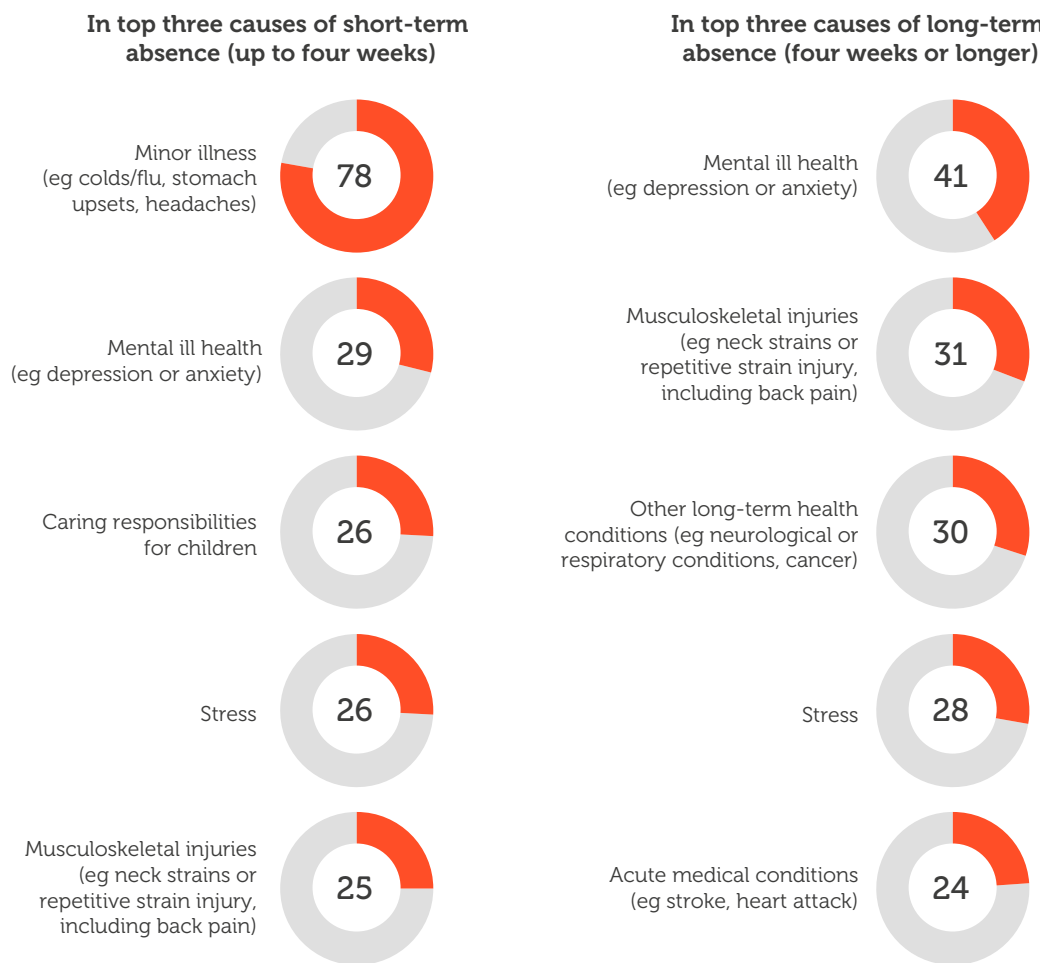
For example, mental ill health is the second main cause of short-term absence and by far the top cause of long-term absence, typically causing absence periods of four weeks or more (Figure 4).

Stress is the fourth most common main cause of both short- and long-term absence.

Public sector organisations and larger private sector organisations (with 250-plus employees) are particularly likely to include mental ill health among their top causes of long-term absence (51% and 50% respectively). More public sector employers also report that stress is among their top causes of long-term absence (41%).

Musculoskeletal injuries are also a major cause of sickness absence, particularly in the case of long-term absence (31%).

Figure 4: The most common causes of absence (% of respondents who include in their top three causes)



Base: n=1,101 (all respondents).

Why has employee absence increased?

The high absence rate revealed in this research raises some important questions. However, there are two crucial questions to answer: Are employees actually less healthy? Do organisations need to manage absence more effectively? The short answer to both questions is 'yes', but there are a lot of factors at play.

This report provides important data about the immediate causes of sickness absence. However, the underlying reasons for such a high absence rate are complex and it is important to look at the wider context affecting health and

work. First, many people are living and working longer. Chronic health conditions and disabilities can develop at any age but are often more commonly seen among older workers, which means people staying in work for longer may be more likely to experience them during their working lives. In 2023, more than 8 million people aged 16–64 reported a long-term health condition that limits the type or amount of work they can do.

Concerns about falling levels of economic participation in the UK and the contributory factor of long-term sickness absence prompted the UK Government Keep Britain Working Review. The discovery phase report points out there “has been a surge in the number of people with work-limiting health conditions between 2015 and 2024”.

To avoid high levels of sickness absence, employers need to understand and mitigate the main risks to people’s health. They also need to ensure that the work employees are required to do doesn’t exacerbate ill health and that they provide appropriate support to help them manage the impact their symptoms can have on their work. This is reflected in recent research conducted as part of the CIPD Good Work Index published in 2025, which found that around a quarter of employees reported their work has had a negative impact on both their mental and physical health.

There will inevitably be occasions where some individuals living with an ongoing health condition need to take time off work. How effectively organisations, and in particular the managers within them, keep in touch with absent employees and manage a sustainable return to work will have a direct impact on the length of sickness absence taken and on many individuals’ ability to remain in work.

What does this mean for HR?

- Analyse your absence data to help inform a deeper understanding of the health and organisational factors driving behaviour and attendance. Combine evidence from other sources (such as occupational health, the uptake and use of health benefits and services, employee surveys and management feedback) and use it to build a strategy based on the main health risks to prevent ill health where possible and avoid/reduce sickness absence.
- Develop a genuine reporting culture around sickness absence and encourage employees to have honest conversations about health issues. This will help you to put the right support in place to encourage attendance.
- Ensure that line managers are confident to keep in touch with absent team members in a sensitive and supportive manner and can conduct effective return-to-work interviews. Explore the CIPD’s guide for people managers for managing a return to work after a long-term sickness absence.
- Use the CIPD’s range of absence management tools to help you manage absence effectively.

5 Employee wellbeing and support

Most organisations act on wellbeing, but more can be done on ill-health prevention

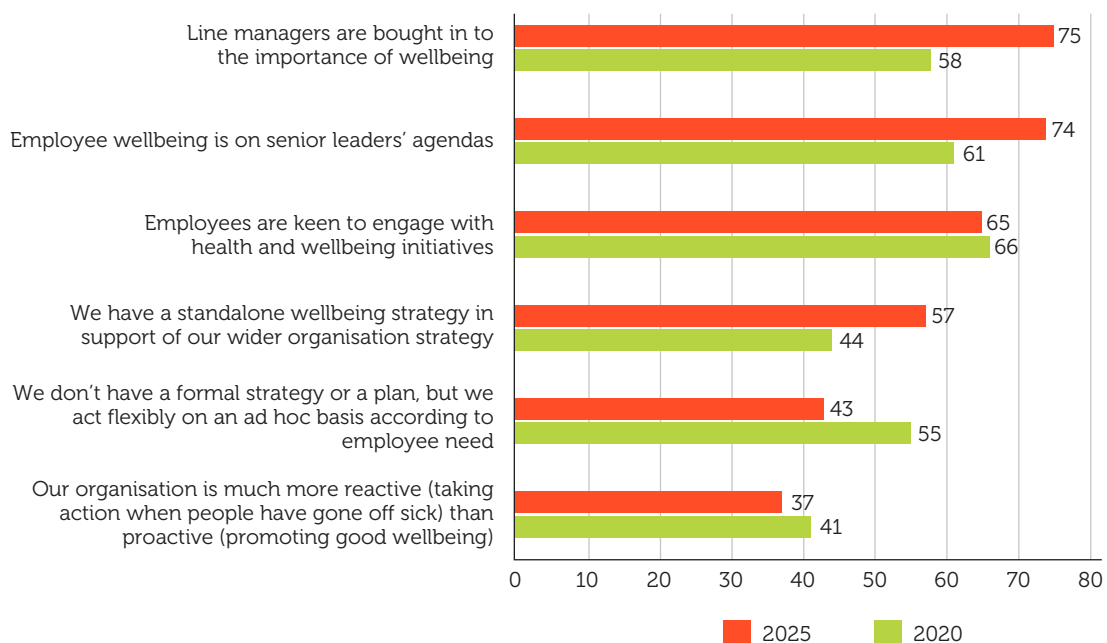
Overall, 75% of organisations said that they are taking some action to improve employee health and wellbeing.

Comparing this report with previous years, we have seen a gradual increase in the proportion of organisations with a stand-alone wellbeing strategy, now standing at 57% compared with 44% in 2020 (Figure 5). The percentage of HR professionals and managers reporting that line managers buy in to the importance of wellbeing has also continued to rise (75%, up from 58% five years ago) and more believe that senior leaders have employee wellbeing on their agenda (74%, up from 61% five years ago).

Despite these improvements, over a third (37%) still report that their organisation is much more reactive (taking action when people have gone off sick) than proactive (promoting good wellbeing) in their approach to wellbeing.

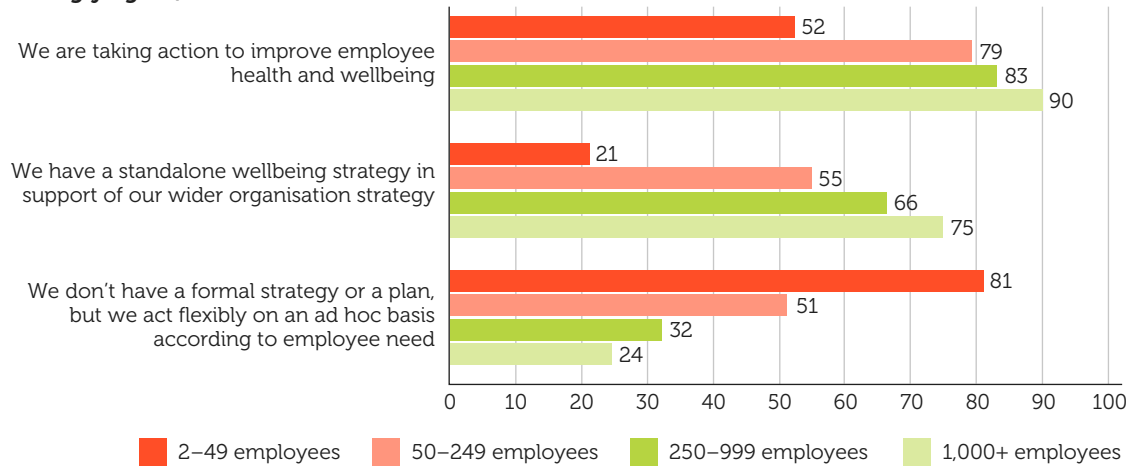
Understandably, larger organisations are more likely to take a formalised approach to employee wellbeing compared with smaller ones (see Figure 6). For example, very large organisations (1,000-plus employees) are three times more likely to have a stand-alone wellbeing strategy than very small employers with fewer than 50 employees.

Figure 5: The position of health and wellbeing in organisations (% of respondents that agree/strongly agree)



Base: all respondents: 2025: n=1,071-1,094; 2020: n=1,018. ('Don't know' responses excluded.)

Figure 6: Approach to employee wellbeing in organisations, by size (% of respondents that agree/strongly agree)



Base: n=1,067-1,092 (all respondents, with 'don't know' responses excluded).

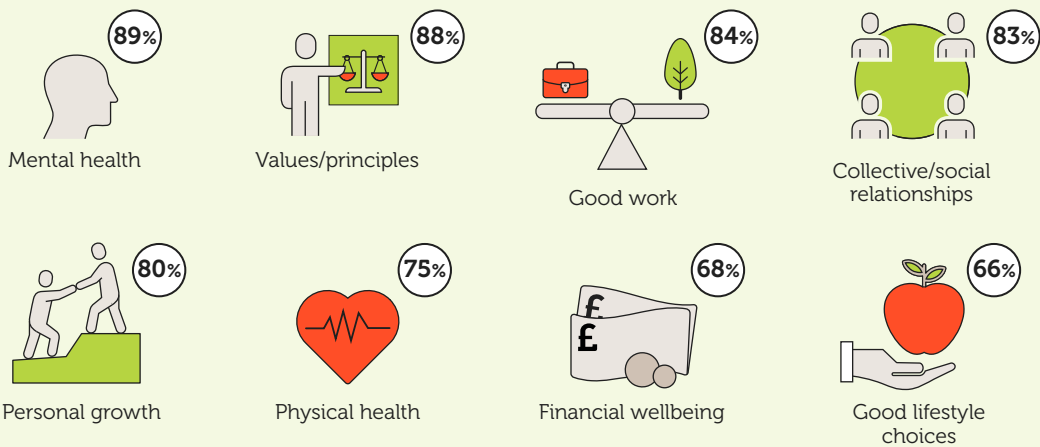
Most organisations increasingly take a holistic approach to wellbeing

Most organisations that support employee health and wellbeing are designing their activity to support multiple aspects of wellbeing (Figure 7). Mental health remains a key area of focus, as in previous years, with 89% of organisations' employee health and wellbeing activity including a focus on this important area to a large or moderate extent.

Meanwhile, comparing our 2025 findings with our 2023 findings, we see that more organisations are also focusing their activity on values and principles (88%, up from 74%).

See the [Appendix](#), Figure 26 for a full breakdown of organisations' activity across the eight dimensions of health and wellbeing.

Figure 7: To what extent, if any, is your employee health and wellbeing activity designed to promote...?



Base: n=791 (organisations that take steps to improve employee health and wellbeing).

What does this mean for HR?

- Develop a strategic and holistic approach to ensure health and wellbeing priorities are integrated across the business. A stand-alone plan is an opportunity to set out your organisation's aims and communicate the responsibilities of different groups, including a senior-level sponsor, HR, occupational health, managers and employees.
- Incorporate an understanding of employee lifecycle health issues as part of your organisation's health and wellbeing strategy, so you can develop appropriate interventions to support people at key stages of their employee journey.
- Ensure line managers are checking in regularly with people, spotting any early warning signs of poor wellbeing and referring to expert sources of help where needed. Deliver training and guidance to give them confidence to have sensitive and supportive conversations about wellbeing.
- Use CIPD resources to find out how your management approach aligns to behaviours that support health, wellbeing and engagement.
- Simplyhealth has also developed guides to help managers have comfortable conversations on key health issues such as women's health.

6 Managing stress and mental health

More concerted action is needed to tackle the main causes of stress, particularly high workloads and ill health

Overall, 64% of respondents report some stress-related absence in their organisation over the last year. This is more of an issue in public sector (84%) and larger private sector organisations (71% of private sector organisations with 250-plus employees).

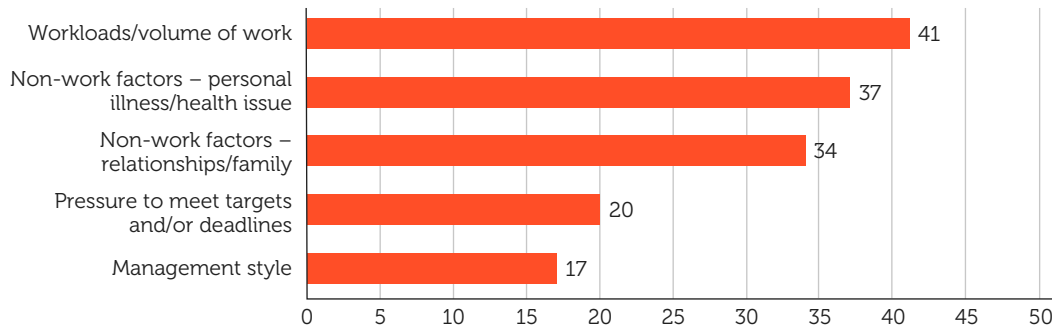
As in previous years, heavy workloads stand out as one of the most common causes of stress-related absence in the view of respondents (Figure 8). In our 2025 report, non-work factors are more commonly blamed for causing stress. Overall, 57% of organisations include one or more non-work factor (personal illness/health issues, relationships/family or financial concerns) among the top three causes of stress-related absence.

As in previous surveys, management style also ranks highly among the main causes of stress-related absence.

These findings reflect the multifaceted nature of people's mental health and how it's influenced by a wide range of personal and work-related factors. Organisations can't directly control issues outside of work that might be causing distress, such as personal illness or relationships. However, they can still put in place policies, such as flexible working and access to specialist

support such as counselling, to help people prevent and manage the impact of these external factors on work and their overall health.

Figure 8: The most common causes of stress-related absence (in top three causes, % of respondents)



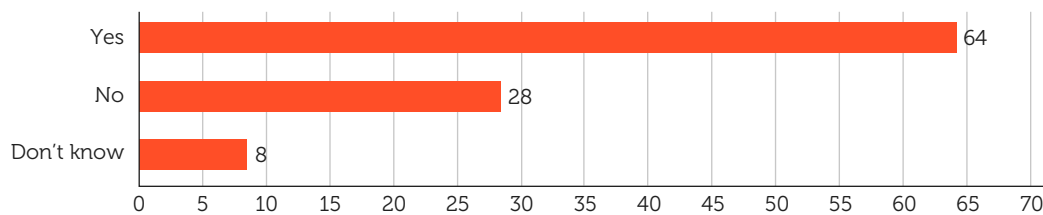
Base: n=654 (respondents in organisations that had stress-related absence).

Most organisations are taking steps to reduce stress but only half think their efforts are effective

Around two-thirds (64%) of organisations are taking steps to identify and/or reduce stress in the workplace (Figure 9).

Overall, half of organisations (50%) report their organisation is effective at managing work-related stress. Unsurprisingly, those that are taking steps to identify and reduce stress are more likely to report their organisation is effective at managing stress (66%) compared with those that aren't taking any steps (24%).

Figure 9: Is your organisation taking steps to identify and reduce stress in the workplace? (% of employers)



Base: n=1,101 (all respondents).

Offering flexible working options and improving work–life balance, and employee assistance programmes (EAPs) are the top two methods used to reduce stress (Figure 10).

Public sector and larger private sector organisations are the most proactive in their efforts to reduce stress. For example, public sector organisations are particularly likely to:

- identify the causes of stress through surveys/focus groups (75%)
- offer EAPs (70%)
- offer flexible working (69%)
- conduct risk assessments/stress audits (58%)
- train line managers to manage stress (57%)
- have a written stress policy/guidance (43%).

Figure 10: Methods used to identify and reduce stress (% of respondents in organisations which are taking steps)



Base: n=681 (organisations taking steps to identify and reduce stress in the workplace).

More proactive steps are needed to prevent the workplace risks of mental ill health

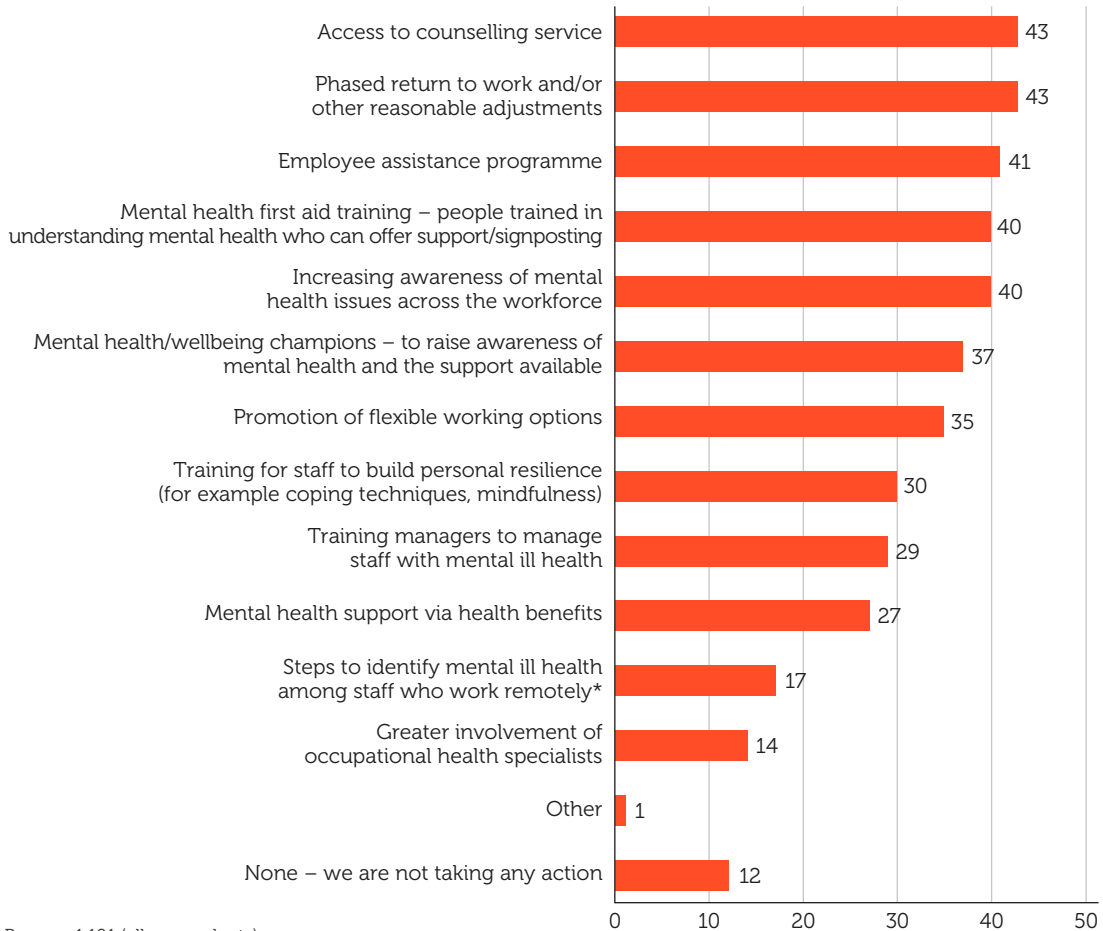
The majority of organisations are taking action to support employee mental health at work, with only 12% not taking any steps (Figure 11). The main focus of employers’ activity tends to be more reactive than proactive, with just over two-fifths providing access to counselling services, phased return to work and employee assistance programmes, which are the top three approaches used by organisations.

Providing support when employees have already become unwell and are in need of help is very important, but it’s also vital that organisations are proactive and take steps to promote good mental health and manage the main psychological risks to people . This means preventing ill health where possible and encouraging early intervention, for example by encouraging employees to take up health benefits and services where available.

With this approach in mind, it’s encouraging to see that 40% of organisations are increasing awareness of mental health issues across the workforce. However, just 14% use the expertise of occupational health services in a proactive way, while 17% take steps to identify the mental health risks among remote workers. Around three in 10 (29%) are providing training for managers to manage staff with mental ill health, and yet managers still play a crucial role in supporting people’s health and wellbeing through their people management role.

Public sector organisations are considerably more likely to offer a phased return to work for employees and/or other reasonable adjustments (67%), while larger private sector organisations are most likely to provide mental health support through health benefits (45%).

Figure 11: Actions taken to manage employee mental health at work (% of respondents)



Base: n=1,101 (all respondents).
 *% of organisations with homeworkers (base: n=813).

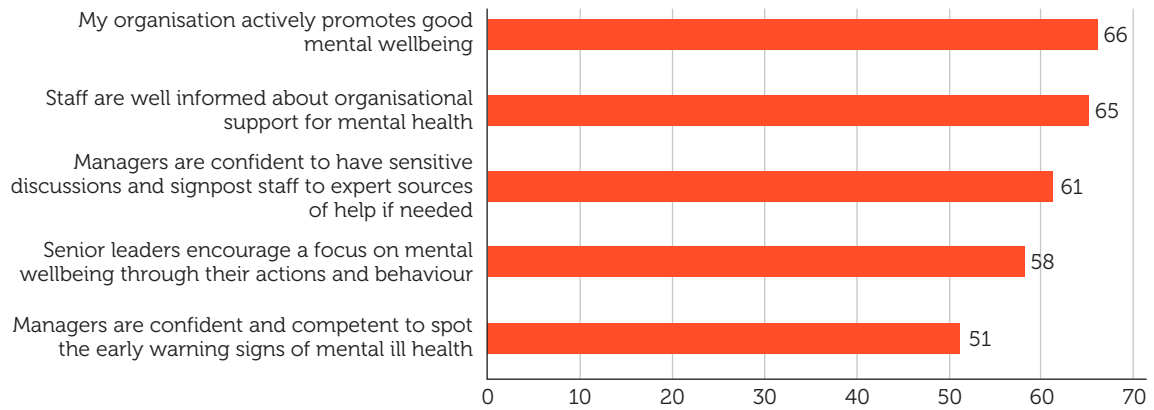
Senior leaders and managers are becoming more effective at supporting good mental health

This year we have seen a jump in the proportion of respondents reporting that senior leaders encourage a focus on mental wellbeing through their actions and behaviour and that managers have the confidence and competence to support and assist with mental health (Figure 12). This is consistent with our findings showing that more respondents believe that employee wellbeing is on senior leaders’ agendas and that line managers are bought into the importance of wellbeing (see Figure 5 above).

Overall, two-thirds of respondents (66%) believe their organisation actively promotes good mental wellbeing and nearly as many (65%) believe that staff are well informed about organisational support for mental health (Figure 12). See [Appendix](#), Figure 28 for how organisations have improved mental health action and outcomes over the past five years.

Providing training for managers to manage staff with mental ill health can also be valuable in helping to develop their skills and confidence (Figure 13). The findings show there are tangible benefits where organisations invest in line manager capability.

Figure 12: Effectiveness in promoting positive mental health (% of respondents)



Base: 2025: n=1,101.

Figure 13: Mental health training for managers and their skills and competencies (% agree/strongly agree)



Base: n=1,101 (all respondents).

What does this mean for HR?

- Promote greater awareness and understanding of mental health issues across the organisation with the aim of creating a more open culture where people feel safe to talk about mental wellbeing challenges.
- Develop a systematic and organisation-wide framework to support people’s mental health and implement evidence-based approaches to identify and address the main psychological risks.
- Embed early intervention and access to specialist sources of help, such as occupational health and other health-related services, as soon as possible to help prevent work-related stress and mental health issues from escalating.
- Use the CIPD’s [practical guidance](#) to improve support for those experiencing poor mental health or stress at work, and to help prevent poor wellbeing.

7 Supporting employees through all life stages

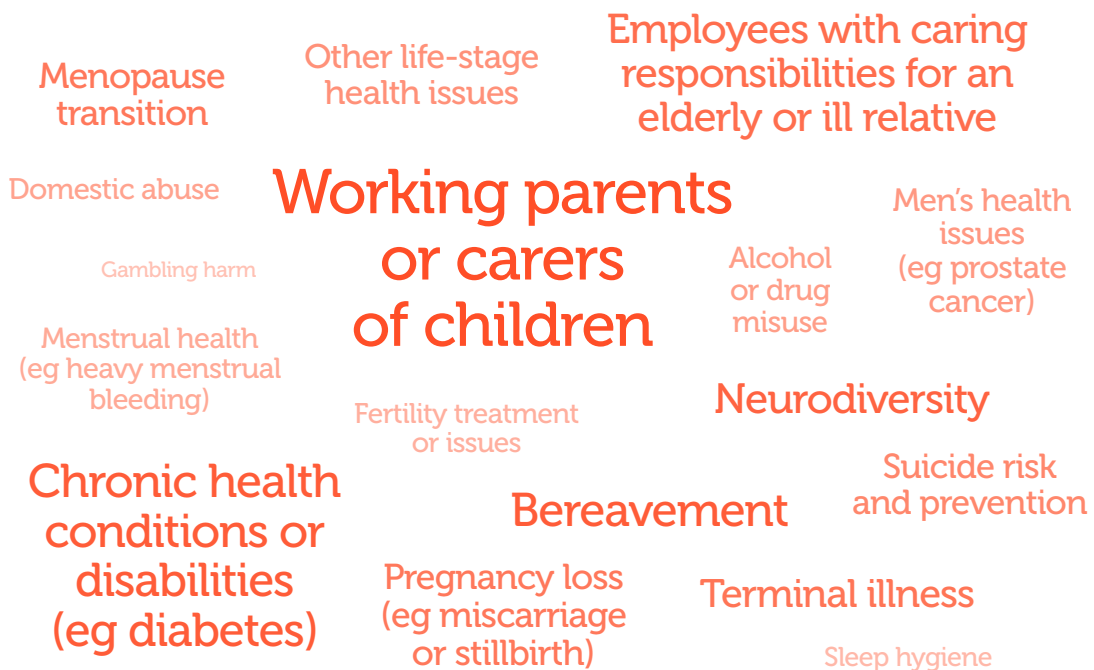
Organisations can encourage understanding and support for health and wellbeing challenges at different life stages

Taking a holistic approach means understanding that many people will encounter a range of potential health and personal challenges at different stages of their life that can impact on their wellbeing and work. In this report, we found that more organisations are providing support, but some health and wellbeing areas receive more attention than others.

For example, three-quarters of organisations with health and wellbeing activity offer a large or moderate level of provision for working parents/carers of children, and there is a good level of support for chronic health conditions or disabilities, neurodiversity and bereavement (Figure 14, and see [Appendix](#), Figure 29 for full findings).

The degree to which organisations offer a large or moderate level of provision for other wellbeing issues is more mixed, with sleep hygiene (healthy habits to encourage a good night's sleep) and gambling harm receiving the lowest level of provision (35% and 34%, respectively).

Figure 14: To what extent does your organisation's health and wellbeing activity include provision (for example, policies, guidance, awareness-raising or line manager training) for any of the following? (% reporting to a large or moderate extent)



Base: n=791 (organisations taking steps to improve employee health and wellbeing).

8 Working from home

Homeworking can help to lower sickness absence and raise productivity

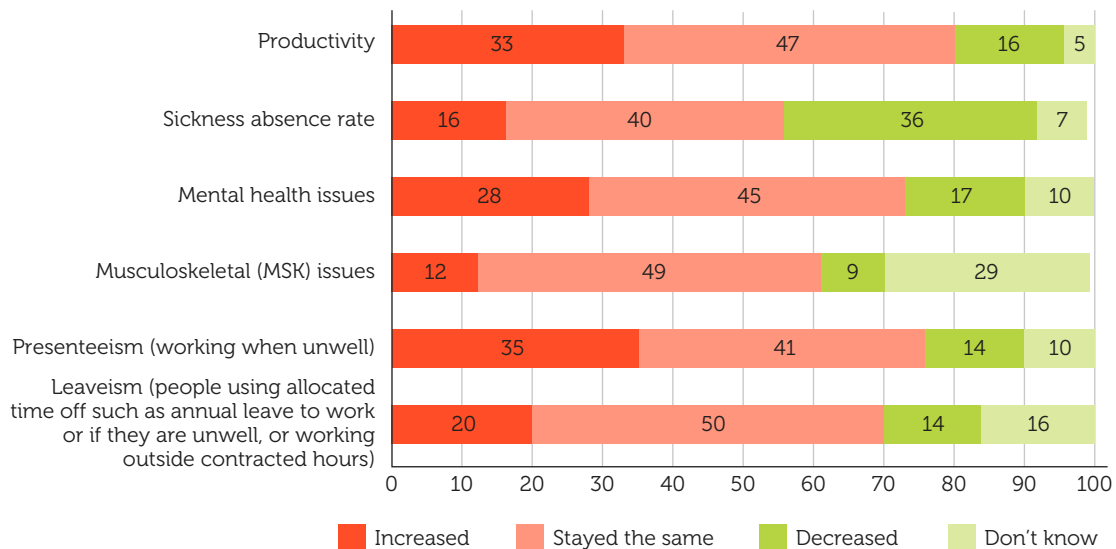
Over a third (36%) of organisations with employees who work from home report that sickness absence rates have decreased as a consequence, compared with just 16% who report they have increased (Figure 15).

Although homeworking is not possible in some jobs, including many frontline roles, where available, it can reduce sickness absence and support health in several ways. For example, it can play a role in reducing the spread of infectious illness and offer more opportunity for rehabilitation following illness or injury. Importantly, it can also help disabled people and those with health conditions to better manage the impact of their symptoms on their work. Further, by removing the need for a commute into the office, homeworking has the potential to boost energy and wellbeing as it can create opportunity for additional rest and improve financial wellbeing through lower travel costs.

Sickness absence has not decreased as a result of employees being more likely to work when unwell (ie 'presenteeism'). Respondents who reported that sickness absence had decreased due to homeworking were not more likely to report an increase in presenteeism.

Twice as many respondents report that productivity has increased as a result of employees working from home as report it has decreased (Figure 15).

Figure 15: Have you seen changes to any of the following as a consequence of employees within your organisation working from home? (%)



Base: n=813 (organisations that have employees who work from home).

Homeworking needs effective support to manage risks to mental health

Despite the positive findings in this area, there are additional health risks to be managed in relation to homeworking, particularly in relation to mental health. Respondents are significantly more likely to say that mental health issues have increased rather than decreased among homeworkers.

It can be more challenging to notice when employees could be experiencing poor mental health or stress if they are not physically present. Therefore, organisations need to take proactive steps to support the health and wellbeing of homeworkers.

Currently, this isn't a common occurrence, with just 17% of organisations with employees who work from home taking steps to identify mental ill health among remote staff.

What does this mean for HR?

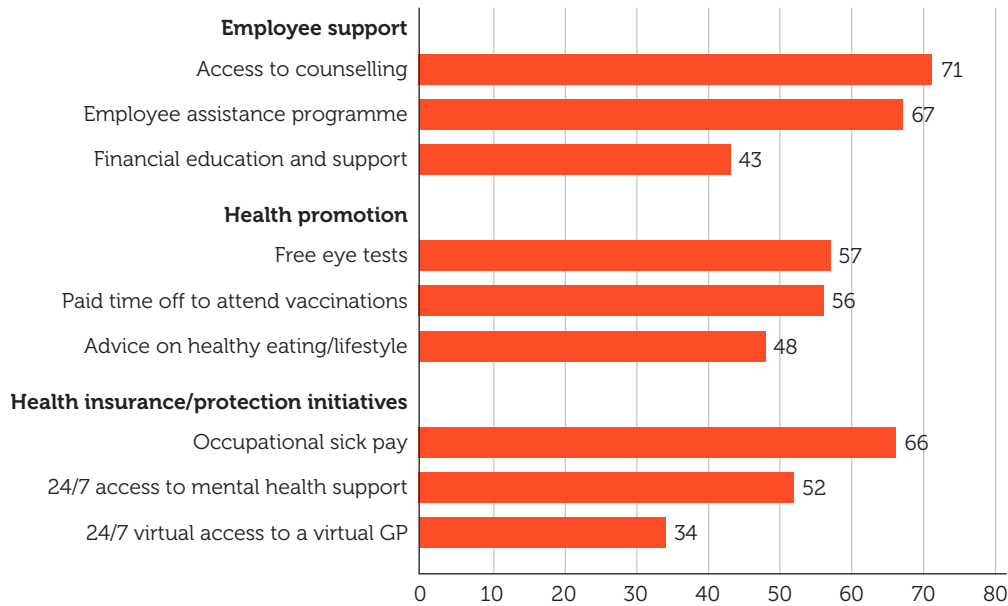
- Ensure you have the policies and practices in place to support homeworking, including effective onboarding and confident line managers who can support the health and wellbeing of remote teams.
- Ensure that health support provided by the organisation covers pre-existing conditions to ensure all employees can manage their health and work.
- To help manage the potential mental health risks of remote working, ensure that the support services, such as talking therapies, are easily accessible, can be accessed remotely in a way that works for people, and that employees can self-refer to them.
- Explore [CIPD resources](#) in this area to help you embed flexible and hybrid working in your organisation.

9 Wellbeing benefits and budgets

Counselling services and employee assistance programmes remain the most commonly offered benefits

Most organisations, particularly larger organisations, provide a combination of wellbeing benefits to employees (Figure 16, and see [Appendix](#), Table 2 for full findings). As in previous years, access to counselling services, employee assistance programmes (EAPs) and occupational sick pay schemes are the most common benefits on offer.

Figure 16: Top three wellbeing benefits on offer for all employees (% of respondents)



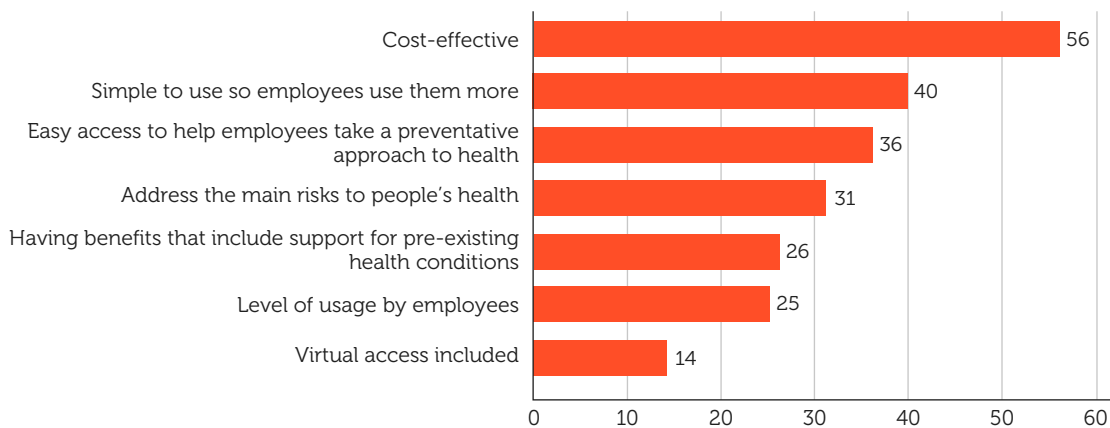
Base: n=1,101 (all respondents).

Finances have a strong influence on wellbeing

Cost-effectiveness is by far the most common factor organisations consider when selecting health-related benefits (Figure 17). This can be viewed in the context of rising business costs, such as the increase in employers’ National Insurance contributions, that many employers are dealing with in a highly competitive external operating climate.

However, there are clearly other considerations that employers are taking into account when developing their health benefits offering, most notably taking time to consider their simplicity and accessibility. It’s encouraging that many organisations also aim to address the main health risks of their workforce, as this approach will be crucial to improving health outcomes.

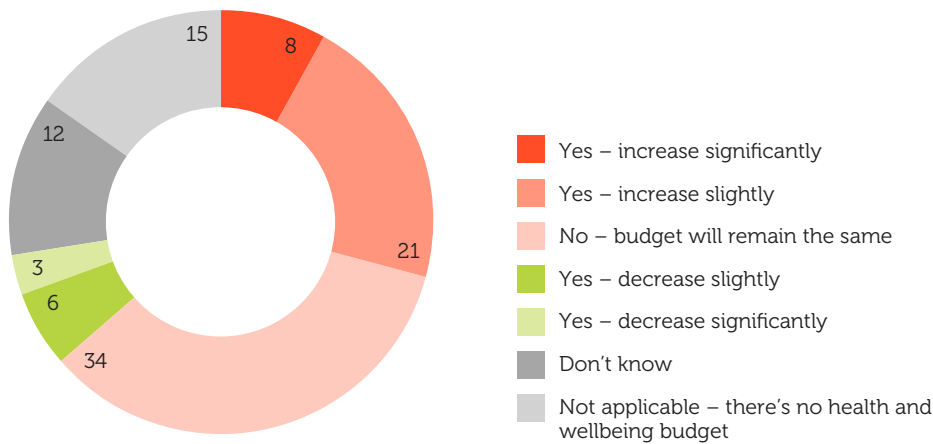
Figure 17: Key factors taken into account when selecting health-related benefits (% of respondents)



Base: n=1,037 (organisations with health-related benefits).

Many respondents are optimistic with regard to investment in wellbeing, with around three in 10 respondents (29%) expecting their organisation's wellbeing budget to increase over the next 12 months, with just 9% predicting a decrease (Figure 18). This is very encouraging given the obvious financial constraint that many organisations are experiencing and shows how important wellbeing investment is to them.

Figure 18: Do you expect your health and wellbeing budget to change over the next 12 months? (%)



Base: n=1,101 (all respondents).

However, respondents also think the most common challenge for health and wellbeing over the next year is finding the budget in view of rising business costs (Figure 19). This tops the list of challenges for all sectors, although it is of particular concern for public and non-profit sector organisations (public sector: 52%; non-profit: 57%; private sector: 34%).

Figure 19: What are the key challenges, if any, for employee health and wellbeing in your organisation over the next year? (select up to three) (%)

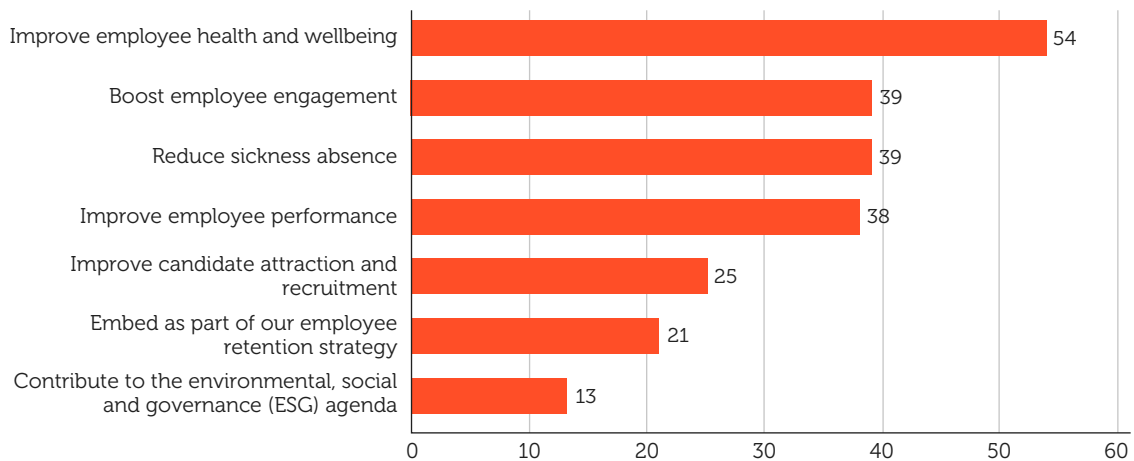


Base: n=1,101 (all respondents).

Investing in employee wellbeing can bring opportunities

There are opportunities associated with supporting employee wellbeing, according to respondents (Figure 20). Unsurprisingly, the most commonly identified opportunity is the chance to improve people’s health and wellbeing, but there is also the potential to boost employee engagement, reduce sickness absence and improve employee performance in particular.

Figure 20: What are the key opportunities, if any, for employee health and wellbeing in your organisation over the next year? (select up to three) (%)



Base: n=1,101 (all respondents).

What does this mean for HR?

- Consult employees when developing your health benefits offering so that it meets each employees’ health needs and circumstances, but also consider the whole workforce . This will help to maximise the return on investment and demonstrate value for money across your organisation.
- Individuals value different benefits at different life stages, so ensure your health benefits are reviewed through a diversity lens. Regularly monitor usage and satisfaction rates to ensure your benefits offering continues to meet employees’ needs.
- Evaluate the impact of your organisation’s health and wellbeing activity to encourage ongoing commitment from the senior team. What difference does it make to employee attendance and engagement levels? Can you demonstrate impact in other areas, such as improved performance and customer service?
- Read the [CIPD’s Wellbeing at work factsheet](#) on health and wellbeing to develop a holistic programme and gain commitment from key stakeholders.

10

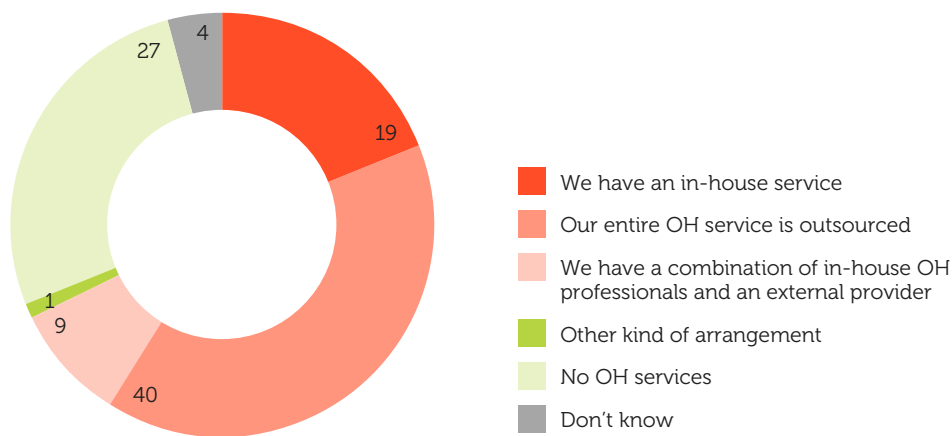
Occupational health and sick pay provision

In their role as clinical experts in how work impacts people’s health, occupational health (OH) professionals can provide a range of specialist services, such as assessing employees’ fitness to work and advising on effective reasonable adjustments. As such, OH is an important type of health service that employers can offer to help keep people well and provide access to specialist support when someone is ill, working alongside other interventions such as health benefits to support overall employee wellbeing.

Overall, 69% of organisations provide OH services for employees, rising to 86% of organisations with 250 or more employees. The smaller the organisation, though, the less likely they are to offer OH support, with 39% of small or medium-sized enterprises (SMEs) providing access for employees.

Organisations are twice as likely to outsource their entire OH service than have an in-house service (Figure 21).

Figure 21: Occupational health service arrangements (% of respondents)



Base: n=1,101 (all respondents).

More scope to enhance the use of OH services

HR and OH professionals are two of the key professional groups involved in supporting the health and wellbeing of people at work. Their combined expertise can be helpful to encourage a preventative and evidence-based approach to achieving positive health and employment outcomes.

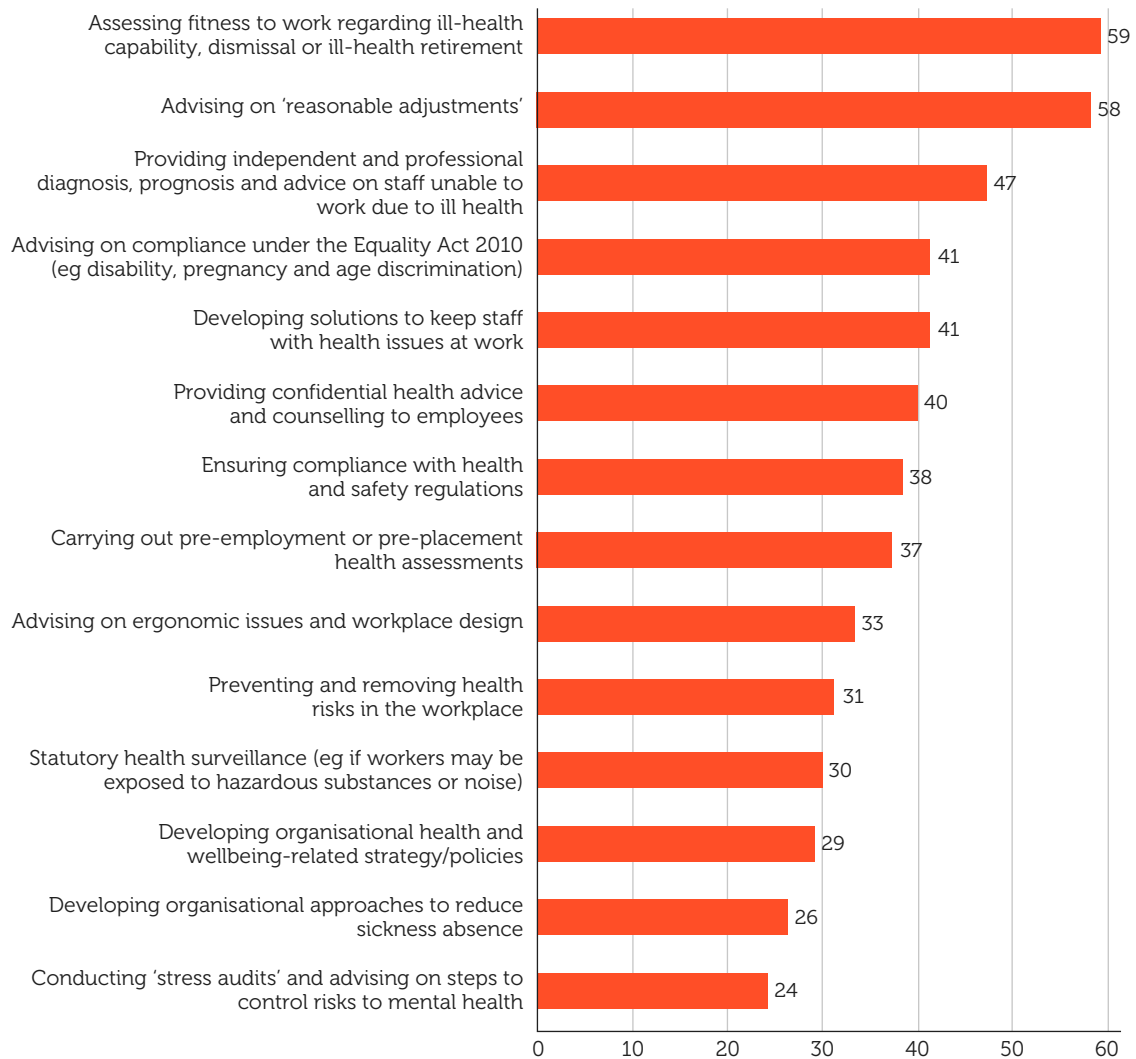
Many organisations use OH services across a range of areas to support employee health and wellbeing. However, our findings show there is scope for organisations to benefit even more at a preventative and strategic level from the specialist expertise that OH offers.

Most organisations use OH services in a reactive way – for example, to manage complex cases and long-term sickness absence – while few use them

to prevent and remove health risks, develop a health and wellbeing strategy/policies, develop organisational approaches to reduce sickness absence, or conduct 'stress audits' and advise on steps to control risks to mental health (Figure 22).

See the [Appendix](#), Figure 27 for findings on the stage and circumstances of referrals to OH services. Organisations most commonly make referrals for a specific purpose, for example assessment of fitness to perform a job following illness or injury, or when an employee takes frequent or persistent short-term absence due to a health issue.

Figure 22: The services provided by occupational health (% of respondents)



Base: n=676 (organisations with OH services).

Most organisations provide occupational sick pay schemes

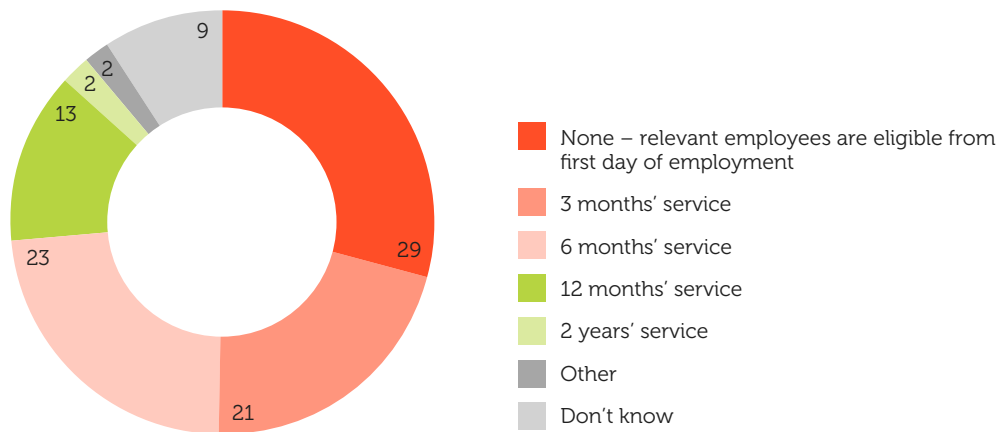
Payable to employees at a rate of £118.75 per week, [Statutory Sick Pay](#) offers a relatively low level of income support when someone can't work due to illness or injury. When employers enhance this statutory entitlement in the form of occupational sick pay, it therefore represents a valuable health-related benefit.

Two-thirds (66%) of organisations have occupational sick pay schemes for all employees. Overall, around three in 10 report that relevant employees are eligible for these schemes from the first day of employment, although this rises to 43% of public sector organisations (Figure 23).

Most organisations with occupational sick pay schemes (88%) provide qualifying employees with full pay for some or part of the period of absence. Around one in 10 provide full pay for less than a month, while two-fifths provide full pay for more than six months (Figure 24).

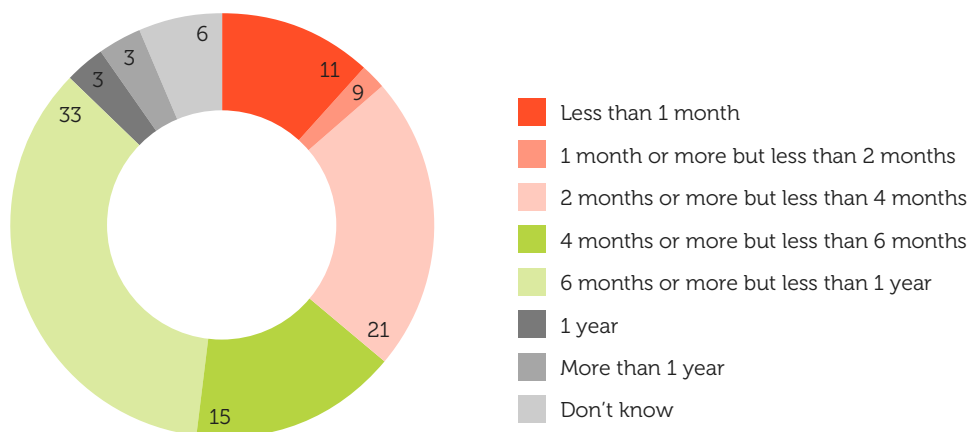
Public sector organisations are most generous (64% provide full pay for more than six months compared with 29% of the private sector and 35% of non-profits).

Figure 23: What length of service, if any, is needed for employees to qualify for occupational sick pay? (%)



Base: n=819 (organisations that offer occupational sick pay).

Figure 24: How long does your organisation provide full pay for? (%)



Base: n=718 (organisations that provide qualifying employees with full pay for some or part of sickness absence).

Statutory Sick Pay seen as too low and should be more flexible

Most respondents (81%) agree that it is right to provide a financial safety net for employees in the event of ill health (Figure 25). Overall, just over six in 10 (62%) believe that Statutory Sick Pay (SSP) is too low and should be increased, although respondents in SMEs are less convinced (54%).

Because the current SSP regime is binary and cannot be paid on a part-time basis, it's not very effective at supporting disabled people and those with ongoing health conditions to reduce their working hours when unwell to help manage their symptoms.

Three-quarters of respondents (75%) agree that SSP should be payable on a flexible basis (that is, paid on a part-time basis in conjunction with wages to support a phased return to work, for example).

For many, the costs and perceived administrative burden associated with providing health insurance products are a barrier to their introduction. However, around three-fifths (61%) still agree that group income protection would be a valuable benefit to help employees manage the risk and impact of ill health.

Figure 25: Views on sick pay and insurance (% of respondents)



Base: n=1,101 (all respondents).

What does this mean for HR?

- Improve awareness and understanding of the broader value that OH services and other health benefits can offer the organisation, particularly in terms of assessing the main health risks to people. Ensure there is close collaboration between HR and OH professionals at a strategic level, such as developing evidence-based practices and interventions to support good mental health.
- Consider the stage at which referrals are made to OH in cases of sickness absence, and whether or not earlier referral could be helpful as part of a supportive case management approach to prevent long-term sickness absence.
- Consider the benefits of introducing an occupational sick pay scheme if your organisation doesn't already have one, as it could help to avoid unhealthy presenteeism and encourage more effective rehabilitation among sick employees. If you do have one, review the scheme's terms and conditions to ensure that it's effectively encouraging employees to return to work in a timely and sustainable way.
- Read the CIPD report *What should an effective sick pay system look like?* for practical advice on developing an occupational sick pay scheme.

11

Background to the survey

This is the 24th CIPD survey supported by Simplyhealth to explore issues of health, wellbeing and absence in UK workplaces. The survey was conducted online by YouGov from March to April 2025. The analysis is based on responses from 1,101 organisations.

The survey consists of 25 questions completed through an online self-completion questionnaire. The survey was last conducted in March and April 2023. Many questions remain the same as previous years, to provide useful benchmarking data on wellbeing, absence, work-related stress and mental health. This year we also explore attitudes and approaches to sick pay and revisit the topic of occupational health services, which was last explored in our 2020 survey. We also included new questions to explore the impact of working from home on absence, health and productivity.

Sample profile

The survey was administered to a random sample of members of the YouGov Plc UK panel of more than 2.5 million individuals who have agreed to take part in surveys and who met the sample definition.

The 1,101 respondents are HR professionals or management-level employees with major HR decision-making involvement or influence in their organisation, working full- or part-time in the UK, who also have direct involvement in, or knowledge of, health and wellbeing in their role within their organisation. The data is weighted by sector and business size to be representative of employers in the UK (see Table 1).

Just over three-fifths (62%) answered the questions in relation to their whole company/organisation, while 20% answered in relation to a single site and 18% in relation to a single division. A small minority responded for specific regions or parts of the business.

Table 1: Profile of respondents

| | Unweighted base | Unweighted base % | Weighted base | Weighted base % |
|--|-----------------|-------------------|---------------|-----------------|
| Size of organisation | | | | |
| Fewer than 10 (excluding sole traders) | 196 | 18 | 129 | 12 |
| 10–49 | 195 | 18 | 138 | 13 |
| 50–249 | 162 | 15 | 128 | 12 |
| 250–999 | 197 | 18 | 277 | 25 |
| 1,000+ | 351 | 32 | 429 | 39 |
| <i>Total</i> | <i>1,101</i> | <i>100</i> | <i>1,101</i> | <i>100</i> |
| Sector | | | | |
| Private | 822 | 75 | 804 | 73 |
| Public | 174 | 16 | 230 | 21 |
| Non-profit | 105 | 10 | 67 | 6 |
| <i>Total</i> | <i>1,101</i> | <i>100</i> | <i>1,101</i> | <i>100</i> |
| Industry | | | | |
| Manufacturing | 78 | 7 | 82 | 7 |
| Construction | 76 | 7 | 80 | 7 |
| Retail | 75 | 7 | 72 | 7 |
| Financial services | 59 | 5 | 63 | 6 |
| Hospitality and leisure | 48 | 4 | 42 | 4 |
| Accountancy | 14 | 1 | 12 | 1 |
| Legal | 15 | 1 | 14 | 1 |
| IT and telecoms | 61 | 6 | 58 | 5 |
| Media/marketing/advertising/PR and sales | 30 | 3 | 28 | 3 |
| Medical and health services | 146 | 13 | 155 | 14 |
| Education | 86 | 8 | 89 | 8 |
| Transportation and distribution | 30 | 3 | 33 | 3 |
| Real estate | 29 | 3 | 23 | 2 |
| Other | 220 | 20 | 208 | 19 |
| Not applicable | 134 | 12 | 140 | 13 |
| <i>Total</i> | <i>1,101</i> | <i>100</i> | <i>1,101</i> | <i>100</i> |

Note on abbreviations, statistics and figures used

In places, the report includes additional analyses conducted by the CIPD for comparison with previous years' findings.

Voluntary, community and not-for-profit organisations are referred to throughout the report as 'non-profit organisations'.

SME refers to organisations with 2 to 249 employees. Sole traders were excluded from the sample.

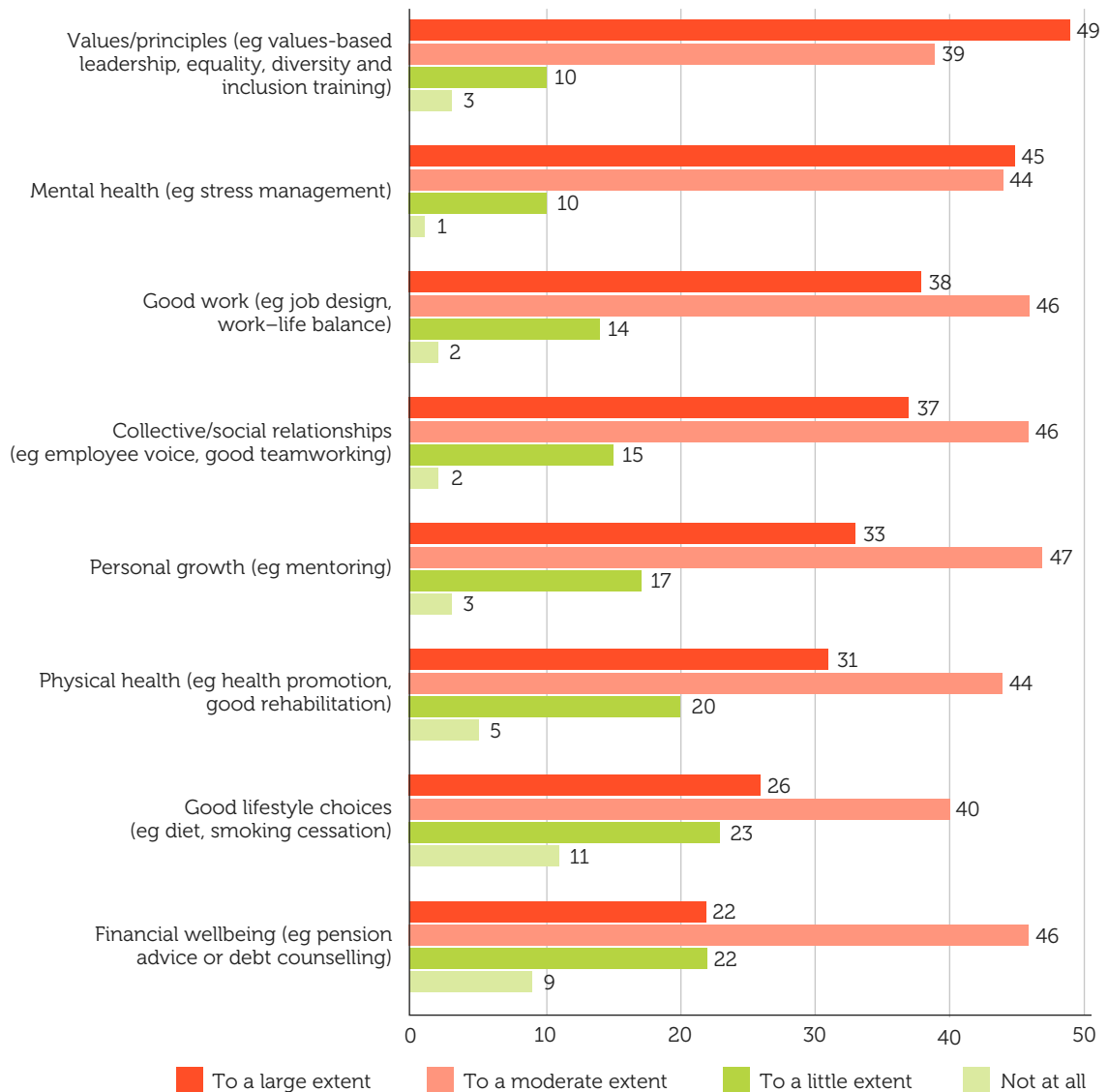
The 5% trimmed mean is used in calculations of average employee absence levels in order to avoid a few extreme cases skewing the results. The 5% trimmed mean is the arithmetic mean calculated when the largest 5% and the smallest 5% of the cases have been eliminated. Eliminating extreme cases from the computation of the mean results in a better estimate of central tendency when extreme outliers exist.

With the exception of average working time and days lost, all figures in tables have been rounded to the nearest percentage point. Due to rounding, percentages may not always total 100.

12

Appendix

Figure 26: To what extent, if any, is your employee health and wellbeing activity designed to promote...?



Base: n=791 (organisations that take steps to improve employee health and wellbeing).

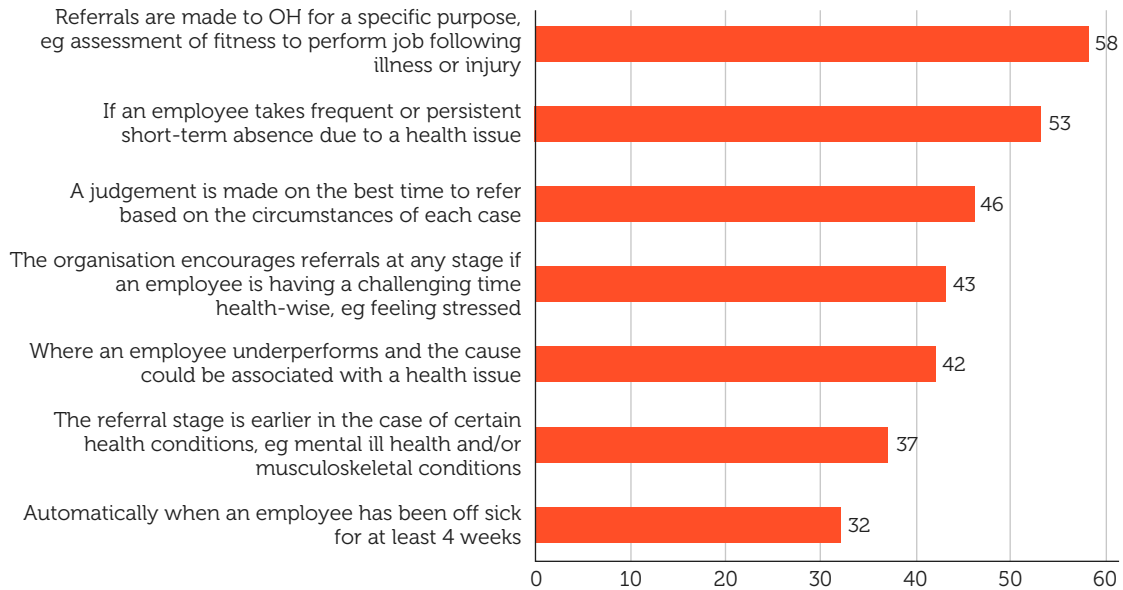
Table 2: Wellbeing benefits on offer, by sector (% of respondents)

| | All respondents Base: 1,101 | Public sector Base: 174 | Non-profit sector Base: 105 | Private sector Base: 822 | Private sector SMEs (2–249) Base: 446 | Private sector large (250+ employees) Base: 376 |
|---|--------------------------------|----------------------------|--------------------------------|-----------------------------|--|--|
| Employee support | | | | | | |
| Access to counselling service | | | | | | |
| For all employees | 71 | 90 | 74 | 65 | 46 | 79 |
| Depends on seniority | 6 | 2 | 1 | 7 | 5 | 9 |
| Employee assistance programme | | | | | | |
| For all employees | 67 | 80 | 71 | 62 | 39 | 78 |
| Depends on seniority | 6 | 2 | 0 | 7 | 4 | 9 |
| Financial education and support (eg access to advice/welfare loans for financial hardship) | | | | | | |
| For all employees | 43 | 46 | 34 | 42 | 26 | 53 |
| Depends on seniority | 8 | 2 | 3 | 10 | 4 | 13 |
| Access to physiotherapy and other therapies | | | | | | |
| For all employees | 35 | 35 | 29 | 36 | 21 | 46 |
| Depends on seniority | 11 | 5 | 7 | 12 | 7 | 16 |
| Stop smoking support | | | | | | |
| For all employees | 28 | 32 | 20 | 28 | 18 | 35 |
| Depends on seniority | 6 | 2 | 1 | 7 | 4 | 9 |
| Health promotion | | | | | | |
| Free eye tests | | | | | | |
| For all employees | 57 | 64 | 60 | 55 | 42 | 63 |
| Depends on seniority | 8 | 3 | 2 | 9 | 5 | 12 |
| Paid time off to attend vaccinations (eg COVID-19) | | | | | | |
| For all employees | 56 | 64 | 61 | 54 | 55 | 53 |
| Depends on seniority | 7 | 4 | 3 | 8 | 4 | 11 |
| Advice on healthy eating/lifestyle | | | | | | |
| For all employees | 48 | 48 | 37 | 49 | 32 | 60 |
| Depends on seniority | 5 | 2 | 1 | 6 | 5 | 7 |
| Free flu vaccinations | | | | | | |
| For all employees | 48 | 63 | 28 | 45 | 26 | 58 |
| Depends on seniority | 5 | 3 | 1 | 5 | 3 | 7 |
| Health screening | | | | | | |
| For all employees | 35 | 31 | 19 | 37 | 23 | 47 |
| Depends on seniority | 13 | 6 | 8 | 15 | 10 | 18 |
| In-house gym and/or subsidised gym membership | | | | | | |
| For all employees | 35 | 41 | 21 | 34 | 17 | 45 |
| Depends on seniority | 7 | 2 | 0 | 8 | 4 | 12 |
| Programmes to encourage physical fitness (eg walking/pedometer initiatives such as a Fitbit or other fitness trackers) | | | | | | |
| For all employees | 35 | 33 | 18 | 36 | 22 | 46 |
| Depends on seniority | 7 | 3 | 3 | 9 | 4 | 12 |
| Wellbeing days (eg a day devoted to promoting health and wellbeing services to staff) | | | | | | |
| For all employees | 32 | 32 | 25 | 33 | 23 | 39 |
| Depends on seniority | 7 | 4 | 3 | 8 | 5 | 11 |

| | | | | | | |
|--|----|----|----|----|----|----|
| Regular on-site relaxation or exercise classes (eg yoga, Pilates) | | | | | | |
| For all employees | 23 | 26 | 14 | 23 | 12 | 30 |
| Depends on seniority | 6 | 2 | 1 | 7 | 4 | 10 |
| Access to complementary therapies (eg reflexology, massage) | | | | | | |
| For all employees | 17 | 9 | 17 | 19 | 13 | 24 |
| Depends on seniority | 8 | 2 | 1 | 11 | 5 | 15 |
| Insurance/protection initiatives | | | | | | |
| Occupational sick pay | | | | | | |
| For all employees | 66 | 87 | 77 | 59 | 46 | 67 |
| Depends on seniority | 13 | 3 | 8 | 16 | 11 | 19 |
| 24/7 access to mental health support and counselling | | | | | | |
| For all employees | 52 | 51 | 49 | 53 | 31 | 67 |
| Depends on seniority | 8 | 2 | 1 | 10 | 7 | 12 |
| 24/7 access to a virtual GP | | | | | | |
| For all employees | 34 | 10 | 30 | 42 | 23 | 54 |
| Depends on seniority | 9 | 1 | 1 | 12 | 8 | 15 |
| Health cash plans (allowing employees to claim costs back) | | | | | | |
| For all employees | 27 | 14 | 30 | 30 | 17 | 40 |
| Depends on seniority | 10 | 2 | 4 | 13 | 6 | 17 |
| Personal accident insurance | | | | | | |
| For all employees | 26 | 10 | 18 | 32 | 19 | 40 |
| Depends on seniority | 10 | 5 | 1 | 12 | 7 | 15 |
| Private medical insurance | | | | | | |
| For all employees | 25 | 7 | 11 | 32 | 20 | 40 |
| Depends on seniority | 25 | 10 | 13 | 29 | 18 | 37 |
| Group income protection/long-term disability/permanent health insurance | | | | | | |
| For all employees | 25 | 11 | 13 | 30 | 15 | 40 |
| Depends on seniority | 13 | 4 | 4 | 17 | 7 | 23 |
| Dental cash plan | | | | | | |
| For all employees | 24 | 10 | 16 | 28 | 15 | 37 |
| Depends on seniority | 12 | 4 | 5 | 16 | 7 | 21 |
| Critical-illness insurance | | | | | | |
| For all employees | 23 | 6 | 7 | 30 | 12 | 42 |
| Depends on seniority | 10 | 2 | 2 | 13 | 7 | 18 |
| 24/7 digital muscle and joint assessment and self-management | | | | | | |
| For all employees | 22 | 10 | 6 | 27 | 13 | 37 |
| Depends on seniority | 7 | 2 | 1 | 9 | 5 | 11 |
| Self-funded health plans/healthcare trust | | | | | | |
| For all employees | 21 | 10 | 14 | 25 | 11 | 35 |
| Depends on seniority | 11 | 3 | 1 | 15 | 7 | 20 |
| Discounted on-demand services, eg diagnostic scans, blood tests | | | | | | |
| For all employees | 20 | 6 | 13 | 24 | 14 | 32 |
| Depends on seniority | 8 | 2 | 1 | 11 | 3 | 16 |

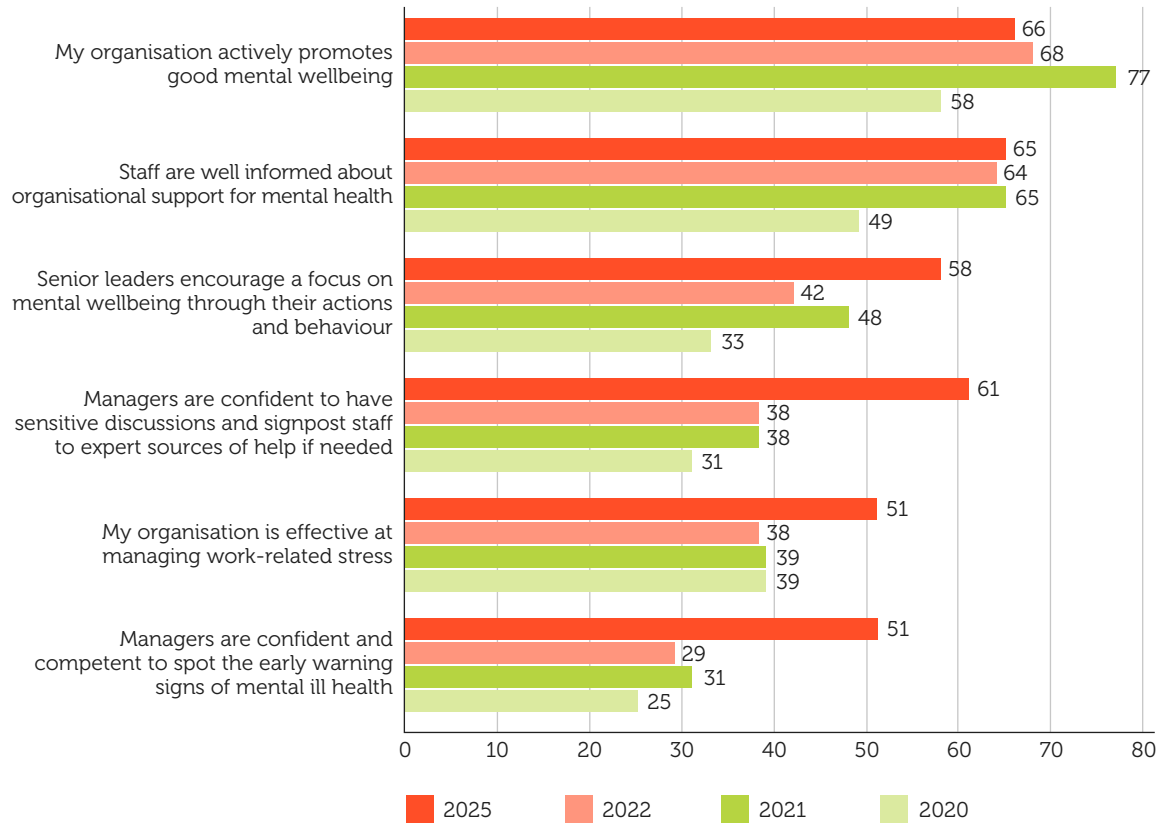
Base: n=1,101 (all respondents).

Figure 27: The stage and circumstances of referrals to OH services (% of respondents)



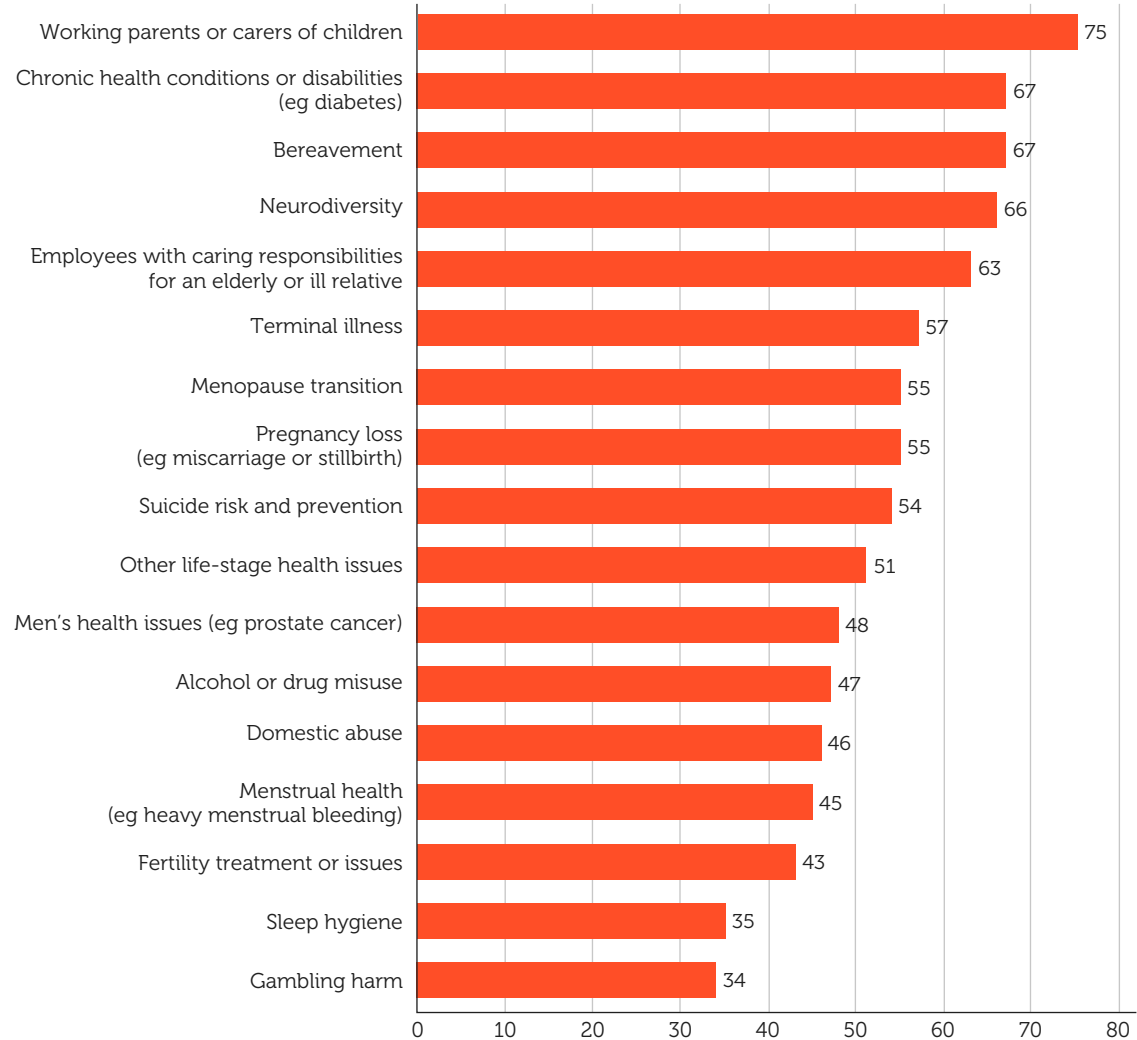
Base: n=676 (organisations with OH services).

Figure 28: Effectiveness in promoting positive mental health (% of respondents who agree with the statement)



Base: 2025: n=1,101; 2022: n=605; 2021: n=470; 2020: n=749.

Figure 29: To what extent does your organisation’s health and wellbeing activity include provision (eg policies, guidance, awareness-raising or line manager training) for any of the following? (% reporting to a large or moderate extent)



Base: n=791 (organisations taking steps to improve employee health and wellbeing). ('Don't know' responses excluded.)

CIPD

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Issued: September 2025 Reference: 8920 © CIPD 2025



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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Introduction of the new People Plan 2025–2030 and the associated Measures of Success |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Katelyn Falvey, Assistant Director of Workforce and Organisational Development |

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board has developed and approved its updated People Plan 2025–2030, which sets out a strategic roadmap for workforce planning and development aligned with the Health Board’s recently approved Long-Term Strategy, Gwent 2035.

This paper introduces an overview of the new plan, providing a brief outline of its content and specifically outlines the headline measures that will be used to evaluate its success.

Cefndir / Background

The People Plan 2025–2030 has been developed as a core enabler of the Health Board’s Long-Term Strategy and Integrated Medium-Term Plan (IMTP). This is the second development of the Health Board’s People Plan, with the first plan published in 2022 to cover the period to 2025. The progress made during this time has provided strong foundations to build on, whilst recognising that the challenges and opportunities for our people and communities may have evolved or emerged since the first plan.

The new plan has been developed with consideration of the Health Board’s current and predicted future context, challenges and opportunities and sets out the Workforce and Organisational Development Strategy over the next 5 years; the timeline providing a crucial mid-point review of the Health Board’s 10-year Long

Term Strategy and a timely opportunity to review progress mid-way through this journey.

The plan has been shaped by extensive engagement with our people, partners, and stakeholders, and is structured around three strategic pillars:

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

Each pillar includes a series of initiatives designed to improve staff experience, wellbeing, inclusion, career development, and workforce sustainability. The plan responds to demographic shifts, workforce challenges, and the need for innovation in service delivery.

The initiatives are supported by a delivery plan contained within the approved plan which outlines the stages of progress for each initiative, for example, the design, implement of evaluation stage.

Asesiad / Assessment

To ensure the People Plan delivers meaningful impact, a set of headline success measures has been developed. These measures will be monitored through regular reporting to the Executive Committee and the People and Culture Committee, with an annual delivery report summarising progress.

The headline measures outlined in the plan are aligned to each strategic pillar and include:

1. Better Health & Wellbeing

- Provision of a range of wellbeing services that meet the complex and varied needs of people and improve waiting times.
- Reduced sickness absence rates.
- Consistent improvement in Occupational Health key performance indicators.
- 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.
- Reduction in formal grievance and dispute cases.
- Evidence of shared learning to improve employee experience.

2. Better Future Workforce

- Increased number of volunteering, apprenticeships, training roles and widened access routes.
- Clear progression frameworks implemented in all key professions.
- Increased number of people trained in workforce planning.
- Workforce plans aligned with the long-term strategy and IMTP and regularly reviewed.

- Staff survey improvements on digital capability and tools.

3. Better Working Lives

- Improved diversity and representation across all staff groups and leadership roles.
- Sustained reduction in vacancies and turnover with corresponding improvements in variable pay.
- Higher employee engagement and inclusion scores in the staff survey.
- Increased internal mobility and career progression rates.
- Increase in the number of staff participating in development programmes.
- Employee recognition programme participation and satisfaction levels.
- Create a mechanism to monitor implementation of the Health Board’s Values and Behaviours Framework and other workforce data, by triangulating with quality and patient safety indicators.

All of the above headline measures are underpinned by a suite of detailed performance indicators, which can be found in **Appendix 1**, Measuring Success.

These measures will be supported by detailed operational reporting and triangulated with quality and patient safety indicators. Staff stories and lived experiences will also be used to evaluate the impact of the plan. They will be reviewed annually and outcomes will be reported to People and Culture Committee on an annual basis along with regular updates on delivery progress of the Plan. As this is the first iteration of the success measures profile it is proposed to bring an update to the next People and Committee in February 2026 to share any refinements and amendments required.

Argymhelliad / Recommendation

The People and Culture Committee is asked to:

- **Note** the approval and launch of the People Plan 2025–2030.
- **Endorse** the proposed success and performance measures as the framework for evaluating progress.
- **Support** ongoing monitoring and reporting through the Committee’s governance arrangements.

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 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 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: | IMTP - Integrated Medium-Term Plan |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

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

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

[https://futuregenerations.wales/
about-us/future-generations-act/](https://futuregenerations.wales/about-us/future-generations-act/)

Not Applicable

Measuring Success People Plan Performance Indicators

| 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 maintain 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 a direct impact on activity. Difficult to mitigate this risk. |
| | Reduced sickness absence rates | 2 Sickness absence data, trends and rolling absence 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 |
| | | 3 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. National trends of increasing staff absence across NHS and other sectors |
| | Consistent improvement in Occupational Health key performance indicators. | 4 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 |
| | | 5 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 | 6 An increase in Staff survey response rates. Improved scores on psychological safety. Improved scores on confidence to speak up. | 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 | Staff survey action plan agreed by Executive Committee September 2025 Speaking up Safely Action plan and framework. Resource and capacity remains a risk to share and fully achieve action plan. |
| | | 7 Regular monitoring and review of the number of staff who speak up, ensuring all concerns are considered in line with appropriate process | 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 National limits. | 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. |
| | Reduction in formal grievance and dispute cases. | 8 Increase ratio of informal: formal concerns received | 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 | 9 Identify and address factors that influence employee experience | Using staff survey data to establish effective baseline. Current staff engagement score is from 2024 NHS Staff Survey 70.6% | Maintain 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 |

Better Future Workforce

| 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 | 10 | Review of entry level roles including apprenticeships, training roles, and supported employment pathways | Categorisation/definition of entry level roles in development to obtain baseline | Consistent and improved numbers of entry level recruits | 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. |
| | | 11 | 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 | 12 | Development and implementation of progression and career development frameworks for key roles | Progression framework currently available for HCSWs | Development (in partnership with Corporate Nursing and AHPs etc) of Enhanced, Advanced and Consultant Practice Framework for Non-Medical Registrants through a structured approach. | 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. |
| | | 13 | Improve PADR compliance Increase 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 | 14 | Implementation of training, targeting key teams and departments | 2025 Level 1 - 41 completed/in progress Level 2 - 42 completed/in progress | To be confirmed following skills mapping | 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 | 15 | Development of Strategic Workforce Plans across the divisions | 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 | Finalisation of medical workforce plan/strategy. Contribution and progress to Regional Workforce Plans. Completion of Mental Health Plan. | Aligned to Health Board Long Term Strategy and IMTP |
| | | 16 | Achieve Establishment Control across the divisions | 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 | 17 | Design phase, engage with DTS to work together on optimising the use of digital technology that is already available to us | No baseline available. | Production 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 | |
|---|---|--|---|--|--|---|
| | Improved diversity and representation across all staff groups and leadership roles. | 18 | 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. |
| | | 19 | 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 75% | 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. |
| | | 20 | 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 | 21 | Reduction in substantive vacancies across the Health Board | 3.27% (all staff groups) 78.4 wte medical vacancies (all grades) reduced from 174.72 in Sept 23 | At least maintain, but aim to improve | Financial and skills market constraints nationally and internationally. Impact of IMPT and service expansion or patient care initiatives. Continued focus on retention and recruitment. |
| | | 22 | Reduction of Variable Pay | £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 |
| | | 23 | Implementation of medical e-systems and improved job planning compliance | 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 | 24 | 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 | 25 | 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 | 26 | Maintain the delivery of the RCN Connect Programme | 20 recruited in 24/25 | Aim for 20 / year | | |
| | 27 | 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 | |

| Strategic Commitment | Success Measures | Key Actions | Current position / KPI Sept 2025 | Target January 2027 | Risks & Mitigation | |
|----------------------|---|-------------|---|--|--|--|
| | Employee recognition programme participation and satisfaction levels | 28 | Participation in recognition 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. |
| | | 29 | 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 |
| | | 30 | 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. | 31 | Successful implementation of values and behaviours framework by triangulation with different quality and people metrics | 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. |

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Update on Health Board Disclosure and Barring Service (DBS) Compliance Position |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Katelyn Falvey, Assistant Director of Workforce and Organisational Development; Sian Bigmore, Head of Recruitment |

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In May 2025, the Executive Committee received a paper outlining the findings of a Health Board-wide compliance audit of Disclosure and Barring Service (DBS) clearance checks held on record where DBS is required for the role, **Appendix 1**. The audit, conducted in April 2025, reviewed over 17,500 staff records and identified 2,076 individuals in scope (1,913 substantive inc. bank roles and 163 bank only roles) whose DBS status was either missing or recorded at a level below that required for their role.

The paper highlighted systemic issues contributing to DBS compliance gaps, including legacy recruitment practices, retire-and-return arrangements, internal staff movements and direct hires that bypassed formal pre-employment checks. It also provided assurance that mitigating actions had been implemented and planned to address these risks and strengthen future compliance.

The Committee was presented with three options to address the compliance gaps and approved **Option 2: to obtain DBS information where possible and undertake new checks for staff whose recorded DBS level was insufficient for their role**. This approach excluded staff employed prior to 2002, in line with DBS guidance, and aimed to ensure robust safeguarding assurance across the organisation.

This paper provides an update on the progress made to date.

Cefndir / Background

DBS advice is that a DBS check has no official expiry date therefore we do not routinely undertake new checks - it is at the employer's discretion when a new check is needed.

The emphasis is on the employee to update their manager of any changes to their criminal status and the contract of employment states that:

"If you are convicted or found guilty of a criminal offence you are required to inform your manager as soon as possible. Failure to disclose such convictions or findings of guilt could result in disciplinary action, which may result in dismissal. This includes any charges or cautions".

Therefore, new checks have been undertaken in this exercise only if the role is in scope and the detail held on file is either missing, or lower than the level required for the role.

Asesiad / Assessment

In line with the Health Board's commitment to risk management and mitigation, the following actions have been conducted:

1. **Contacted all individuals in scope to obtain any existing DBS information.** Emails were sent to all affected staff, and they were asked to attend planned drop-in sessions with their DBS, or undertake a new DBS check.
2. **Contacted all managers asking them to review personal files to obtain any existing DBS information that may be stored locally.**
3. **Provision of multiple planned drop-in sessions for staff to attend and provide current DBS certificates.** Two drop-in sessions were held per site over a two-week period between 30 July - 12 August 2025 at RGH, NHH, YAB, GUH.
4. **Reviewed and contacted all 'retire and return' employees to check if DBS information was held on their old employee assignment and re-used if at appropriate level.**
5. **Where no DBS information is available, undertaken ad-hoc checks in-line with the approach agreed by the Executive Committee.**
6. **The SMA App, launched on 07 July 2025, integrates 'starters', 'leavers', and 'changes' processes into a single digital platform.** It delivers multiple benefits, including reducing payroll overpayments and acting as a safeguard to prevent staff from commencing in post before all pre-employment checks, such as DBS clearance, are completed. This also provides assurance that DBS information will be sent from Trac to ESR via the interface in a timely manner thus minimising any 'missing' data.
7. **Review and update of existing position numbers with correct DBS requirements.** The audit identified discrepancies in DBS levels assigned to certain position numbers on ESR. To date, 22 staff records have been corrected. A broader cleansing exercise is required in collaboration with managers to ensure all position numbers reflect the correct DBS requirement. This work will be completed ahead of the next reporting cycle to improve data accuracy and future compliance monitoring.

Compliance progress to date (as of October 2025)

Following further interrogation of the data available, an additional 41 records were identified since the initial audit where the DBS level was lower than required for the role. This increased the **total number of records** requiring review from 2,076 to **2,117**. Progress is well underway, with almost half (949) of the non-compliant records now complete or in progress.

| Status | Total number of records in progress/completed |
|-------------------------------|---|
| Ad hoc DBS** | 377 |
| DBS provided | 170 |
| Retire & Return | 99 |
| Left the Health Board | 35 |
| DBS not required for the role | 266 |
| Long term sick | 2 |
| Total | 949 |

A total of **1,168 records remain outstanding** and are actively being followed up by the Workforce Recruitment Team.

Costs

The initial cost estimate was **£157k** to complete all 2,076 records identified following the initial audit. The cost to date of those 377/949 (**ad hoc DBS) requiring new DBS checks that are either complete or in progress is detailed in the table below.

| DBS Level | Number of records | Cost of those in progress /completed |
|--------------|-------------------|--------------------------------------|
| Basic | 1 | £25.40 |
| Enhanced | 294 | £15,699.60 |
| Standard | 82 | £2082.80 |
| Total | 377 | £17,807.80 |

With the additional 41 records identified, the estimated costs to complete DBS checks for the remaining 1,168 records is a further £56,295.20.

| DBS Level | Number of records | Potential cost of those outstanding |
|--------------|-------------------|-------------------------------------|
| Basic | 4 | £101.60 |
| Enhanced | 951 | £50,783.40 |
| Standard | 213 | £5410.20 |
| Total | 1,168 | £56,295.20 |

This represents a worst-case scenario, as we will continue to re-use existing information wherever possible, which should help to reduce the overall cost.

NB. The DBS fees are as follows:

- Basic DBS - £21.50 + £3.90 (counter-signatory fee) = £25.40
- Standard DBS - £21.50 + £3.90 (counter-signatory fee) = £25.40
- Enhanced DBS - £49.50 + £3.90 (counter-signatory fee) = £53.40
- Update Service - £16 per annum

Lessons Learned and Opportunities for Improvement

Several learning points have emerged during implementation, some of which may have impacted progress timelines:

- Communications were issued during peak annual leave periods, resulting in delayed staff responses. Follow-up is ongoing for outstanding records.
- Some staff mistook official emails for scams, despite being sent from Health Board accounts. Future communications will include clearer messaging and proactive engagement with staff and managers to build trust and encourage action.
- Advance notice will be provided to Trades Union colleagues to support staff and signpost appropriately.
- The mail merge process led to managers receiving multiple emails. We are exploring more efficient methods, such as consolidated notifications, to reduce administrative burden on both the Recruitment Team and the receiving managers.

On-going risk management

There are multiple mitigating actions that the recruitment team have in place to ensure staff have the correct DBS clearance for the role they undertake which were detailed in the previous report, **Appendix 1**.

Further risk management option for consideration: Mandate the DBS Update Service

Consideration could be given to mandating the DBS update service. The DBS Update Service is an online subscription service provided by the Disclosure and Barring Service. It allows individuals to keep their DBS certificates up to date and update employers of any changes to criminal status every 60 days. Once subscribed, the service continuously monitors for any changes to an individual's criminal record and alerts employers if there has been a change since the original certificate was issued.

Public Health Wales (PHW) has recently mandated that all staff are subscribed to the DBS Update Service. This approach was taken to strengthen safeguarding assurance and reduce corporate risk, recognising that DBS checks are effectively out of date the day after being issued. PHW reimburse staff via e-expenses and have also introduced an alternative, direct method of payment via a company credit card where financial hardship would be encountered as a result of paying for the Update Service.

To clarify, the Welsh Government have permitted NHS Wales Employers to use their discretion on whether periodic checks are conducted but no further formal statements have been issued since. We will continue to review this position and consider opportunities for the Health Board.

The Recruitment Team will continue with DBS checks until the remaining **1,168** records are completed and all relevant information is held on ESR. A further update will be provided in February 2026 in line with People and Culture Committee reporting.

Argymhelliad / Recommendation

The People and Culture Committee is asked to **note** and **take assurance** from the information provided in the paper regarding progress made against DBS compliance and reconciliation actions.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

| | |
|--|--|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | The monitoring and reporting of committee business is a key element of the Health Board's assurance framework. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture Finance |
| 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: | DBS - Disclosure & Barring Service ESR - Electronic Staff Record PHW - Public Health Wales SMA - Staff Movements Advice |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| <ul style="list-style-type: none"> • Workforce | Yes, outlined within the paper |
| <ul style="list-style-type: none"> • Service Activity & Performance | Yes, outlined within the paper |
| <ul style="list-style-type: none"> • Financial | Yes, outlined within the 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 |



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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 22 May 2025 |
| CYFARFOD O: MEETING OF: | Executive Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Health Board Position – DBS Review |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director and Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Katelyn Falvey, Assistant Director of Workforce and Organisational Development; Sian Bigmore, Head of Recruitment |

| |
|--|
| Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate) |
| Ar Gyfer Penderfyniad/For Decision |

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board is committed to ensuring its staff are recruited in a safe manner in accordance with NHS Employers Pre-Employment Check Standards (PECs), which includes a Disclosure & Barring Service (DBS) check.

As part of our routine governance and assurance measures, an audit was recently conducted (April 2025) to identify the number of staff potentially working without the appropriate level of DBS check recorded on file. Of the 17,542 records that were checked, 2,601 records did not have the correct DBS status recorded on file.

There are a number of reasons why staff members may not hold the appropriate DBS clearance on file, such as:

- The employee was appointed before the introduction of CRB/DBS checks in March 2002.
- A paper record may have been on the personal file if the check was completed prior to the implementation of ESR in 2006.
- Up until December 2024, when an employee retired and was re-engaged, the information was not automatically fed through to the new ESR record.

- The recruitment process and pre-employment checks via Trac were bypassed in circumstances such as internal movements or staff changes processed via a 'changes form' resulting in pre-employment checks not being completed.
- Throughout the pandemic, there was an urgent necessity to appoint people into roles at pace, which meant some people started in roles before all PECs were completed.

This paper details the findings of the most recent audit undertaken in April 2025 along with the actions that have been taken already to improve the position. Options and costs are provided to further manage the potential risk.

The Executive Committee is asked to review and discuss these options and agree on the recommendation of Option 2.

Cefndir / Background

- **Employer obligations** - DBS advice is that a DBS check has no official expiry date, and it is at the employer's discretion when a new check is needed. To balance cost and risk, the agreed approach across NHS Wales is that DBS checks can be re-used for applicants internal to NHS Wales, if they were undertaken within 3 years and are at the right level for the role. A new DBS is required for any applicant external to NHS Wales.

- **Staff obligations** - The written statement of particulars as set out by the employment contract insists that:

"If you are convicted or found guilty of a criminal offence you are required to inform your manager as soon as possible. Failure to disclose such convictions or findings of guilt could result in disciplinary action, which may result in dismissal. This includes any charges or cautions."

- **Recruiting Manager obligations** - The recruiting manager is responsible for ensuring staff are appointed into roles fairly and safely, ensuring all PECs are undertaken before a start date is agreed. However, we are aware changes to roles occur in some circumstances such as internal movements where the recruitment process via Trac is by-passed and therefore a DBS check is not always requested. Recruitment processes managed outside of Trac result in the following risks:

1. Employees* may not hold the correct level of DBS for the role they are carrying out.
2. DBS is historic/out of date and in some cases no DBS information is recorded on ESR if carried out many years ago.
3. Employees may not declare new convictions acquired since the last DBS check.

****for the purposes of this paper, this also includes bank workers.***

Previous audit

An audit conducted in February 2020 identified 1,964 staff records without a recorded DBS check. At that time, it was agreed that a staged approach would be adopted, prioritising Paediatrics and Mental Health and Learning Disabilities services,

including Child and Adolescent Mental Health Services. As a result, DBS checks were completed for 222 staff in these areas.

This approach was taken pending formal guidance from Welsh Government regarding the permissibility of retrospective DBS checks for employees appointed prior to 2002, when CRB checks were first introduced.

The 2020 audit identified 810 such pre-2002 appointments. This figure has since reduced to 525, representing staff employed before 2002 who still do not have a recorded DBS check.

As set out in previous papers, mandating the DBS Update Service would improve the Health Board's compliance with DBS checks but implementation requires further guidance from Welsh Government supported by the development of an All-Wales policy.

Asesiad / Assessment

An assessment of outstanding DBS compliance held on ESR is outlined below (17,542 records were checked). Of these, 2,601 records were found to be **non-compliant**.

| | Substantive (incl. those holding substantive & bank roles) | Bank only | Total |
|--|--|-----------|--------|
| Total number of records checked | 15,677 | 1,865 | 17,542 |

For the purposes of this report, **records of those who were employed prior to 2002 have been discounted** (and the data not included) since there is no legal basis to undertake retrospective checks on staff, as advised by the DBS agency. This reduces the non-compliant records within scope of the audit to **2,076**.

The 2,076 non-compliant records can be broken down into the following categories. The information below includes records where the DBS on file is missing or lower than the required level for the role.

Percentages shown are of the total non-compliant records (2,076).

| | Substantive (incl. Those holding substantive & bank roles) | Bank only | Total |
|--|--|-----------------|---------------------|
| No DBS recorded on file at all (Option 1) | 1,706 (82%) | 150 (7%) | 1,856 (89%) |
| All records that are non-compliant (Option 2) | 1,913 (92%) | 163 (8%) | 2,076 (100%) |
| Records of those working in most vulnerable areas – clinical divisions (Option 3) | 1,637 (78%) | 163 (8%) | 1,800 (86%) |
| How many are retire & return | 505 (20%) | | |

Records show that 505 records were identified as 'retire and return'. This is where a new assignment has been created and DBS information from the old assignment has not been transferred to the new record. For assurance, the new process introduced

in December 2024 now sees the Recruitment Team copying over DBS and other pre-employment information onto the new ESR record. Further work will be undertaken on these records and it's likely we will be able to reuse information where it is appropriate to do so therefore reducing the total number of new DBS checks needed.

The above figures are broken down and costed in **Appendix 1** by Division and Staff Group.

Risk management

There are multiple actions that the recruitment team have in place that help to manage and mitigate this risk, to ensure staff have the correct DBS clearance for the role they undertake. These include:

- Review and update existing position numbers with correct DBS requirements on a quarterly basis.
- Verification of DBS requirement for any newly created position numbers.
- Verification that DBS check added to vacancies is the right level for the role.
- Promotion and delivery of Recruiting Manager Training (including advice on DBS obligations).
- Retire & Return Process introduced December 2024 whereby all DBS information is re-used or new DBS undertaken if DBS requirements for the new role are different.
- Published DBS advice and guidance on SharePoint.
- Regular audits undertaken to provide assurance.

Further Mitigating Actions

Further steps that are being taken currently to reduce the number of non-compliant DBS records are:

- Contacting managers to check locally held personal files for information.
- Contacting individuals to ask for a copy of their DBS.
- Introduction of the Staff Movements Advice (SMA) App (launch 16 June 2025).
- All retire and returnees previous ESR assignment will be checked for DBS information and copied over to the new assignment if appropriate.

Staff Movements Advice Application

In order to prevent people starting before all checks are obtained, a new digital application will be implemented called the Staff Movements Advice (SMA) app. SMA will provide enhanced payroll intelligence during recruitment and internal payroll changes (with the primary driver being to reduce overpayments). This is due to be implemented from June 2025, and any payroll change forms will need to be completed via this app.

We are working with NHS Wales shared services Partnership to improve the form further to ensure managers consider DBS and Right to Work requirements before staff move from one post the another where the usual recruitment process has been

bypassed (internal changes). If this functionality can be developed, this should result in fewer ESR records being without adequate DBS clearance in future.

For the remaining non-compliant records where DBS information cannot be sourced, ad-hoc DBS checks and clinics will be introduced for individuals to apply for a new DBS check and record the information, pending the Executive decision on options set out in this paper.

DBS Fees

The DBS fees are as follows:

- Basic DBS - £21.50 + £3.90 (counter-signatory fee) = £25.40
- Standard DBS - £21.50 + £3.90 (counter-signatory fee) = £25.40
- Enhanced DBS - £49.50 + £3.90 (counter-signatory fee) = £53.40

Finance have accrued £157K from last year's budget to support any decision that incurs a cost pressure.

Argymhelliad / Recommendation

The review identified that there were 2076 staff within the scope of the audit, without the correct DBS status recorded on file.

There are three options for consideration as outlined below. For each of the options, the following exercises will have taken place to obtain any existing DBS information, therefore the figures below are worst-case scenario:

1. Contact individuals to obtain any existing DBS information.
2. Contact managers to review personal files to obtain any existing DBS information.
3. Once the above two actions are completed, and if with no DBS information available, undertake ad-hoc checks for those in accordance with direction from Executive Committee – options below for consideration.

Please note, each of the options and costs below include 'bank only' staff.

It is important to note that the DBS service generally advises against retrospective or routine re-checks for existing employees, instead recommending a new check only when an individual moves into a new role. Accordingly, all options presented exclude staff employed prior to 2002, as there is no legal basis for requesting a new DBS check in the absence of a role change or any safeguarding concerns since their employment commenced. Undertaking retrospective checks for this group would require further guidance from Welsh Government. For transparency, however, there are currently 529 staff employed before 2002 for whom no adequate DBS check is held on file.

Option 1 – complete DBS checks only for those with no DBS recorded in ESR (1,856 staff) - For clarity this means discounting anyone who has a lower level of DBS recorded than required for their role and only completing checks where there is no DBS information on file at all. New checks would not be undertaken for those that

have inadequate DBS clearance recorded on file for the role they are undertaking. Completing all checks for those in this category would **cost £84,703.**

Option 2 - Complete DBS checks for all non-compliant staff (2,076 staff) - For clarity this means discounting all staff that were employed before 2002 when the CRB/DBS checks became a legal requirement. As the Health Board's policy does not require repeat DBS checks after employment begins, this option is consistent with that approach. Completing these checks would **cost £96,382.**

This option is recommended, as ensuring all staff have appropriate DBS clearance helps to minimise potential safeguarding risks to patients. While staff are required to inform their manager of any changes to their criminal status, this obligation is often not consistently met.

Conducting checks for all applicable staff will ensure records are fully compliant. It will also simplify future reporting by eliminating the need to exclude or caveat data, thereby supporting ongoing compliance - except in the case of individuals employed prior to 2002, for whom there is no legal basis to undertake retrospective checks.

Option 3 – Complete DBS checks for staff in most vulnerable areas – Clinical Divisions (1,800 staff) - Corporate Divisions could be considered less of a priority, so this option offers a prioritised approach to obtaining adequate DBS checks for those in clinical divisions. Completing DBS checks for those in this category would **cost £87,216.**

| | Standard | Enhanced | Total |
|---|------------------|-------------------|-------------------|
| Clinical Support Service | 99 | 282 | 381 |
| Continuing Health & Funded Nursing Care | | 31 | 31 |
| Family & Therapies | 49 | 230 | 279 |
| Medicine | 14 | 255 | 239 |
| MHLD | 6 | 122 | 128 |
| Primary Care & Community Services | 58 | 233 | 291 |
| Surgery | 67 | 188 | 255 |
| Urgent Care | 6 | 27 | 33 |
| BANK | 19 | 144 | 163 |
| Total | 318 | 1482 | 1800 |
| Total (£) | £8,077.20 | £79,138.80 | £87,216.00 |

The Executive Committee is asked to acknowledge the findings of this review and approve the recommendation of **Option 2.** A report will also be made to Quality and Patient Safety Committee with the findings and updates.

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): | 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 Finance |
| 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: | CRB – Criminal Records Bureau DBS – Disclosure & Barring Service ESR – Electronic Staff Record OCP – Organisational Change Processes PECs – Pre-Employment Check Standards SMA – Staff Movements Advice |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

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

Not Applicable

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Workforce Performance Dashboard – August 2025 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Jo Gubbings Assistant Director of Workforce and Organisational Development and Kate Davies, Workforce Performance Manager. |

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

To provide the People and Culture Committee with the August 2025 Workforce Performance Dashboard, **Appendix 1** which incorporates the workforce key performance indicators for information and assurance.

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

Cefndir / Background

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

Asesiad / Assessment

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

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

- In August 2025, sickness absence increased to 6.46%, a 0.08% increase compared to July 2025 (6.38%). The 3 main reasons for sickness were Anxiety, Stress, Depression and other Psychiatric illness 38%, other Musculoskeletal problems 8.2% and Gastrointestinal problems 7.5%.
- The 12-month cumulative sickness absence of 6.46% remained static compared with the previous year. The three highest sickness groups were, Additional Clinical Services 9.38%, Estates and Facilities 8.61%, and Nursing and Midwifery 7.12%.
- Short term sickness decreased in August 2025 to 1.94% compared to July 2025 (2.08%), short term sickness decreased in comparison to August 2024 (1.96%).
- The number of staff not in work due to sickness absence in August 2025 was 871.54wte, an increase of 10.07wte when compared to 861.47wte in July 2025.
- The 12-month total % for turnover was 8.67% compared to 9.31% at the same time last year, a decrease of 0.64%. Nursing and Midwifery have the lowest turnover rate of 5.92% whilst Estates & Ancillary have the highest turnover rate of 11.97%.
- PADR remained below the target of 85%, with compliance for August 2025 at 74.66%, an increase of 0.02% from last month (74.64%). PADR compliance has improved by 0.07% when compared to 74.59% in August 2024.
- Statutory and Mandatory training increased from 80.55% in July 2025 to 80.82% in August 2025. Statutory and Mandatory training compliance has decreased by 0.48% compared to 81.30% in August 2024.
- The All-Wales Anti-racism e-learning training was added on ESR in February 2025 as a mandatory module for all staff. There is a deadline of December 2025 for 100% compliance. The Health Board have had a good response so far and the overall compliance is currently 75.17%.
- Staff in post in August 2025 was 13,491wte (17,101 people) compared to 13019.63wte (16,503 people) in August 2024. The top staff group increases in August 2025 were in Medical & Dental by 10.03wte, Add Prof Scientific & Tech by 8.28wte and Allied Health Professionals by 7.16wte.
- Variable pay bank and agency usage increased in August 2025 to 1074.02wte in comparison to 834.82wte in July 2025, an increase of 239.2wte. Agency usage increased by 16.26wte and Bank usage increased by 222.94wte. The main reasons for usage were to cover vacancies, sickness and Mental Health observation.
- Medical bank and agency usage in August 2025 was 114.16wte, a decrease of 12wte compared to 126.16wte in July 2025. The main reason for usage was to cover vacancies. The current usage split is 61% Locum and 39% Agency.

- Since the e-Locum bank implementation on 01 December 2023 the usage has remained consistent, on average 50%-60% of Locum usage per month.
- Medical Agency usage remains fairly static, however, in August 2025 usage was 44.52wte, a decrease of 4.05wte when compared to 48.57wte in July 2025.
- Reducing time to hire remained below the target of 71 days at 61.6 days.

Job Planning Update

- The Workforce and Organisational Development Team continues to work with Divisions to complete job plans via the L2P Job Planning E-System. Currently, overall job planning compliance is 59.2%. Consultants job planning is at 59.0%, an increase of 5.5% from 53.5% in July 2025 and SAS Doctors 59.9% an increase of 5% from 54.9% in July 2025.
- 325 Consultant job plans are compliant in the new system. However, there are 97 job plans that are work in progress and 51 job plans awaiting signatures. 157 SAS job plans are compliant in the new system, 30 job plans are a work in progress and 10 job plans are awaiting signatures.
- Following the June 2025 audit of Consultant Job Planning, action has been taken mandating 100% job plan compliance for consultants within a directorate prior to vacancy approval and since then significant progress has been made across the Health Board. One directorate has already achieved 90% compliance, and four additional directorates are on track to meet the required standard either ahead of scheduled interviews or by the end of September 2025.
- Targeted Deep Dive meetings have been conducted with five directorates identified as below the 90% target of job plan compliance for consultants. These sessions have led to measurable improvements: Mental Health achieved 91% compliance as of August 2025, and Medicine demonstrated a notable increase of 14.1% within a single month. In addition, Primary Care reached 100% compliance in August without requiring a Deep Dive meeting.

Occupational Health Update – for data period June 2025 extracted in August 2025 -2 months in arrears

- Performance against the KPI target of 80%, which measures the percentage of first offered appointment dates within 29 calendar days of the management referral date, was 68.5% in June 2025 and has decreased to 32.3% in July 2025. During this period the number of management referrals has doubled from 121 to 204. In addition, the service has been unable to appoint to the Senior Leadership post, placing additional pressure on Senior OH staff. To support the service, additional Senior OH nursing staff have been procured through Insync, 1 day a week during September and October, to increase capacity for OHA Clinics.
- Performance against the KPI target of 80%, measuring the percentage of cases where consent is agreed during the consultation, the report is sent to the manager on the same day, was 91.8% in June 2025 and has seen an increase to 94.4% in July 2025.
- Performance against the 80% KPI target for completing pre-placement health assessments within 7 calendar days, was 82.1% in June 2025, and decreased to 43.1% in July 2025. During this period, we have seen an increase in Preplacement questionnaires from 286 to 587 due to Resident Doctor Change over in August, in addition 251 required additional OH interventions as EPP

workers. We have also seen an increase in Overseas nurses from 7 to 16. To ensure timely and seamless OH processes for this cohort of staff, clinics are held on site in the RGH to enable clinical interventions for example: blood tests and BCG scar checks.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

| | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | All Workforce and OD risks are updated through the Health Board's risk register. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Providing an appropriate governance to support a workforce to deliver safe, quality care. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the wellbeing and engagement of our staff |

Gwybodaeth Ychwanegol:

Further Information:

| | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | Not Applicable |
| Rhestr Termau: Glossary of Terms: | ESR – Electronic Staff Record KPI - Key Performance Indicator 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)

| | |
|-----------------------------|--|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; |
|-----------------------------|--|

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



GIG
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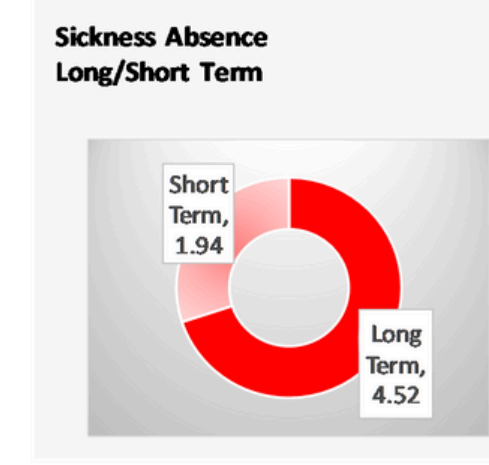
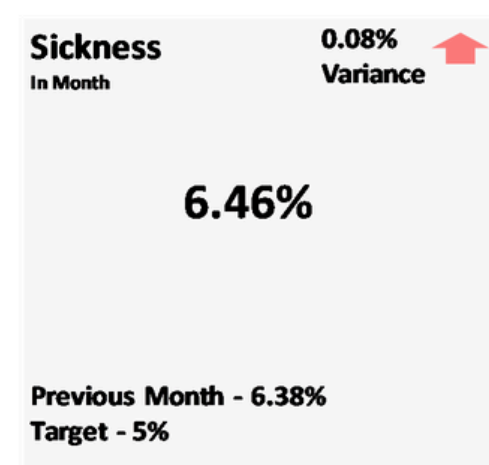
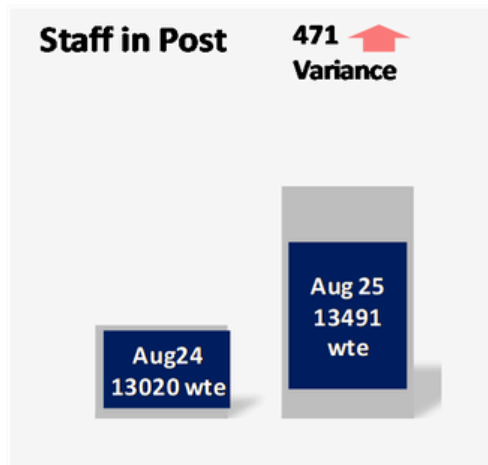
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ABUHB Workforce Performance August 2025

Top 3 reasons for absence by FTE days lost

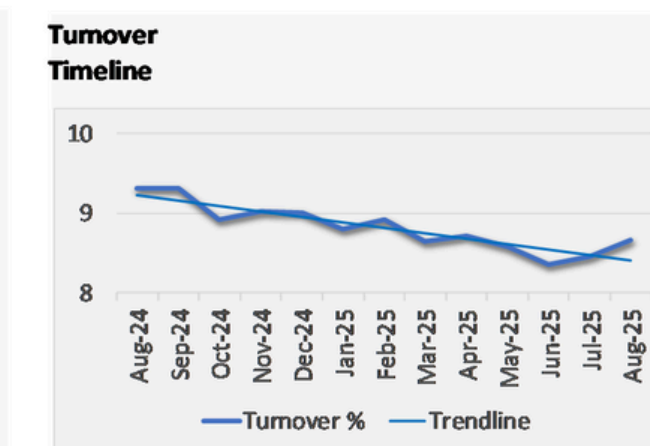
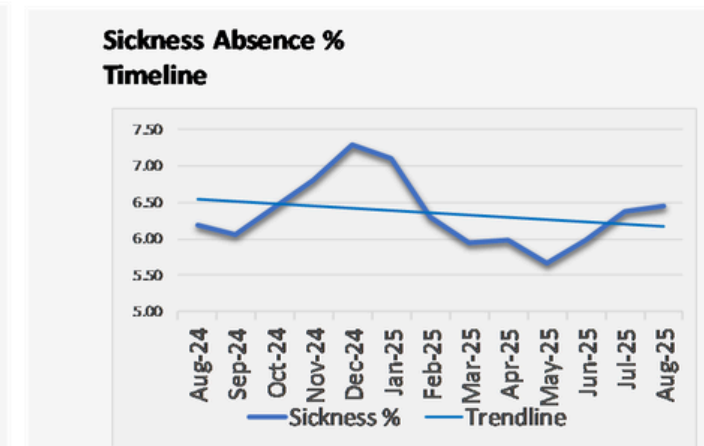
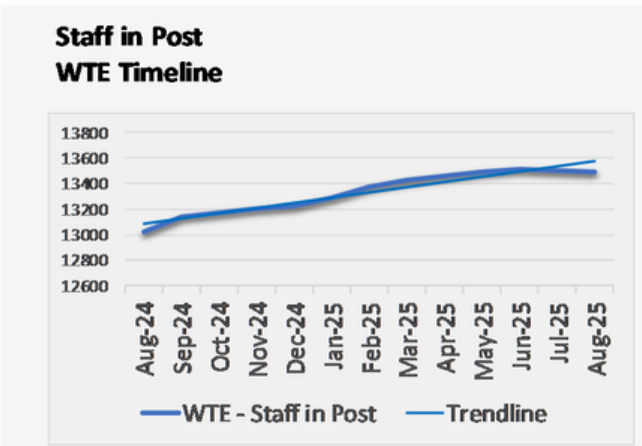
1. Anxiety/Stress/Depression/Other Psychiatric illness - 38.0%
2. Other musculoskeletal problems - 8.2%
3. Gastrointestinal problems - 7.5%

Staff in Post has decreased from 13,503 wte in July 25 to 13,491 wte in Aug 25. The biggest increase is within Medical & Dental 10.04 wte.

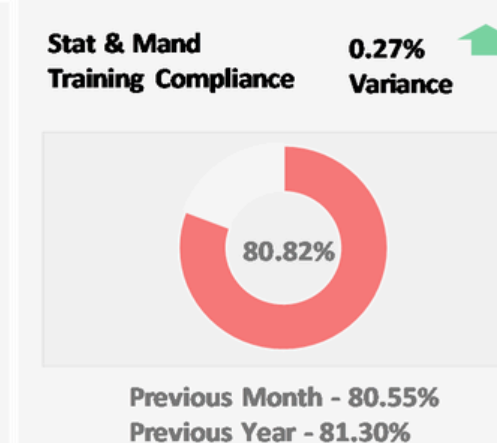
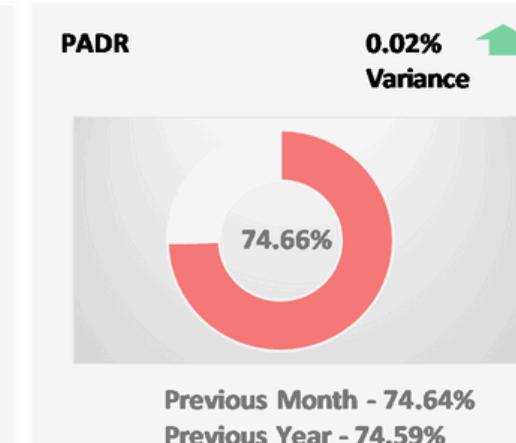
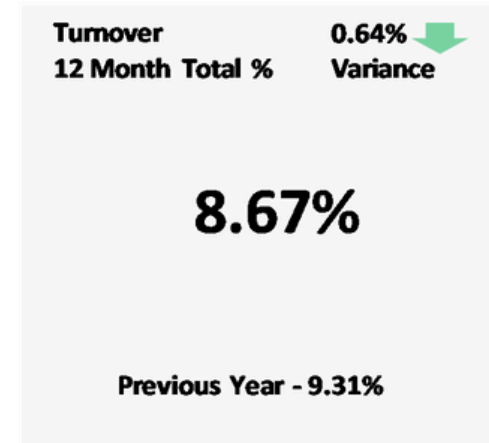


Top 3 highest sickness by staff group

1. Additional Clinical Services - 9.38%
2. Estates & Ancillary - 8.61%
3. Nursing & Midwifery - 7.12%



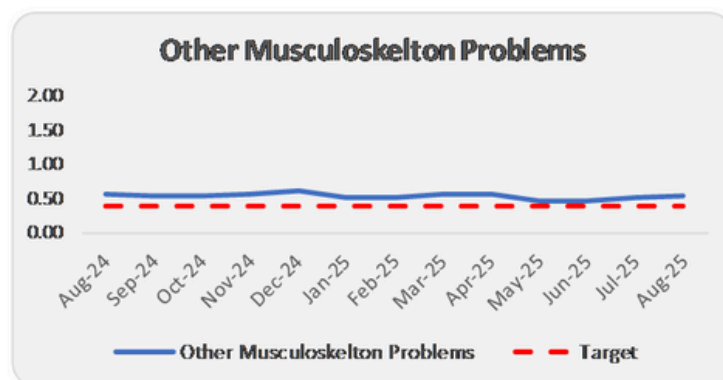
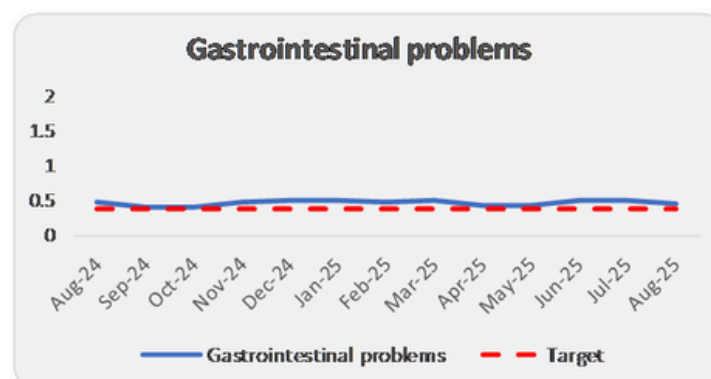
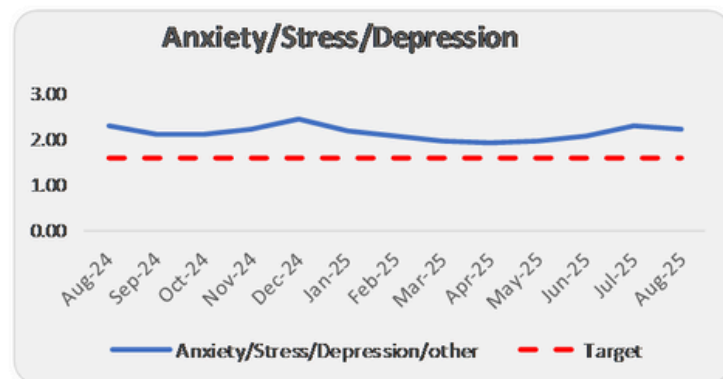
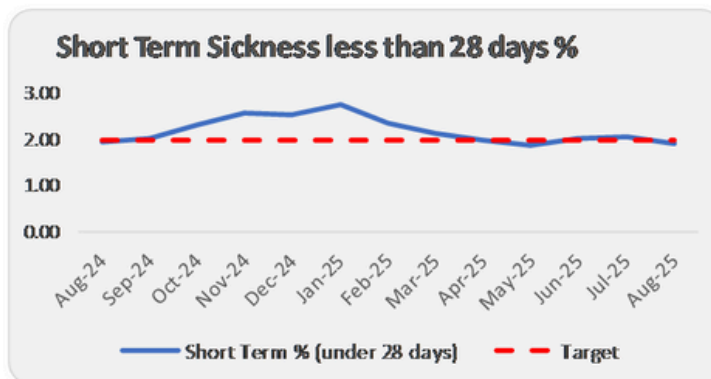
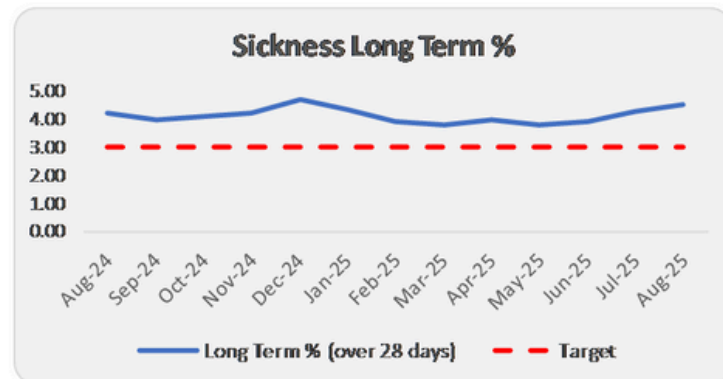
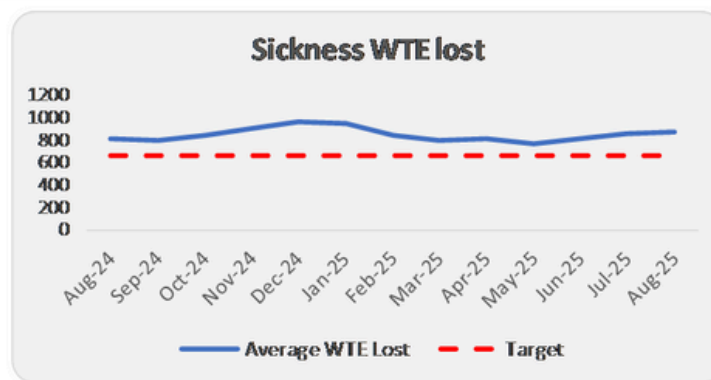
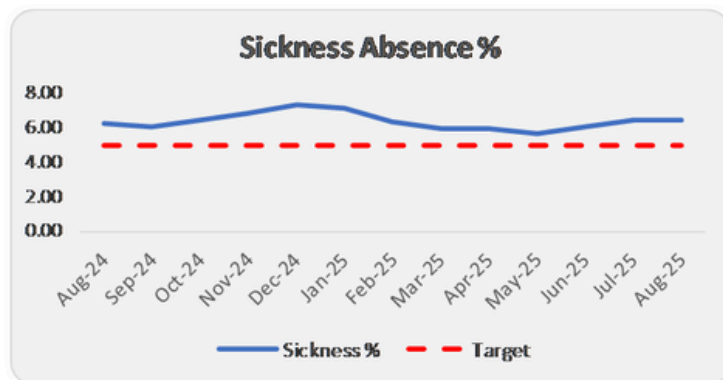
Turnover rate is 8.67% a decrease of 0.64% compared to last year rate of 9.08%. Nursing and Midwifery have the lowest turnover rate of 5.92% whilst Estates & Ancillary have the highest turnover rate of 11.97%. The Stability Rate is 91.02%, the Health Board has retained 13,802 staff.



| Sickness Absence | Current Value | Deviation from Target | Monthly Change | Target - March 26 |
|---------------------------------|---------------|-----------------------|----------------|-------------------|
| Sickness % | 6.46 | 1.46 | 0.08 | 5.00 |
| Average WTE Lost | 873.95 | 219.95 | 12.48 | 654.00 |
| Long Term % (over 28 days) | 4.52 | 1.52 | 0.22 | 3.00 |
| Short Term % (under 28 days) | 1.94 | -0.06 | -0.14 | 2.00 |
| Anxiety/Stress/Depression/other | 2.23 | 0.63 | -0.07 | 1.60 |
| Other Musculoskelton Problems | 0.55 | 0.15 | 0.03 | 0.40 |
| Gastrointestinal problems | 0.47 | 0.07 | -0.04 | 0.40 |

Sickness Absence in August 25 is 6.46% (872 wte lost) which has increased by 0.08% (10.07 wte) compared to July 25.

70% of sickness is long term which has increased from 4.30% to 4.52% in August 25. Short Term sickness has decreased from 2.08% to 1.94% in August 25.



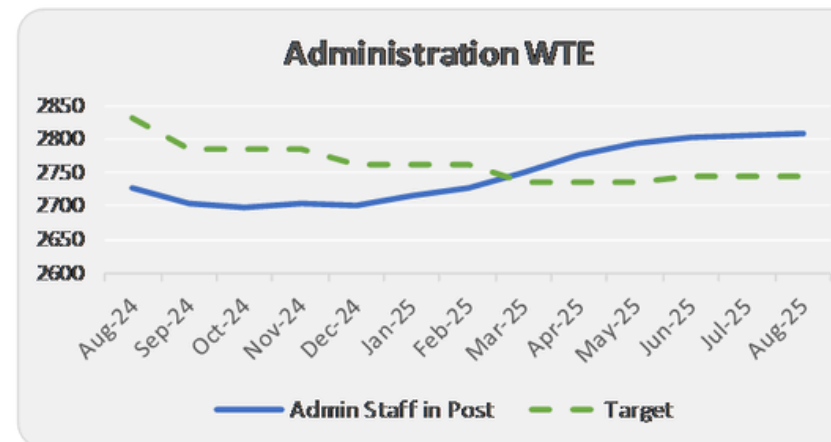
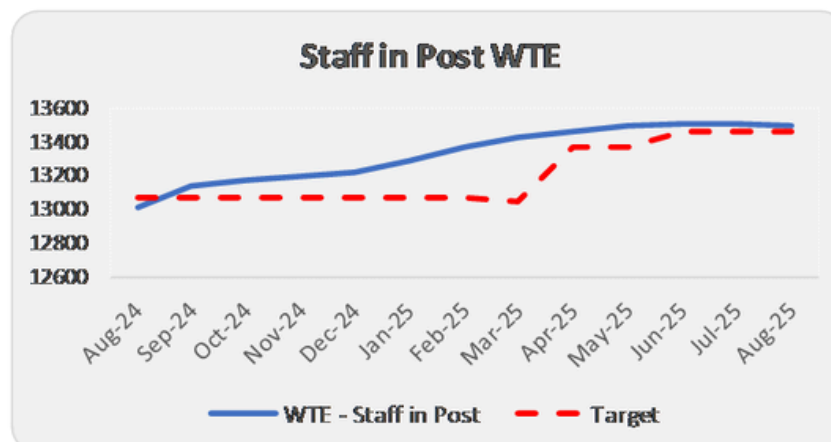
In month sickness absence percentage by division

| Division | Jul-25 | Aug-25 | Change |
|--|--------|--------|---------|
| 040 CLINICAL SUPPORT SERVICES | 6.76 | 7.02 | ↑ 0.26 |
| 040 CONTINUING HEALTH & FUNDED NURSING CARE | 8.93 | 13.20 | ↑ 4.27 |
| 040 CORPORATE SERVICES | 3.32 | 3.25 | ↓ -0.07 |
| 040 ESTATES AND FACILITIES DIVISION | 8.99 | 8.32 | ↓ -0.67 |
| 040 FAMILY & THERAPIES DIVISION | 5.72 | 5.66 | ↓ -0.06 |
| 040 MEDICINE | 6.19 | 5.77 | ↓ -0.42 |
| 040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION | 7.44 | 7.75 | ↑ 0.31 |
| 040 PRIMARY CARE & COMMUNITY SERVICES | 6.49 | 6.84 | ↑ 0.35 |
| 040 SURGERY | 5.66 | 5.84 | ↑ 0.18 |
| 040 URGENT CARE | 7.87 | 7.96 | ↑ 0.09 |
| Total | 6.38 | 6.46 | ↑ 0.08 |

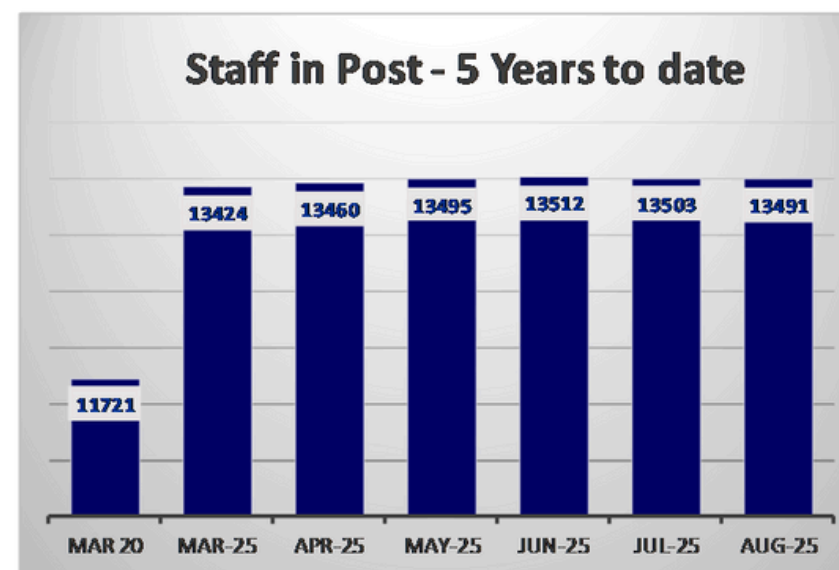
4 Divisions/Corporate Services reduced sickness in August 25.

| Staff in Post | Current Value | Deviation from Target | Monthly Change | Target - March 26 |
|-----------------------------------|---------------|-----------------------|----------------|-------------------|
| WTE - Staff in Post | 13491.38 | 25.38 | -11.26 | 13466.00 |
| Admin Staff in Post | 2807.55 | 70.55 | 2.21 | 2737.00 |
| Turnover % | 8.67 | -0.53 | 0.21 | 9.20 |
| Flexi Working Requests Approved % | 67.39 | -32.61 | -4.86 | 100.00 |

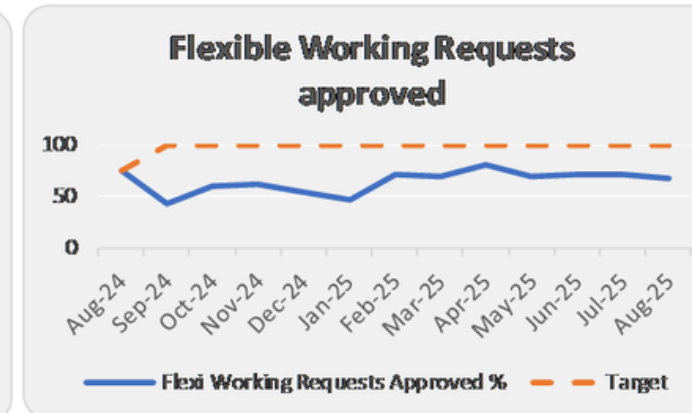
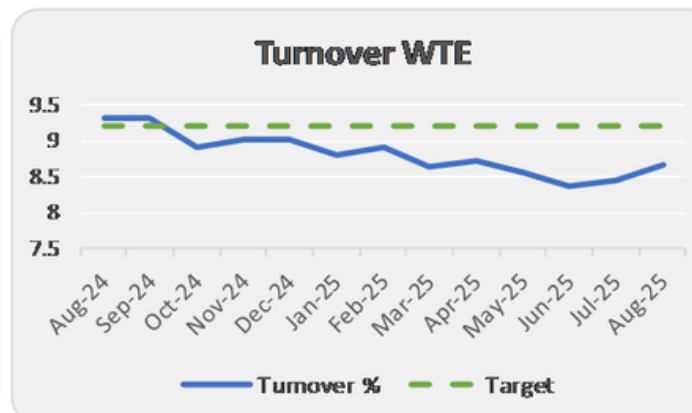
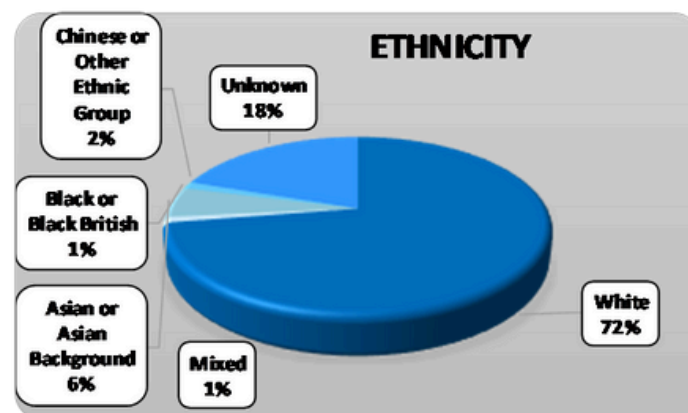
Staff in post has decreased by 11.26 wte. Nursing & Midwifery has decreased by 8.79 wte, Additional Clinical Services has decreased by 10.28 wte and Estates & Ancillary has decreased by 10.72 wte.



| Staff Group | Jul-25 | Aug-25 | Change |
|----------------------------------|----------|----------|----------|
| Add Prof Scientific and Technic | 449.25 | 457.53 | ↑ 8.28 |
| Additional Clinical Services | 846.59 | 845.41 | ↓ -1.18 |
| Healthcare Support Workers | 2076.44 | 2066.16 | ↓ -10.28 |
| Administrative and Clerical | 2805.34 | 2807.55 | ↑ 2.21 |
| Allied Health Professionals | 962.38 | 969.54 | ↑ 7.16 |
| Estates and Ancillary | 1068.62 | 1057.90 | ↓ -10.72 |
| Healthcare Scientists | 263.34 | 255.37 | ↓ -7.97 |
| Medical and Dental | 894.86 | 904.89 | ↑ 10.03 |
| Nursing and Midwifery Registered | 4131.32 | 4122.53 | ↓ -8.79 |
| Students | 4.50 | 4.50 | ↑ 0.00 |
| Total | 13502.64 | 13491.38 | ↓ -11.26 |



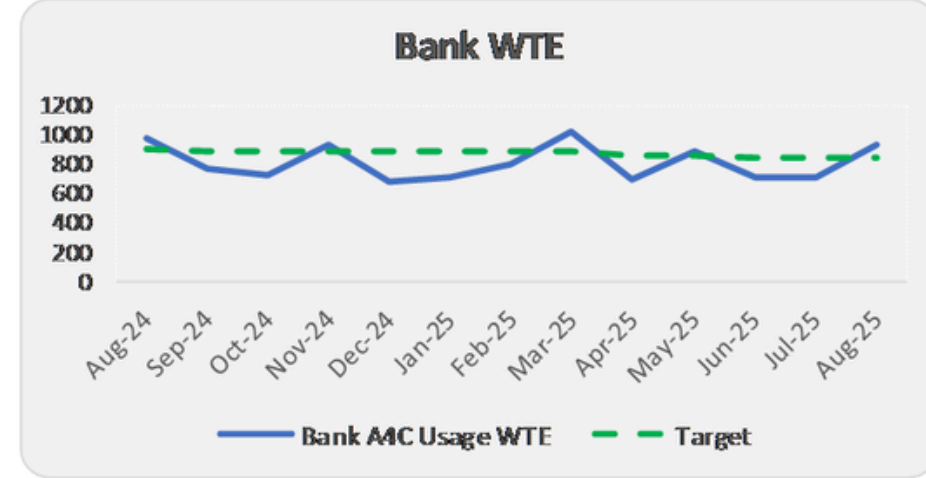
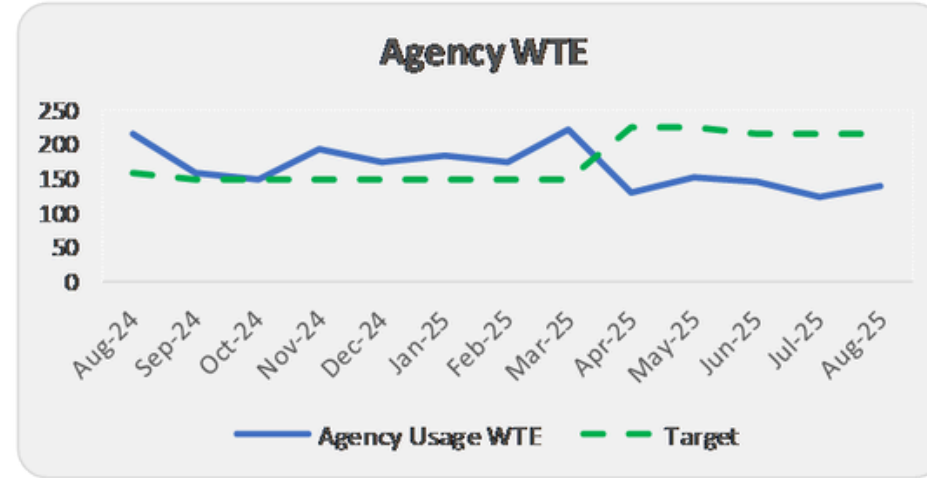
Over the last five years to date staff in post has increased by 1,770 wte (15.1%) pre covid comparison. The main increases are within Nursing & Midwifery 575 wte, Admin & Clerical 471 wte, and Allied Health Professionals 204 wte.



From August 24 to August 25 flexible working requests approved have decreased to 67.39 (NB the data is sourced from ESR - new process)

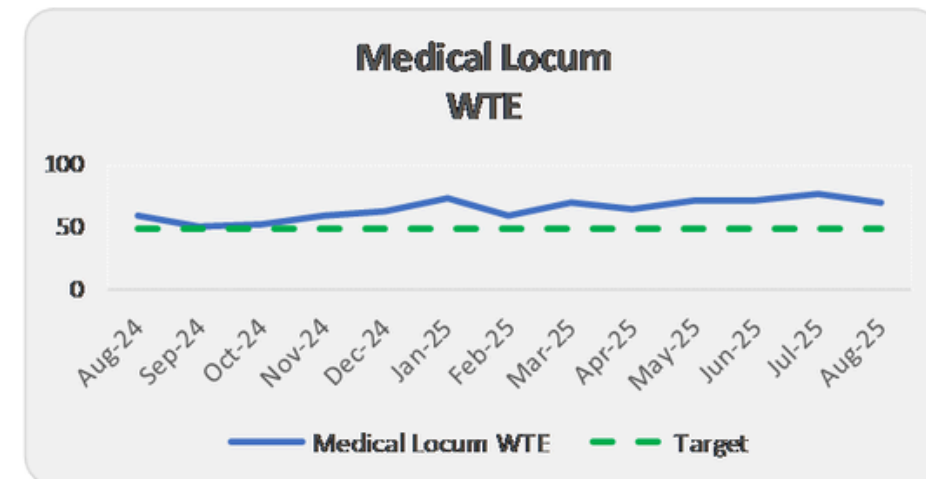
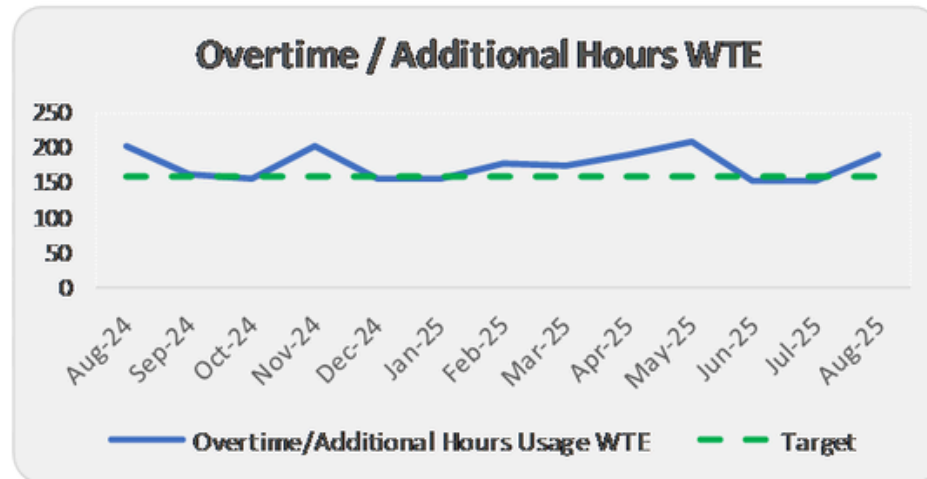
| Variable Pay | Current Value | Deviation from Target | Monthly Change | Target - March 26 |
|-------------------------------------|---------------|-----------------------|----------------|-------------------|
| Bank A4C Usage WTE | 934.33 | 84.23 | 222.94 | 850.10 |
| Agency Usage WTE | 139.69 | -77.91 | 16.26 | 217.60 |
| Overtime/Additional Hours Usage WTE | 190.26 | 31.02 | 36.10 | 159.24 |
| Medical Locum WTE | 69.64 | 19.64 | -7.95 | 50.00 |
| Medical Agency WTE | 44.52 | 4.52 | -4.05 | 40.00 |

Agency usage has increased by 16.26 wte and is currently 77.91 wte lower than the year end target. In August 25 27.16 wte (19%) were used for HCSW and 112.54 wte (81%) for Nursing and Midwifery. The top three reasons for Agency usage are Mental Health observation 30.89 wte (22%), vacancies 42.27 wte (30%) and Sickness 38.95 wte (28%)

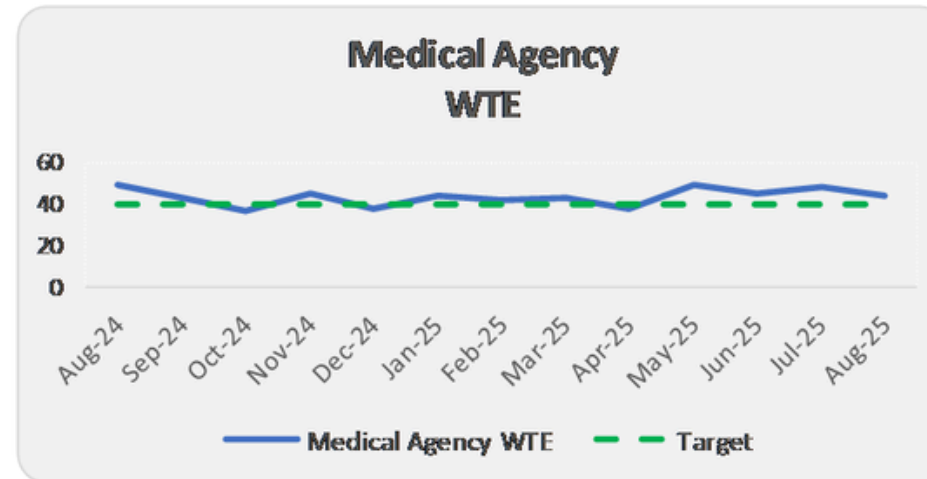


Bank usage has increased by 222.94 wte and is currently 84.23 wte higher than the year end target. In August 25 the three highest users were HCSW 500.87 wte (54%), Nursing & Midwifery 303.28 wte (32%) and Facilities 53.91 wte (5.8%). Highest reason for usage is Vacancies 368.28 wte

Overtime/Additional Hours usage remains fairly static peaking in May 24 219.65 wte. In August 25 190.26 wte we used an increased of 36.1 wte compared to July 25



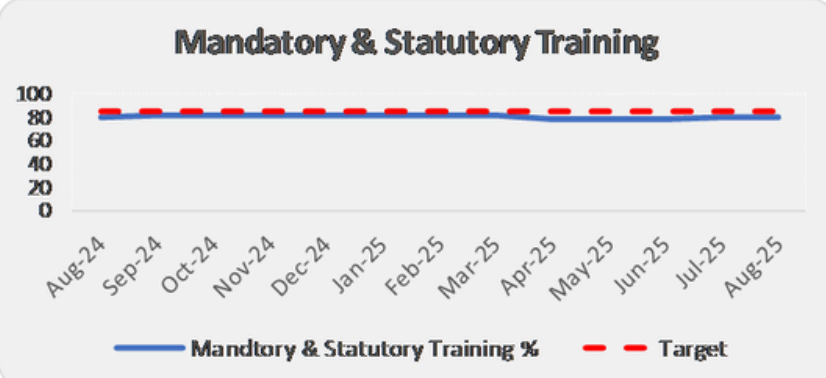
Medical Locum and Agency Usage Total has decreased in August 25. Locum usage has decreased by 7.95 wte and Agency usage has decreased by 4.05 wte. The highest reason for usage is Vacancies 68.66 wte (60%).



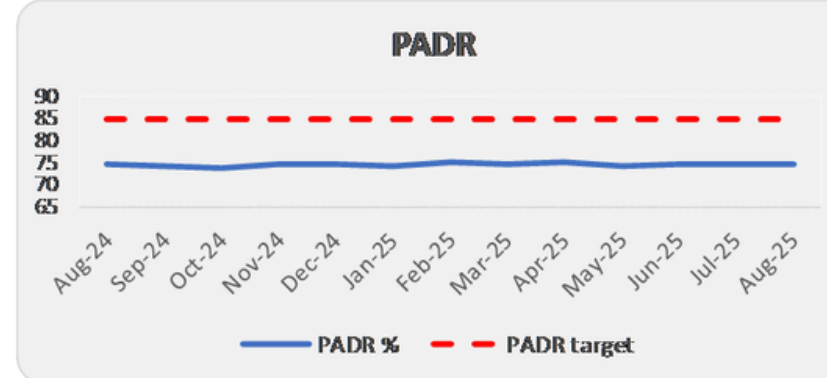
| Mandatory & Statutory Data By Division/Corporate Services | Jul-25 | Aug-25 | Change |
|---|--------|--------|--------|
| 040 CHIEF EXECUTIVE/NON EXECUTIVE | 51.07 | 54.36 | 3.29 |
| 040 CHIEF OPERATING OFFICER | 68.88 | 69.39 | 0.51 |
| 040 CLINICAL SUPPORT SERVICES | 79.93 | 80.21 | 0.28 |
| 040 CONTINUING HEALTH & FUNDED NURSING CARE | 82.77 | 83.16 | 0.39 |
| 040 DIGITAL, DATA & TECHNOLOGY | 93.03 | 92.93 | -0.10 |
| 040 DIRECTOR OF CORPORATE GOVERNANCE | 89.14 | 88.52 | -0.62 |
| 040 DIRECTOR OF PLANNING | 73.27 | 76.37 | 3.10 |
| 040 DIRECTOR OF PUBLIC HEALTH | 83.29 | 83.84 | 0.55 |
| 040 ESTATES AND FACILITIES DIVISION | 66.07 | 66.81 | 0.74 |
| 040 FAMILY & THERAPIES DIVISION | 85.24 | 85.54 | 0.30 |
| 040 FINANCE DIRECTOR | 86.31 | 86.82 | 0.51 |
| 040 MEDICAL DIRECTOR | 78.72 | 77.67 | -1.05 |
| 040 MEDICINE | 79.55 | 79.83 | 0.28 |
| 040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION | 82.22 | 82.63 | 0.41 |
| 040 NURSE DIRECTOR | 84.32 | 84.51 | 0.19 |
| 040 PRIMARY CARE & COMMUNITY SERVICES | 84.85 | 85.14 | 0.29 |
| 040 REGIONAL PARTNERSHIP BOARD | 73.76 | 69.74 | -4.02 |
| 040 SURGERY | 75.58 | 75.66 | 0.08 |
| 040 THERAPIES & HEALTH SCIENCES DIRECTOR | 90.85 | 89.75 | -1.10 |
| 040 URGENT CARE | 78.11 | 78.14 | 0.03 |
| 040 WORKFORCE & ORGANISATIONAL DEVELOPMENT | 85.99 | 84.42 | -1.57 |
| Total | 80.55 | 80.82 | 0.27 |

Vacancy creation to unconditional offer is 61.6 days which is 9.4 days lower than the target of 71 days. Conditional offer letter to completed PECS was 15.2 days higher than target.

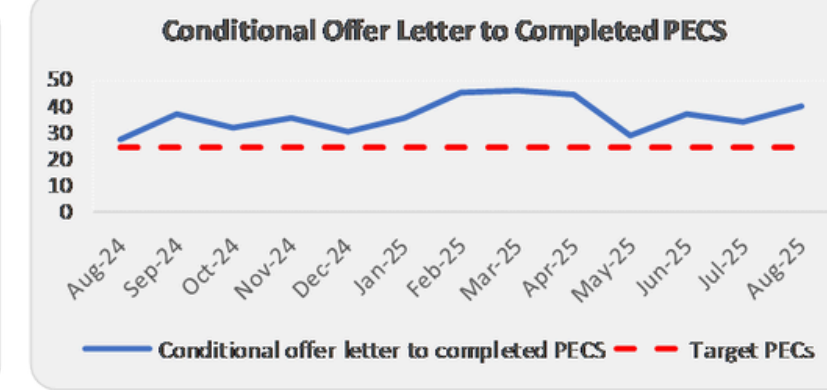
| Training | Current Value | Deviation from Target | Monthly Change | Target - March 26 |
|--|---------------|-----------------------|----------------|-------------------|
| Mandatory & Statutory Training % | 80.82 | -4.18 | 0.27 | 85.00 |
| PADR % | 74.66 | -10.34 | 0.02 | 85.00 |
| Recruitment | Current Value | Deviation from Target | Monthly Change | Target - March 26 |
| Vacancy creation to unconditional offer | 61.60 | -9.40 | 3.30 | 71.00 |
| Conditional offer letter to completed PECS | 40.20 | 15.20 | 5.80 | 25.00 |



Mandatory & Statutory Training has increased to 80.82% which is 4.18% off the target. There are 6 Divisions/Corporate Services that have reached/higher than the target of 85%.



PADR has increased to 74.66% which is 10.34% lower than the target. 1 Division/Corporate Service have reached/higher than the target of 85%.

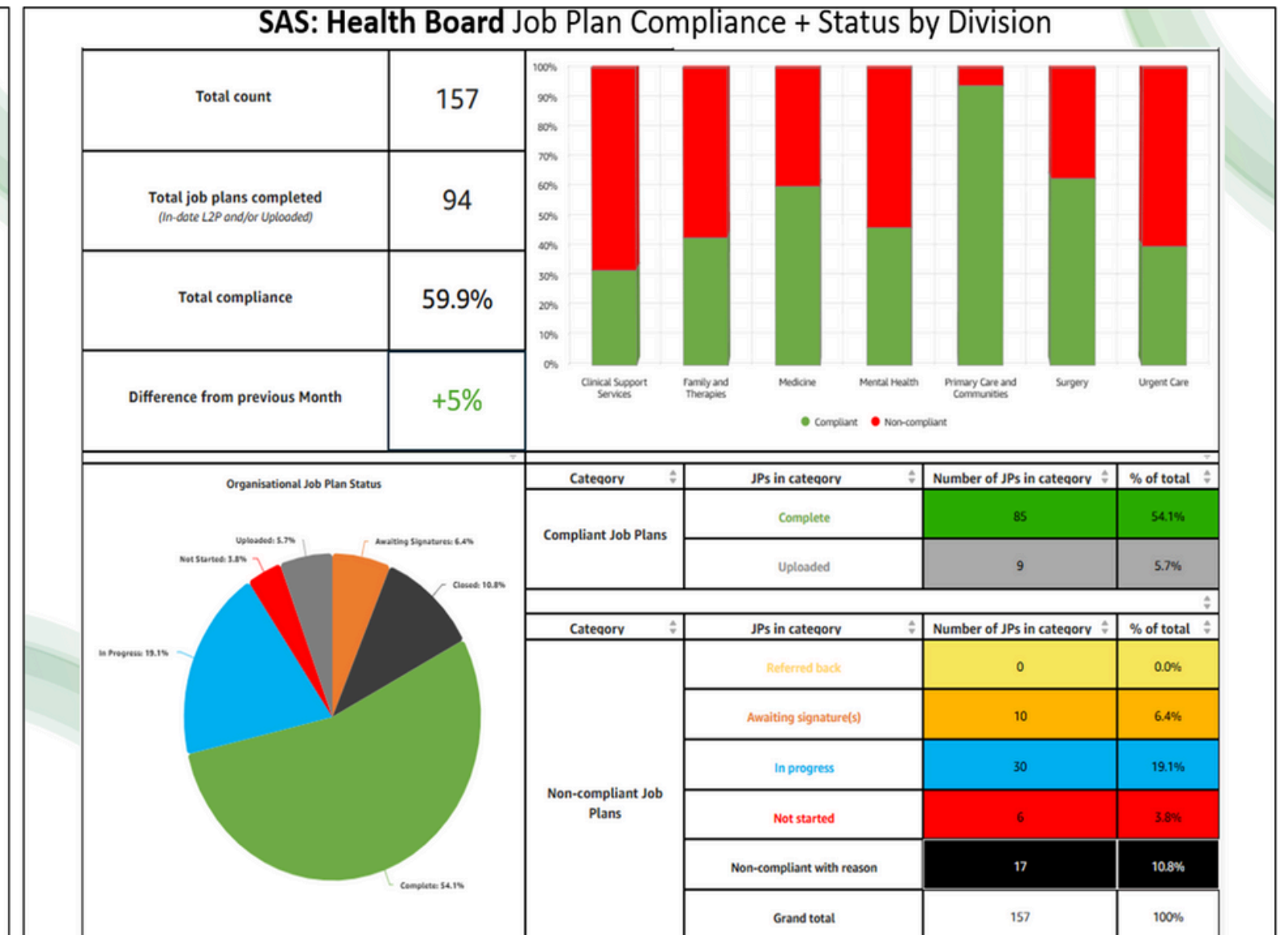
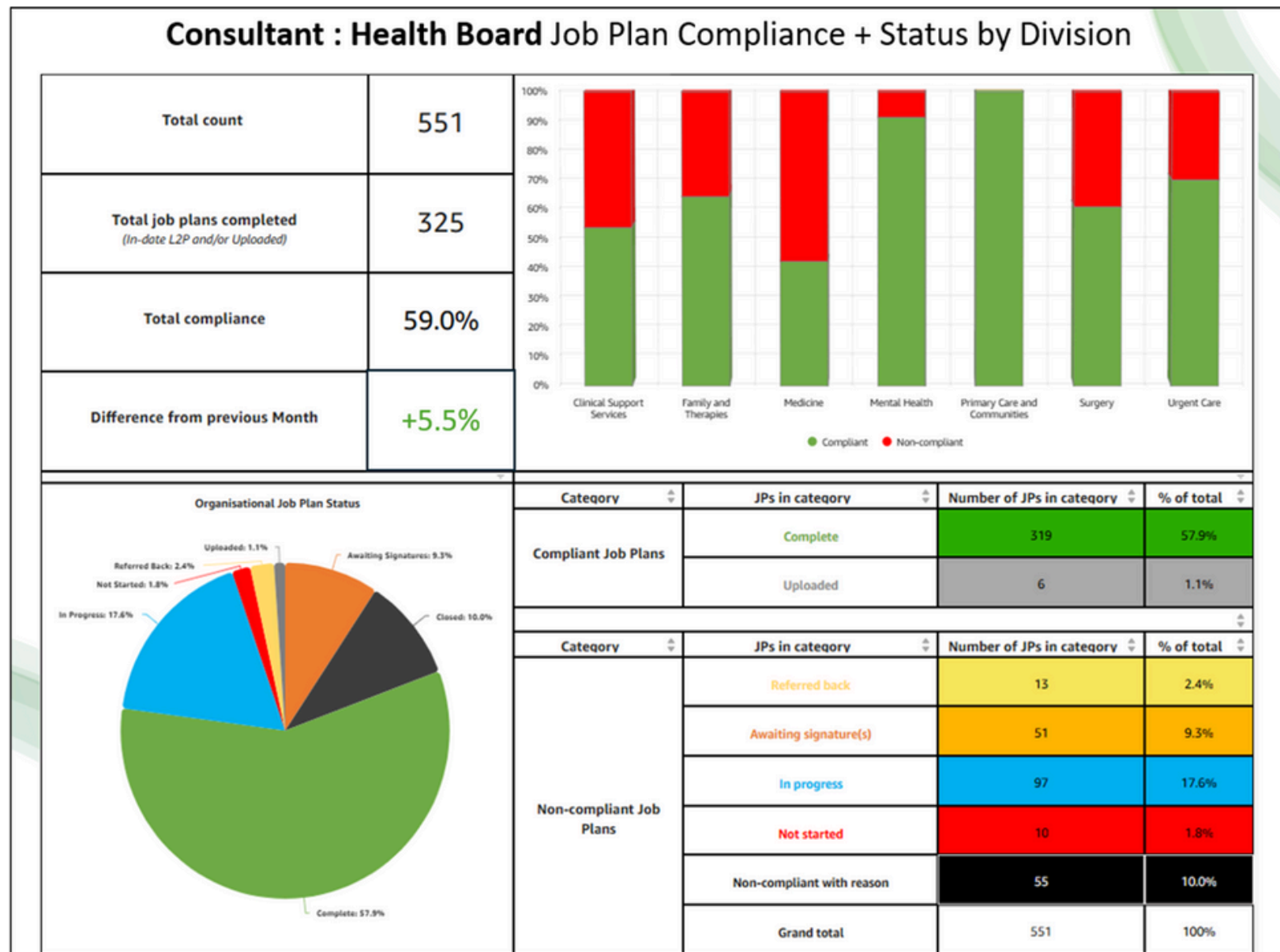


| PADR Data By Division/Corporate Services | Jul-25 | Aug-25 | Change |
|--|--------|--------|--------|
| 040 CHIEF EXECUTIVE/NON EXECUTIVE | 22.86 | 33.33 | 10.47 |
| 040 CHIEF OPERATING OFFICER | 57.14 | 57.14 | 0.00 |
| 040 CLINICAL SUPPORT SERVICES | 72.85 | 72.45 | -0.40 |
| 040 CONTINUING HEALTH & FUNDED NURSING CARE | 82.47 | 82.23 | -0.24 |
| 040 DIGITAL, DATA & TECHNOLOGY | 85.95 | 84.32 | -1.63 |
| 040 DIRECTOR OF CORPORATE GOVERNANCE | 71.43 | 81.82 | 10.39 |
| 040 DIRECTOR OF PLANNING | 64.29 | 66.67 | 2.38 |
| 040 DIRECTOR OF PUBLIC HEALTH | 48.15 | 50.00 | 1.85 |
| 040 ESTATES AND FACILITIES DIVISION | 68.14 | 75.20 | 7.06 |
| 040 FAMILY & THERAPIES DIVISION | 77.86 | 76.11 | -1.75 |
| 040 FINANCE DIRECTOR | 72.66 | 71.43 | -1.23 |
| 040 MEDICAL DIRECTOR | 74.49 | 70.10 | -4.39 |
| 040 MEDICINE | 82.59 | 80.95 | -1.64 |
| 040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION | 73.36 | 71.84 | -1.52 |
| 040 NURSE DIRECTOR | 82.12 | 82.12 | 0.00 |
| 040 PRIMARY CARE & COMMUNITY SERVICES | 70.85 | 72.92 | 2.07 |
| 040 REGIONAL PARTNERSHIP BOARD | 66.67 | 54.55 | -12.12 |
| 040 SURGERY | 73.42 | 72.04 | -1.38 |
| 040 THERAPIES & HEALTH SCIENCES DIRECTOR | 70.37 | 84.62 | 14.25 |
| 040 URGENT CARE | 61.81 | 58.55 | -3.26 |
| 040 WORKFORCE & ORGANISATIONAL DEVELOPMENT | 86.75 | 88.96 | 2.21 |
| Total | 74.64 | 74.66 | 0.02 |

| Job Planning | Current Value | Deviation from Target | Monthly Change | Target - March 26 |
|----------------------------|---------------|-----------------------|----------------|-------------------|
| Job Planning - Consultants | 59.00 | -26.00 | 5.50 | 85.00 |
| Job Planning - SAS | 59.90 | -25.10 | 5.00 | 85.00 |



Consultant Job Planning has increased to 59% but is off target by 26%. SAS Job Planning has increased to 59.9% but is off target by 25.1%.



| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| 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 11 June 2025 and includes a specific progress update on:

- Employee Relations, including:
 - Employee Relations Activity
 - Disciplinarys
 - Respect and Resolution (Grievance)
 - Suspension/Exclusion from the Workplace
 - Capability Management
 - Temporary Injury Allowance and Sick Pay Extension
 - Flexible Working

- Employment Tribunals
- Organisational Change
- Internationally Educated Nurses Retention
- Agile Working
- Speaking Up Safely
- Statutory and Mandatory training and update on national review
- Establishment Controls Internal Work
- Resident Doctor Contract Reform

Asesiad / Assessment

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

EMPLOYEE RELATIONS

Employee Relations Activity

The table below outlines the employee relations activity undertaken or initiated for the period April - June 2025.

| <i>Disciplinary Investigations</i> | <i>Fast Tracks</i> | <i>Disciplinary Appeals</i> | <i>Informal Respect & Resolutions</i> | <i>Formal Respect & Resolution</i> | <i>Respect & Resolution Appeals</i> | <i>Capability</i> | <i>Raising Concerns</i> | <i>Sickness Meetings</i> | <i>Mutual Ill Health Termination</i> | <i>Final Formal Hearings</i> | <i>Extension to Sick Pay (ETSP)</i> | <i>Temporary Injury Benefit (TIB)</i> | <i>Employment Tribunal</i> |
|------------------------------------|--------------------|-----------------------------|---|--|---|-------------------|-------------------------|--------------------------|--------------------------------------|------------------------------|-------------------------------------|---------------------------------------|----------------------------|
| 10 | 23 | 1 | 7 | 12 | 2 | 2 | 1 | 136 | 17 | 2 | 1 | 2 | 3 |

Disciplinary

During this period the Health Board commissioned 10 new disciplinary investigations, demonstrating a 28% reduction from the previous quarter.

3 investigations relate to allegations of fraud. In all cases of allegations or concerns of fraud/theft, the Workforce Department liaises with the Health Board’s Local Counter Fraud Team to ensure local counter fraud procedures are adhered to.

2 investigations are related to inappropriate behaviour towards colleagues, one of which, relates to sexual harassment allegations. Following the introduction of the Worker Protection (Amendment of Equality Act 2010) Act 2023, there is a proactive duty placed on employers to take reasonable steps to prevent sexual harassment of staff during the course of their employment and duties. The NHS Wales Anti-Sexual Harassment Policy has recently been circulated by NHS Employers for ratification within NHS Organisations and will be approved by the Health Board during October 2025 via the usual governance arrangements. The introduction of this policy will require further engagement with Trade Union partners, staff and managers, to ensure that the Health Board complies with the proactive measures. A robust communication and educational action plan will be developed alongside the introduction of this policy.

Other investigation concerns relate to inappropriate access of confidential patient information and failure to meet the required standards of the role.

Each new investigation has been subjected to a robust initial assessment process in accordance with the Disciplinary Policy and Procedure to determine the appropriate action and the potential for alternative, informal resolution.

The fast-track procedure was utilised in 23 cases. Fast track disciplinary is considered for cases that would not exceed a sanction of verbal or first written warning, and where the employee has admitted misconduct or where prima facie evidence exists. Fast tracks are completed quickly because they do not require a full investigation, and as a result, are more supportive of all parties involved.

Respect and Resolution (Grievance)

There has been a decrease in formal stage respect and resolution cases from 24 in the last quarter to 12. The majority of formal respect and resolution requests concern interpersonal relationships and allegations of bullying and harassment. Where appropriate, staff who raise a respect and resolution concern are encouraged to consider informal action. This has resulted in 7 cases being resolved informally and avoiding the requirement for formal action. To achieve informal resolution employees are encouraged to hold 'cuppa conversations' to seek to resolve their concerns informally, facilitated conversations either locally or by Workforce or via more structured mediation.

The Health Board is working to adopt the avoidable employee harm principles within the Respect and Resolution process and culture. The programme will formally commence in November 2025 in partnership with Employee Wellbeing Services, Workforce and Organisational Development, Trade Unions and managers.

Suspension/Exclusion from the Workplace

Suspension from duty is a last resort and only occurs if there are serious risks associated with remaining in work. There are currently 7 employees suspended from duty representing 0.05% of the workforce.

2 employees have been suspended for over 24 months pending appropriate disciplinary investigation, due to separate ongoing police investigations which prevented the Health Board from taking any internal employment action.

2 employees have been suspended over 12 months, one employee has been suspended between 9 – 12 months, one employee has been suspended between 9 – 6 months, and one employee has been for less than 3 months.

6 suspensions are linked to patient safety concerns or police investigation, which often elongates the period of suspension and can prevent us taking further employer action until the criminal process has concluded. Suspensions are reviewed monthly, considering whether there is an opportunity to support a return to work in alternative roles and duties. The Health Board maintains contact with employees during a period of suspension, ensuring they are signposted to support services throughout. Staff remain on full pay for the period of their suspension.

Capability Management

2 capability management cases have commenced during this period. Capability management is a supportive process that aims to identify training needs or required support and focuses on setting clear, smart objectives for employees to improve performance.

The Workforce Team have recently launched Capability Management training which has been well received and will continue to be offered to managers. The training has been supported by the development of a management toolkit and guide which is available on the intranet.

Temporary Injury Allowance and Sick Pay Extension

There was 1 extension to sick pay application received which was not supported and 2 temporary injury allowance applications received, both of which were declined.

Flexible Working

Flexible working requests documented on ESR continue to be monitored by the flexible working group. 146 flexible working requests were received in this period; 141 were approved, 4 were agreed with a compromise reached, and only 1 application was declined.

Employment Tribunals

There were 3 new employment tribunal requests received in this period. At the time of writing this report, the total number of active employment tribunal cases is 7.

Organisational Change

1 new Organisational Change processes commenced, instigating formal consultation with impacted staff and teams, supporting a structural alignment.

INTERNATIONAL EDUCATED NURSES (IENS) RETENTION

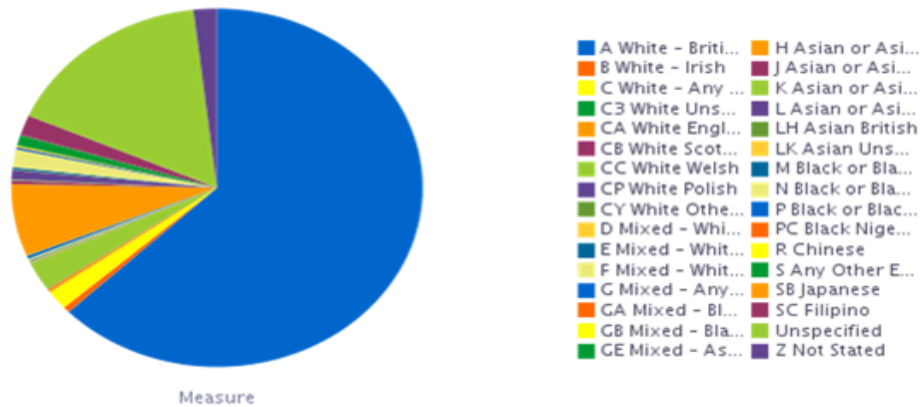
The Health Board's international nurse recruitment campaign began in 2022 and since then, turnover of Internationally Educated Nurses (IEN's) has been **9% overall, which is relative to the overall Health Board turnover position of 8.67%.**

The main reason for leaving is to relocate or to return to their home country. Anecdotally, it has been suggested that nurses are using employment experience in the UK to obtain right to work/visa status in Australia. This is broken down per year, as follows:

| | 2022 | 2023 | 2024 |
|---------------------|-------------|-------------|-------------|
| New Starters | 51 | 74 | 75 |
| Leavers | 8 | 10 | 0 |
| Relocation | 5 | 6 | 0 |

As, the Health Board are forecasting zero rostered registered nursing vacancies by the end of 2025, the international recruitment campaign will reduce considerably from 2026 onwards and the monitoring of retention for all staff groups will

continue. Whilst the data above reports specifically on international nurses, the Health Board's overall nursing workforce remains diverse as shown in the chart below:



AGILE WORKING

The Health Board's Agile/Hybrid Working Strategy continues to evolve in response to national best practice, staff feedback, and organisational priorities outlined in the new iteration of the People Plan. Key aims include increasing staff-to-desk ratios, provision of hot desking facilities across services, senior managers leading by example, adoption of accommodation standards from the Agile Framework, and investment in IT to support agile working and reduce storage needs. The Agile Framework was updated in February 2024 to include inclusive personas, ensuring the Strategy reflects the needs of staff with disabilities. The Framework and associated tools are iterative and continue to be refined.

Progress and Delivery

Delivery has been co-ordinated through the Agile Delivery Programme Board and structured around three key enabling workstreams:

- **Workforce and Organisational Development:** Development of tools and resources, benchmarking and good practice, creation of a benefits dashboard, and support for organisational change.
- **IT:** Implementation of a booking system for desks and rooms, rolling out MS Teams voice, creation of standards for video conferencing and IT equipment, and enhancing Office 365 usage.
- **Estate:** Review of leasing arrangements and progressing space assessments at key sites such as St Woolos, Royal Gwent and Nevill Hall Hospitals.

In 2024/25, the Agile/Hybrid Working Strategy was tested through the delivery of a significant milestone in the Health Board's Estate Strategy, through the opening of its first agile site; Ty Gwent. The accommodation has been well received, delivering benefits such as improved team co-location, enhanced staff morale, and a reduction in leased premises.

Progress is tracked via a draft dashboard and agile map, which are currently being tested; with indicators such as number and location of agile desks, mileage reduction, increased use of virtual meetings and the uptake of agile working. The dashboard will be updated quarterly and monitored by the Agile Working Board and People and Culture Committee. Data is also being refined to include time series measures and assess the impact of the Strategy.

2025/2026 Workplan

Following the March 2025 Agile Workshop, staff highlighted the value of collaboration at Ty Gwent and the benefits of agile working. Opportunities identified included the strengthening of digital literacy, expanding agile workspaces, maximising technology, and improving engagement around the concepts of agile working.

The updated 2025/26 workplan, **Appendix 1**, responds with coordinated actions, building on evidence, benefit measures, and engagement with agile networks and services. Priorities remain aligned to the Estate and Digital Strategies.

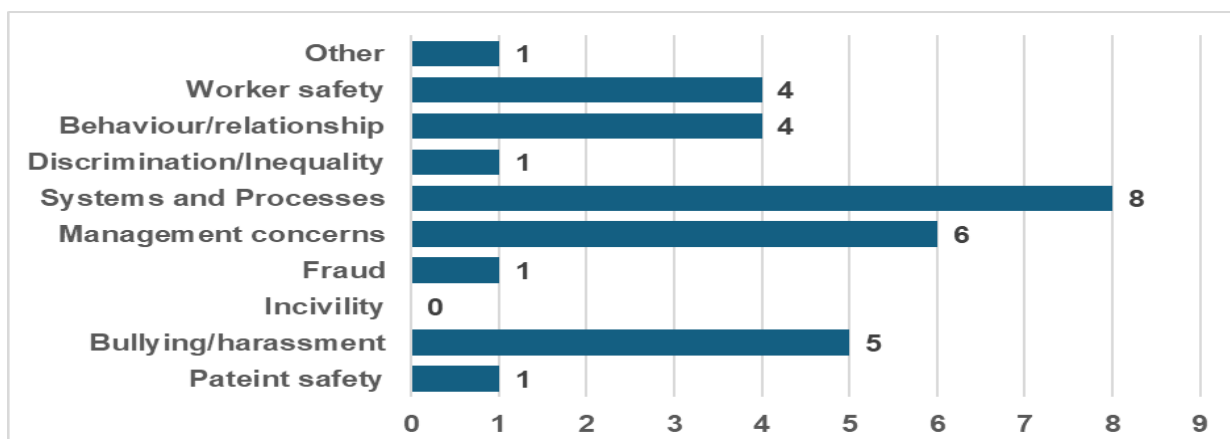
Key risks

A number of key risks have been identified in delivering the Agile/Hybrid Strategy. Many of these risks are actively being mitigated where possible through measures embedded within the new workplan 2025/26.

- **People uptake (Moderate):** Agile working is not mandatory; uptake depends on mutual agreement and manager support and home conditions.
- **Inconsistent Implementation (Moderate):** Variation in manager perceptions of productivity and agile working.
- **Capital Estate Constraints (High):** Estate’s infrastructure limitations, funding gaps, and challenges with location, noise, breakout spaces and parking.
- **IT restraints (High):** Equipment provision, digital literacy and access and use of technology.

SPEAKING UP SAFELY

Since the launch of Speaking up Safely in December 2024, there have been 31 concerns raised. The image below shows the category distribution.



Across the concerns raised, 4 had protected characteristics (pregnancy, disability and 2 race) although the concerns raised were not related to their protected characteristic. The 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).

The Speaking Up Safely work was subject to an internal audit in December 2024 which resulted in a limited assurance rating; due to a lack of human and dedicated technological resource for the work. Consequently, a bid has been submitted to the Charitable Funds Committee to secure these resources; the outcome of this should be known in October 2025. A re-audit will also take place in October 2025 with the outcome known by the end of 2025.

STATUTORY AND MANDATORY TRAINING AND UPDATE ON NATIONAL REVIEW

Aneurin Bevan University Health Board – Statutory and Mandatory Compliance

The tables above indicate the Statutory and Mandatory compliance statistics as of 29 September 2025, with overall compliance being at 81.62%.

| Assignment Count | Required | Achieved | Compliance % |
|------------------|----------|----------|--------------|
| 16028 | 357957 | 292157 | 81.62% |

| Staff Group | Assignment Count | Required | Achieved | Compliance % |
|----------------------------------|------------------|----------|----------|--------------|
| Add Prof Scientific and Technic | 565 | 12258 | 10450 | 85.25% |
| Additional Clinical Services | 3471 | 77273 | 68299 | 88.39% |
| Administrative and Clerical | 3307 | 67936 | 57983 | 85.35% |
| Allied Health Professionals | 1120 | 26472 | 22378 | 84.53% |
| Estates and Ancillary | 1478 | 29668 | 20047 | 67.57% |
| Healthcare Scientists | 292 | 6240 | 5520 | 88.46% |
| Medical and Dental | 996 | 23057 | 8143 | 35.32% |
| Nursing and Midwifery Registered | 4796 | 114987 | 99277 | 86.34% |
| Students | 3 | 66 | 60 | 90.91% |

Staff groups that are currently below the Welsh Government target of 85% compliance are: Allied Health Professionals, Estates and Ancillary and Medical and Dental, therefore directly impacting the Health Board’s overall compliance being below target.

There are 3 support measures in-place in order to enable the Health Board to improve on these lower levels of compliance, including:

1. Competencies that are added within a 3-month period of the named report will not be included in the present data-set. However, those competencies that are mandated just outside of such a time period still impact the lower levels of compliance until such time that staff are able to complete the modules and become compliant.
2. There is a comprehensive Statutory and Mandatory Hub on SharePoint which is accessible to all staff. It contains a wealth of information linked to the list of

training required by staff groups, how to complete learning packages, transferring competencies and details explaining how to appeal to remove competencies if they have been incorrectly attached to staff groups.

3. As of 15 September 2025, all technical issues linked to Statutory and Mandatory learning are being actioned by the NHS All-Wales Helpdesk, Ateb. By having a single dedicated point of contact, technical issues will be resolved faster hence improving compliance statistics overall.

NHS Wales Statutory and Mandatory Review

In August 2025, a list of all Statutory and Mandatory modules, for each staff group, within Aneurin Bevan University Health Board were submitted to be reviewed alongside all other NHS Wales organisations, as part of the NHS Wales review, commissioned by Welsh Government. As part of the review, the modules will be considered as to whether they should formulate part of an individual staff members CPD. Next steps are still being discussed on a national level in partnership to determine the potential protected time allowance of staff to complete their training.

ESTABLISHMENT CONTROLS INTERNAL WORK

Establishment control is a functionality within the Electronic Staff Record (ESR) system that provides a formal process for aligning data on funded posts from the financial ledger with the details of staff employed in those posts on ESR. To date, only 2 other Health Boards have adopted this approach, with a wider Wales rollout driven by recommendations from Workforce and Organisational Development Directors, Finance Directors, and the findings of the *National Audit of Workforce Planning Final Report 2024*.

The adoption of a workforce establishment control system offers several key benefits to the Health Board. It enhances workforce planning capabilities by providing a clearer picture of staffing levels and vacancies. This leads to more accurate vacancy reporting and enables robust financial controls over workforce expenditure and pay bill management. These improvements support better decision-making and resource allocation across the organisation. Furthermore, it is increasingly evident that establishment control is a critical enabler for the future NHS Workforce Solution for Wales. To fully realise its potential, it is essential that the functionality within ESR is optimised. Doing so will maximise the benefits of the system and ensure it supports strategic workforce planning and financial governance at both local and national levels.

The Health Board's Establishment Control Working Group supporting this project roll out continues to meet on a fortnightly basis to ensure adherence to project timescales and to address emerging issues in real time.

The programme is structured into four delivery phases and is currently transitioning between Phase 2 and Phase 3, where the focus is on verifying finance and workforce information. To date, 74% of establishments have been confirmed by divisions. While some delays have occurred in completing the remaining information, these are primarily due to capacity challenges, a risk that was clearly identified in the original programme plan. Unlike other Health Boards, this

programme is being delivered using existing Finance and Workforce and Organisational Development resources, which has required careful prioritisation and coordination.

It is anticipated that most establishment data will be finalised by 31 October 2025 as per the Programme Plan. A Vacancy Dashboard has been drafted and is currently being shared with divisions to support the resolution of ongoing discrepancies. There will be continued challenges around data recording, and the Working Group are actively engaging with other Health Boards to share learning and strengthen the Health Board’s approach.

RESIDENT DOCTOR CONTRACT REFORM

Following recent negotiations between NHS Employers and the British Medical Association (BMA) the proposed new Resident Doctor Contract has now received Cabinet Secretary approval.

The proposed contract framework is due to be published on the BMA and NHS Employers Wales webpages, week commencing 06 October 2025. Following this, the BMA will host a series of ‘roadshow’ events across Health Boards in Wales prior to going to vote. The referendum will be open to members from 24 November – 08 December 2025 with the outcome anticipated to be announced on 09 December 2025. If approved, the proposed changes to the Resident Doctor contracts will require significant preparatory work across Health Board teams prior to the transition; with the first cohort being due August 2026. Based on current proposed timetables, all Residents will have transferred to the new contract by August 2028.

Argymhelliad / Recommendation

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

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|--|--|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | The monitoring and reporting of committee business is a key element of the Health 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 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) | |
|--|---|
| 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

| Action No. | Objective | Action | Owner | Start Date | Duration | Proposed Completion Date | Actual Completion Date | % Completed | Previous Updates | New Updates | Barriers and Risks |
|---------------------------|--|--|----------|------------|----------|--------------------------|------------------------|-------------|--|--|---|
| Workforce & OD | | | | | | | | | | | |
| WOD1.1 | Refreshing agile tools and resources | Further update the Agile/Hybrid Working Framework to reflect feedback from agile workshop: - Reinforcement of base to stop any implied terms in line with legal advice. - Productivity - Setting SMART objectives and embedding the charter in everyday working. Personas (real staff examples - ensure inclusivity and diversity) | LD | Jul-25 | | Oct-25 | | 60% | Aim to update personas with real Health Board staff to make these more personal. | This has commenced | |
| WOD1.1 | Refreshing agile tools and resources | Virtual team etiquette - tools and tips for staff Confidentiality - governance considerations for record keeping, clear desks etc. Use information from Ty Gwent. | LD/BJ | Jul-25 | | Dec-25 | | 20% | | Story telling has commenced, plan is to use real examples of staff stories | |
| WOD1.1 | Refreshing agile tools and resources | IT applications & digital literacy as an enabler for agile working. Developing signposting to relevant training and guidance. Support reduction in paper records as this is a barrier to agile working (paper-light). Include minimum standards for IT equipment. | LD/BJ | Jul-25 | | Dec-25 | | 0% | Link with SM in terms of productivity but how this could work from anywhere | Will require IT support and knowledge to complete, as well as signposting to existing IT guidance and support | |
| WOD1.1 | Refreshing agile tools and resources | Wellbeing - reflective of good practices (face-to-face, back-to-back meetings, welfare checks, etc.) | LD/BJ | Jul-25 | | Dec-25 | | 0% | | This is being reviewed | Lack of engagement |
| WOD1.1 | Refreshing agile tools and resources | Update 'where can I work in an agile way' map. | BJ | Jul-25 | | Oct-25 | | 70% | | Updated to reflect current sites and agile hubs | Reducing agile hubs and ref to action EP1 |
| WOD1.1 | Refreshing agile tools and resources | Benchmarking against best practice. | LD/BJ | Jul-25 | | Oct-25 | | 80% | | Ongoing, supported by All Wales Agile Network | |
| WOD1.1 | Refreshing agile tools and resources | Separate policies for Home and Agile/Hybrid Working to provide clarity | CB/LD/BJ | Sep-25 | | Mar-26 | | 0% | | Policy review underway; will separate and clarify definitions. | |
| WOD1.1 | Refreshing agile tools and resources | Rename checklists to match working arrangements and create separate versions -Make checklist completion mandatory for all Agile/Hybrid employees, signed by manager and employee. -Include contractual hours of work and location in checklist; staff required to record via Outlook, Teams or Timesheets. - Add declaration confirming accuracy of information and obligation to report changes. - Add declaration of interest regarding secondary employment to inform Agile/Hybrid working decision making process. | CB/LD/BJ | Aug-25 | | Dec-25 | | 20% | | New Agile Working Checklist in development, assessment will be undertaken if separate documents are required or principles the same for both. Will be embedded in Home Working Policy and Agile/Hybrid Working Framework as a requirement prior to home working and agile working agreement | |
| WOD1.2 | Communicating and promoting agile tools and resources | Development of a Communication Plan to further embed Agile Working into the organisation: - Promotion of culture of agile working. LD/BJ to develop engagement plan - use induction to promote. - Promote via Pulse (proposed "re-release of the Framework"). - Site visits. - Embedding in induction & training programmes for managers. - Promoting via Senior Management (links) from Agile Workshop. - Update intranet pages. | CB/LD/BJ | Apr-25 | | Oct-25 | | 90% | | A draft development of a Communications and Engagement Plan has been developed, in collaboration with a dedicated member of the Communications and Engagement team. | Engagement with employees to develop Agile/Hybrid Working personas from across the organisation within timeframe. |
| WOD1.3 | Engagement with management & TUs regarding agile tools and resources | Present revised Framework to Divisional Agile Reps for views and comments. | CB | Aug-25 | | Dec-25 | | 0% | | | |
| WOD1.4 | Agreement of revised agile tools and resources | Present revised Framework to Agile Programme Board for views and comments. Make any amendments as required. | CB | Aug-25 | | Dec-25 | | 0% | | | |
| WOD1.5 | Establish Benefits and Monitoring Matrix | Development of Agile Dashboard outlining benefits to the organisation - reduction in travel expenses, time, etc. - Identify areas and opportunities of high usage travel expenses to promote agile working. | CB/BJ | Apr-25 | | Dec-25 | | 70% | | Dashboard development has commenced - August 2025, with support from Digital - Awaiting further update if targets required | Expertise to develop BI tool and previous inconsistencies around data from NWSSP to support a single data source |

IT

| | | | | | | | | | | | |
|-------|--|--|----|--------|----------|--------|--|-----|--|--|---|
| IT1.1 | Development of a unified booking system. | Development of a booking system for agile spaces and rooms based on feedback from workshop. - Rollout plan linked with agile programme objectives, scope, site coverage, timescales and governance of system. | PS | Oct-23 | 6 months | Mar-24 | | 70% | A booking system has been implemented but needs to interface with a booking app. Need timescales and scope for this. Clarity required on how many sites this will cover and ownership of this. | 23/07/25 - A booking system has been successfully developed to support the transition to Ty Gwent. A room booking issue was identified and is being addressed by a third-party supplier. Once resolved, a proposal will be presented to the Executive Team for organisation-wide rollout. Desk descriptions can now be added to the booking application, enabling staff to view desk types prior to booking. | Enabler for agile working. Current room booking systems are out-dated and hard to access. |
|-------|--|--|----|--------|----------|--------|--|-----|--|--|---|

| Action No. | Objective | Action | Owner | Start Date | Duration | Proposed Completion Date | Actual Completion Date | % Completed | Previous Updates | New Updates | Barriers and Risks |
|------------|--|---|-------|------------|-----------|--------------------------|------------------------|-------------|--|---|---|
| IT1.3 | Creation of conferencing standards | Create minimum standards for video conferencing rooms. | PS | Jan-24 | 3 months | Mar-24 | | 25% | 08/07: Minimum standard for meeting rooms has been developed. Ty Gwent meeting rooms will be a mixture of existing and new equipment that meets this specification. Engagement with supplier has commenced around audit of video conferencing facilities and development of minimum standards. | | None anticipated |
| IT1.4 | Creation of minimum IT standards for equipment | Create minimum standards for IT equipment in line with DSE. - Position on replacing out of date equipment e.g., are desktops replaced for laptops with timescales. | PS | Jan-24 | 4 weeks | Feb-24 | | 100% | 08/07 Profiles updated to reflect current models and pricing. Current minimum standards being reviewed and refreshed in light of technological changes. | Incorporate minimum IT standards into agile framework. Requirement to know what these are. | None anticipated |
| IT1.5 | Maximising application of existing apps packages | Promoting Office 365 applications and softphone/MS Voice to support agile working as a result of feedback from workshop. - Understand what apps are available and their application. - Understanding guidance available and how this applies to varying degrees of digital literacy. - Understanding how staff can access these. | PS | Jul-23 | 12 months | Dec-25 | | 60% | 08/07: Positive Discussion session held with COO and team generated several key pieces of work that have been delivered. Regular engagement across the Health Board continues by the champions and core 365 team. Microsoft 365 Digital Champions network has been relaunched and plans are being developed on how the organisation can make best use of the tools available in M365. Current work is focused on Chief Operating Officer's corporate resources. | 23/07/25 - The Microsoft Teams Voice trial has concluded successfully. Full rollout is planned post-summer, replacing traditional telephones with Teams-integrated numbers. Digital Services are progressing a programme of work to ensure staff are trained and resourced to use the new applications effectively. | Checkpoint to be held in July 2024 on progress along with benchmarking of usage against other organisations in NHS Wales. Further work programmes may be required to continue the transformation and ways of working. |

Estates & Planning

| | | | | | | | | | | | |
|-------|--|--|-------|--|--|---------|---------|----|---|---|--|
| EP1 | Development of a network of agile hubs | Establish a network of agile hubs through the Estate Plan. - Explore agile opportunities to free up space within Divisions. - Explore agile opportunities to free up space across the Health Board (supported by agile assessment data). | JM/HC | | Timescales tbc following the development of the Estates Strategy | Ongoing | Ongoing | 0% | | Estate Strategy to be refreshed this year which will look to include the exploration of agile hubs. Agile hubs are not a specific commissioned piece of work - to discuss at Agile Programme Board It is likely plans will require capital investment and therefore will need to be included within financial planning also. | |
| EP1.1 | Using agile principles to support estate configuration | St Woolos/RGH - Promoting agile principles and undertaking assessments. | JM | | | | | | | | |
| EP1.1 | Using agile principles to support estate configuration | NHH - Promoting agile principles and undertaking assessments. | HC | | Timescales will be dependent on WG approval | Ongoing | Ongoing | | | Nevill Hall SOC is currently going through final sign-off stage prior to submitting to WG. Following approval, Agile Principles will be applied through the design process for OBC and through discussion | |
| EP2 | Understand allocation of space | Establish/use an existing IT system which maps the schedule of accommodation against services. | JM | | | | | | There are currently no systems available to capture room occupancy. Currently using OCCUPYE to assess footfall in targeted spaces. Scanning agile assessments and any site surveillance plans as these are completed. | | |

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Speciality Doctors, Associate Specialists, Specialist Doctors and Locally Employed Doctors Framework |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Kathryn Bourne, Strategic Lead - Medical & Dental Workforce |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Speciality Doctors, Associate Specialists and Specialist Doctors (SAS), and Locally Employed Doctors (LEDs—qualified doctors not on national SAS contracts or in formal training programmes, but employed on local contracts aligned with Resident Doctors in Training) form a growing part of the workforce in Aneurin Bevan University Health Board.

The Health Board's service model has and will continue to require the SAS Doctors and LEDs to make clinical decisions at an enhanced level, something that traditionally they were not expected to do.

These doctors are a valuable workforce and are able and willing to accept opportunities to deliver to their maximum potential. Appropriate support and governance arrangements are required, to support the development of the Health Board's SAS and LED workforce to ensure the safety of patients; the individual doctor; the profession and the organisation.

The purpose of this developing Framework is to define the rights, responsibilities, and support mechanisms for SAS doctors and LEDs. It will serve as a guide for managers, clinical leaders, and doctors in ensuring that employment conditions, professional development opportunities, and workplace practices enable SAS and LED doctors to provide the best patient care and thrive in their careers. The Framework draws on national agreements and guidance, including the SAS

Doctors and Dentists Charter for Wales, NHS Terms and Conditions of Service, and recommendations from professional bodies.

The development of the Framework will ensure robust support for the Health Board's International Medical Graduates (IMGs) as these form a large percentage of the SAS and LED workforce.

The People and Culture Committee is asked to note the content of the paper for information.

Cefndir / Background

SAS Doctors and LEDs form a significant and growing part of the NHS medical workforce. Across the UK, SAS and LED doctors account for roughly 25–30% of registered doctors, and by 2030, they are predicted to become the largest group in the medical workforce. These clinicians are a highly skilled and diverse group, 83% of SAS doctors have 10 or more years of medical experience, and many hold senior roles, managing clinics and delivering autonomous patient care.

The Health Board recognises that SAS and LED doctors are vital to providing high-quality patient care. As such, the organisation is committed to fully supporting and valuing their contributions as part of the clinical team, such that they are able to fully function at the levels required; make safe enhanced clinical decisions and deliver safe care, with the support in place to ensure their career development and professional progression. Previously, there had been a lack of policy, guidance and supporting information to enable these doctors to realise their full potential as highly valued members of the Health Board's workforce.

The Framework provides essential guidance on several professional and employment matters and also provides governance processes which safeguard the profession and the patient. The Framework will also pull together and link to key documents and work undertaken across the Health Board into one place for ease of access. Work on the development of the Framework and related activity has been undertaken in partnership between the Medical Director and the Director of Workforce and Organisational Development.

The development of the Framework will also ensure robust support for the Health Board's International Medical Graduates (IMGs). This staff group come from a range of different countries across the world. They bring with them a rich array of culture and a wealth of knowledge and experience. The doctors who come to work in the NHS are from diverse socio-economic backgrounds. Some may have never been outside of their country of birth until arriving in the UK, this can be a daunting and lonely experience for them. They experience challenges in terms of access to everyday services and support e.g., acquiring a driving license, meeting religious and dietary needs etc.

IMGs also form a disproportionate number of referrals to the General Medical Council (GMC), the source of which, is often as a consequence of cultural, communication and environmental differences rather than clinical or competency-based ones.

Making these doctors feel welcome, valued and supported is therefore critical to ensure the wellbeing of the Doctor and the safety and quality of patient care.

IMGs form a large percentage of the Health Board's SAS and LED workforce and therefore the mechanisms in place to support the IMGs are included in the SAS and LED Framework.

Asesiad / Assessment

The development of the overarching Framework as one access point has been delayed as a consequence of other Medical Workforce priorities e.g., implementation of Medical E-Systems, the focus on improving job planning compliance, reduction in medical variable pay and industrial action. However, considerable progress has been made in developing and implementing core policies, programmes and supporting infrastructures including identifying areas for further development.

The Health Board has been a pioneer in promoting the careers of SAS and LED Doctors. Under the auspice of the SAS and LED Framework the Health Board has established initiatives, programmes and policies as outlined below. These efforts align with the wider NHS commitments – including the 2016 (updated November 2023) SAS Charter for Wales and the Royal College of Physicians' recent #SASsix campaign – to ensure SAS and LED Doctors have equity of opportunity to train, teach, lead, and progress in their careers.

Autonomous Practice Policy

A number of the Health Board's Specialty Doctors and Associate Specialists may be sufficiently experienced and skilled to work autonomously, i.e. without supervision from a Consultant. This means that they can contribute to patient care as a senior level doctor participating on consultant rotas. It is beneficial to patients, SAS doctors themselves and the Health Board to recognise and support suitably skilled and experienced SAS doctors and dentists to work as autonomous practitioners where it is appropriate to do so.

In order to enable and facilitate autonomous working within a robust governance framework, an Autonomous Practice Policy has been developed. This was supported by the Local Negotiating Committee (LNC) and approved for implementation by the Executive Committee in January 2024. The policy is available on the Intranet.

Currently 23 SAS Doctors have approval to act autonomously. This represents 14.2% of the SAS workforce, however, it should be acknowledged that not all SAS doctors will have the experience and seniority to work autonomously.

Policy for Portfolio Pathway to Specialist Registration (previously CESR)

This policy was developed and launched in November 2024 with the support of the LNC. The policy describes the support offered and expectations of SAS doctors who wish to enter the specialist register via the Portfolio Pathway as this will permit them to meet the eligibility requirements for consultant posts, however, not all doctors on the specialist register chose to become Consultants.

The policy also confirms the expectations of existing Consultants who support this path who are known as Portfolio Pathway supervisors. It is designed to ensure standard practice across the Health Board to support suitably experienced and qualified doctors to successfully complete and submit their Portfolio Pathway application as required by the GMC. Consultants supervising Portfolio Pathway

candidates now have allocated time within the job plan to accommodate this. The additional Supporting Professional Activity (SPA) tariff document identifies the allocation 0.25 of a session for the supervision of each candidate and describes the reasons for this and the expected outcomes. This demonstrates real investment in SAS wishing to enter the Specialist Register via the Portfolio Pathway route and will support Consultant recruitment in hard to fill areas over time.

Portfolio Pathway to Specialist Registration Education Programme

Successful completion of the Portfolio Pathway process and submission of evidence results in the doctor receiving a Certificate of Eligibility for specialist registration and entry onto the specialist register with the GMC. The process itself involves collation of a range of evidence within 4 domains as set out by the GMC. Although some of the evidence required is speciality specific there are a number of core competencies e.g. leadership and research. The evidence is then reviewed by the GMC and the Royal College to ascertain whether there is sufficient evidence for entry onto the Specialist Register.

Candidates collate evidence on an e-portfolio and only submit when this is complete. Dependent on the speciality specific requirements and the clinical experience of the doctor, collation of evidence can take several years. Once submitted candidates can wait between 6-18months for an outcome dependent of the speciality and in many cases resubmission with additional or amended evidence may be required. The support and guidance offered by the Health Board is aimed to minimise the need for resubmission for doctors.

In order to support candidates in understanding the process and meeting the core competency requirements an education programme has been developed which includes bespoke leadership sessions designed to meet the GMC competency requirements. The GMC also participate in the introductory session. The programme runs 4 times a year depending on demand. This programme is led by one of the Health Board's Accident & Emergency Consultants who attained Specialist Registration via CESR and is currently an examiner with the Royal College of Emergency Medicine.

The Health Board has 10 consultants acting as speciality champions who encourage SAS doctors to work towards Specialist registration, provides peer support and act as speciality advisors to the Medical Director's team, all have either been through the portfolio pathway route or are involved with GMC or the Royal Colleges as examiners.

Since the launch of the policy and the programme, SAS Doctors registered with the Health Board as requiring support and working towards Specialist Registration via the Portfolio Pathway has increased from 4 to 16.

Formal support for SAS and LEDs in difficulty

Resident Doctors in training have access to a Professional Support Unit (PSU) at Health Education and Improvement Wales (HEIW). The PSU provides one to one, solution-focused coaching and supportive training guidance. This is available for doctors and dentists on a Welsh Training Programme to maximise training opportunities. The support offered by the PSU includes psychological support; assistance in speaking up safely; wellbeing support; career advice and support on equality issues. However, there is no such service available for SAS and LEDs.

The Health Board's Assistant Medical Director for Education has developed a Doctors' Advisory and Support Service (DASS) aimed largely at SAS and LEDs in order to meet this need in the Health Board. The service offers coaching, communication skills and support for wellbeing. To date uptake has been low, last year, 5 doctors accessed support through the DASS. Although this may be viewed as positive and indicate that the Health Board's doctors are sufficiently supported, the Medical Director's Team is currently undertaking a review of the marketing and advertising to ensure that this low uptake is not as a consequence of a lack of awareness of the unit. The review is expected to conclude by the end of 2025.

International Medical Graduates (IMGs)

- **Induction** - This bespoke induction consists of a full day programme which is based on GMC good medical practice and is provided 2-3 times a year, dependent on numbers. Since 2023, 6 events have been conducted. The content is reviewed and refined following each programme and continues to evaluate extremely well. Workforce and Organisational Development are represented at each session which is seen as extremely valuable in supporting and signposting people.

Due to the success and positive feedback, the day has recently been extended to include doctors in training and Consultants who are IMGs due to the value placed on the programme.

- **Mentorship (Buddy) System** - A mentorship system previously known as the "Buddy" system for new IMGs was established early 2025 with a formal launch at the IMG induction event in June 2025. This is supported by a sound governance framework, standard operating procedure and tool kit for the Mentors.

The system is a means of offering support and assisting IMGs in navigating the NHS in Wales and the Health Board and providing informal wellbeing, nurturing and career development support. Currently there are 10 mentors from the Consultant and SAS workforce and 14 mentees. The relationship is time limited and generally last around 6-12 months. The system is being supported and administered by one of the Health Board's Mental Health consultants.

14 IMGs enrolled in the scheme in June 2025 and 5 in August 2025. A formal evaluation will be undertaken a year post implementation. However, on-going feedback via questionnaires demonstrates that the scheme is highly valued with 100% rating it as excellent.

- **Webpage and Starter Pack** - An IMG specific webpage housing all relevant information is in development. The new employee starter pack has been developed and updated in conjunction with the Medical Recruitment Team to better meet the requirements if IMGs.

Enhanced roles within the Medical Directors Team

The job descriptions for both the Assistant Medical Director for Workforce Redesign and the SAS Advocate have been reviewed and amended to clearly articulate the roles and responsibilities for SAS and LEDs, further demonstrating the value placed on this staff group and the on-going work required to ensure appropriate

governance and supportive structures are in place. This affirms the leadership and organisational focus on embedding the work developed to date and for future development of an overarching Framework.

Evaluation

All programmes are evaluated after each event and both the IMG induction and the Portfolio Pathway Process have been revised and further developed based on these. In both cases, feedback has always been extremely positive and any changes made were to simply enhance and tailor the content.

Feedback from the Health Board’s SAS Advocate indicates that Aneurin Bevan University Health Board is seen as a supportive employer, values its SAS workforce, and is often leading the way not only in Wales but wider in the approach it has taken.

On-going Work

Further work is required in some areas to ensure the robustness of the governance arrangements and support offered. These include:-

- Ensuring formal evaluation of all aspects of the programmes, systems and policies are undertaken
- Continued review and development of the existing work
- Reviewing resource available to support all aspects of the work and manage websites and systems

It is acknowledged that the overarching Framework itself will be developmental and iterative and will need regular review and updating to ensure it remains “live” and relevant. It is anticipated that the first iteration will be completed during Quarter 3 of 2025/2026 and presented to the People and Culture Committee early 2026 following conversion to an interactive document.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the content of the paper for information.

| Amcanion: (rhaid cwblhau) | |
|--|--|
| Objectives: (must be completed) | |
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | The monitoring and reporting of committee business is a key element of the Health Board’s assurance framework. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable |

| | |
|---|-----------------------|
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Not Applicable |

Gwybodaeth Ychwanegol: Further Information:

| | |
|---|--|
| Ar sail tystiolaeth: Evidence Base: | Not Applicable |
| Rhestr Termau: Glossary of Terms: | DASS - Doctors' Advisory and Support Service GMC – General medical Council HEIW – Health Education and Improvement Wales IMGs - International Medical Graduate(s). LEDs – Locally Employed Doctor(s) LNC - Local Negotiating Committee PSU - Professional Support Unit SAS - Associate Specialists and Specialist Doctors SPA - Supporting Professional Activity |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

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

| | |
|--|--|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Yes, outlined within the paper |
| • Service Activity & Performance | Yes, outlined within the paper |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. |

| | |
|--|--|
| | <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p> |
| <p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p> | <p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p> <p>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</p> |

| | |
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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Workforce Organisational Changes 2020-2025 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Cathy Brooks, Head of Workforce Planning |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

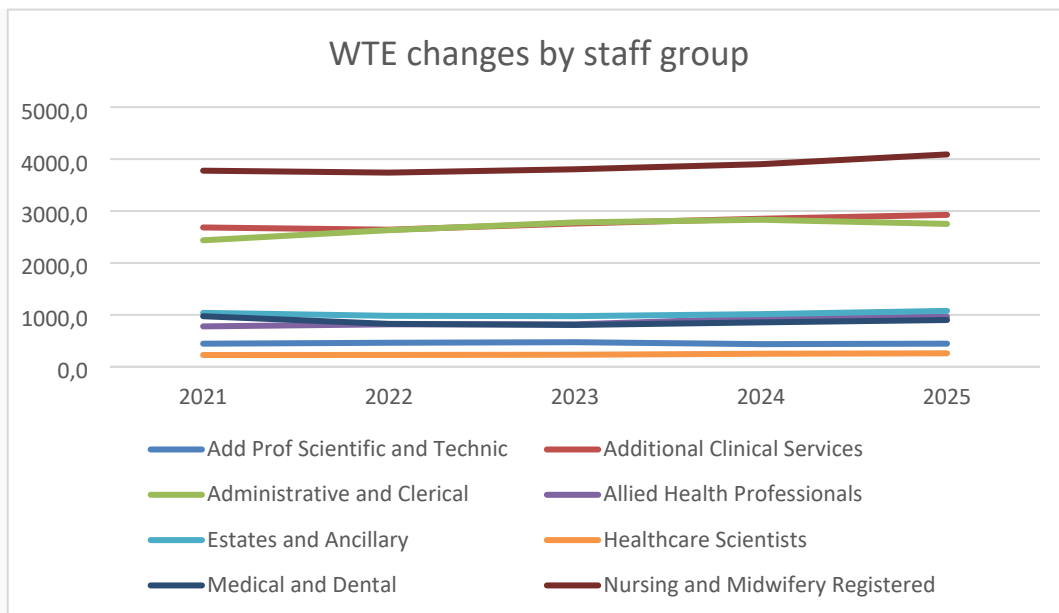
The purpose of this report is to provide an assessment on the workforce changes over the past 5 years and the challenges in sustaining linear growth in the health Board workforce.

The People and Culture Committee is asked to note the workforce changes outlined and to endorse the actions set out in the People Plan (2025-2030), which aim to mitigate future workforce risks and support a sustainable future workforce.

Cefndir / Background

Between 2021 and 2025, the Health Board's workforce grew by 1,057 Whole Time Equivalents (WTE) to 13,417WTE; an increase of 8.6%.

| Staff Group | 2021 | 2022 | 2023 | 2024 | 2025 | Overall Change |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|
| Add Prof Scientific and Technic | 445.2 | 463.3 | 474.0 | 436.5 | 446.0 | 0.8 |
| Additional Clinical Services | 2683.2 | 2640.5 | 2759.9 | 2851.2 | 2926.0 | 242.8 |
| Administrative and Clerical | 2436.2 | 2631.6 | 2780.8 | 2831.8 | 2751.7 | 315.5 |
| Allied Health Professionals | 778.5 | 818.4 | 818.6 | 931.8 | 965.8 | 187.3 |
| Estates and Ancillary | 1039.4 | 981.8 | 976.0 | 1014.6 | 1077.2 | 37.8 |
| Healthcare Scientists | 227.1 | 228.8 | 232.7 | 251.5 | 260.2 | 33.1 |
| Medical and Dental | 974.2 | 826.9 | 805.9 | 856.0 | 901.4 | -72.8 |
| <i>Consultant</i> | 459.6 | 461.0 | 489.4 | 503.6 | 520.2 | 60.6 |
| Nursing and Midwifery Registered | 3776.8 | 3739.6 | 3804.0 | 3902.2 | 4089.8 | 313.0 |
| Total | 12820.2 | 12791.8 | 13141.2 | 13579.0 | 13938.2 | 1118.0 |



This report focuses on Staff in Post (SIP) rather than funded establishments, meaning it reflects actual workforce numbers rather than budgeted or planned positions. The reporting of workforce growth will become more precise once an establishment control process is in place towards the end of this year.

A number of factors affect SIP data including Electronic Staff Record (ESR) coding changes and reclassification of roles between staff groups e.g., Additional Professional Technical and Allied Health Professionals in 2023/24. The Health Board has also undertaken TUPE transfers into and out of the Health Board during this time e.g., Managed General Practices and Public Health teams. These factors mean that some increases in SIP may not reflect new investment but rather administration or structural changes within the Health Board. Conversely, some recruitment success may be underrepresented.

During 2022 and 2023, a significant number of resident doctors transferred to the Single Lead Employer (SLE) model, with NHS Wales Shared Services Partnership (NWSSP) becoming the official employer for all medical trainees across Wales. This nationally agreed model ensures trainees remain employed by NWSSP throughout their training, regardless of rotation location. It streamlines employment processes by removing the need for repeated pre-employment checks, and improves the trainee experience by resolving issues related to payroll, tax codes, annual leave, and mortgage applications. As a result of these transfers, medical staff are no longer included in local workforce growth figures. Excluding medical transfers, the Health Board's average annual workforce growth has been 298WTE.

A summary of the key increases and decreases each year is as follows:

2021-2022

- **Biggest Increase:** *Administrative and Clerical* ↑ 195.46WTE (+8.02%); 140WTE of these were recruited to support the Covid-19 Vaccination Programme.
- **Biggest Decrease:** *Medical and Dental* ↓ 147.32WTE (-15.12%) attributed to the transfer of resident doctors to Single Lead Employer.

2022 - 2023

- **Biggest Increase:** *Additional Clinical Services* ↑ 119.38WTE (+4.52%) attributed to successful recruitment campaigns to fill vacancies
- **Biggest Decrease:** *Medical and Dental* ↓ 21.00WTE (-2.54%) attributed to incremental transfer of resident doctors to Single Lead Employer.

2023 - 2024

- **Biggest Increase:** *Allied Health Professionals* ↑ 113.16WTE (+13.82%) attributed to changes in ESR coding of staff groups between Allied Health Professions and Add Prof Scientific and Technical staff groups.
- **Biggest Decrease:** *Add Prof Scientific and Technic* ↓ 37.49WTE (-7.91%) attributed to changes in staff group coding.

2024 - 2025

- **Biggest Increase:** *Nursing and Midwifery Registered* ↑ 187.57WTE (+4.81%) attributed to internationally educated nurse recruitment and increase in newly qualified nursing recruitment with associated reduction in turnover.
- **Biggest Decrease:** *Administrative and Clerical* ↓ 80.09WTE (-2.83%) attributed to recruitment controls in place and TUPE of managed general practice administration staff.

Asesiad / Assessment

Workforce changes where investment has been indicated have been mapped to the Health Boards Clinical Futures Model and reconfiguration of the hospital network as well as Integrated Medium-Term Plans (IMTP), ensuring alignment with strategic priorities such as service transformation, safer staffing, and with transfer of services within and beyond the organisation.

The mapping ensures that workforce growth has aligned with the Health Board Strategic priorities, such as Clinical Futures Clinical Models (circa 200WTE posts required for the Grange University Hospital (GUH) opening), service sustainability, planned care and regional service hosting.

| Staff group | Staffing changes since 2021 |
|---|---|
| Additional Professional Scientific and Technical | <p>Net increase: 0WTE over 5 years (*changes in ESR coding)</p> <p>Key areas of expansion</p> <ul style="list-style-type: none">• Psychology: 20 WTE increase to strengthen support in:<ul style="list-style-type: none">- Neurology- Critical Care- Dermatology- Cancer Services- Primary Care• Pharmacy – to support Clinical Futures Model and an additional dispensing unit at the GUH• Physician Associates: Increased from 23WTE to 45WTE - Deployed across 18 clinical areas - supporting the delivery of the medical model for the Clinical Futures medical models/safer staffing. |

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| <p>Additional Clinical Services</p> | <p>Net increase: 242WTE over 5 years</p> <ul style="list-style-type: none"> • Drivers: <ul style="list-style-type: none"> - Growth in establishments linked with Clinical Futures and safer staffing - Evolving skill mix - Successful recruitment campaigns <p>Key areas of expansion:</p> <ul style="list-style-type: none"> • Assistant Practitioners – supporting ward sustainability • Health Care Support Workers to support Clinical Futures models – e.g., Emergency Department, Post Operative Care Unit • Same Day Emergency Care(SDEC) and Endoscopy – service expansion • Psychology Wellbeing Practitioners – mental health and wellbeing support • Community Neuro Response Service – enhanced community-based care • Counsellors – supporting wellbeing services • Nursery Nurses – across public health and neonatal services • Assistant Practitioners – in Pharmacy, Radiology, Physiotherapy, Speech & Language, and Psychology to improve skill mix |
| <p>Administrative and Clerical</p> | <p>Net Increase: 315.5WTE over 5 years</p> <p>Key areas of expansion:</p> <ul style="list-style-type: none"> • Digital, Data & Technology – supporting the Digital and Information Strategy e.g., Clinical Futures, Electronic Prescribing and Medicine Administration, Robotic Processing Automation, coding • Public Health – COVID-19 vaccination and wellbeing programmes • Regional programme hosting – e.g., Cataract Services/ Ophthalmology booking • Support for clinical Staff – growing admin needs across services • Examples of other service transformation programmes: <ul style="list-style-type: none"> - Medical E-Systems - Managed practices - Validation and booking - Patient flow navigators - Musculoskeletal (MSK) services |
| <p>Allied Health Professionals</p> | <p>Net Increase: 187 wte over 5 years (*changes in ESR coding)</p> <p>Key areas of expansion:</p> <ul style="list-style-type: none"> • Art Therapy – supported by Mental Health Workforce Plan and HEIW funding • Dietetics – to enable diabetes pump services • Physiotherapy – to establish new MSK service models • Speech & Language Therapy – in Child and Adolescent Mental health Services via RIFT projects • Orthoptics – to support regional service plans • General therapy growth examples –Adferiad Programme, Community Admission Avoidance Therapy Team, critical care (NHS Wales Critical Care Service Specification), therapy front door models, and heart failure pathways |

| | |
|------------------------------|---|
| | <ul style="list-style-type: none"> • Additional radiographers additional CT and MRI capacity at GUH as part of the Clinical Futures model |
| Estates and Ancillary | <p>Net increase: 38WTE over 5 years</p> <ul style="list-style-type: none"> • Increase in Band 2 Support Workers Linked to: <ul style="list-style-type: none"> - Opening of GUH with single-room configuration and additional cleaning requirements - New capital builds - Enhanced cleaning standards • Also driven by: <ul style="list-style-type: none"> - Shift from agency reliance to substantive appointments |
| Healthcare Scientists | <p>Net Increase: 33WTE over 5 years</p> <p>Key areas of expansion:</p> <ul style="list-style-type: none"> • Pathology (Histopathology) • Cardiology • Audiology <p>→ All driven by rising demand and evolving care models</p> |
| Medical and Dental | <p>Note: Between 2022-2023 transfer of resident doctors to SLE.</p> <p>Consultant Growth - net growth 61WTE and key expansion areas:</p> <ul style="list-style-type: none"> • Supporting Clinical Futures service models examples: <ul style="list-style-type: none"> - Radiology - Respiratory - Gastroenterology - General Surgery - Acute Medicine - Ear, Nose and Throat • Responding to service demand: <ul style="list-style-type: none"> - Haematology - Emergency Medicine - Neurology - Pathology (Microbiology, Histopathology) - Trauma & Orthopaedics - Urology - Psychiatry <p>Specialty Doctors - net growth of 20 wte and key expansion areas were linked to the Clinical Futures model and safer staffing:</p> <ul style="list-style-type: none"> - Anaesthetics (Clinical Futures Post Operative Care Unit) - Care of the Elderly (COTE) - Stroke - Palliative Care - General Medicine (Clinical Futures) - Trauma & Orthopaedics - Neonatal |

| | |
|-------------------------------------|---|
| <p>Nursing and Midwifery</p> | <p>Net increase 313WTE - Primarily driven by successful recruitment campaigns and streamlining, which have increased the number of nurses (Safer Staffing Act) and midwives (Birth Rate Plus) in post.</p> <p>Key areas of expansion</p> <p>Targeted growth areas to support service sustainability:</p> <ul style="list-style-type: none"> • Advanced Nurse Practitioners (ANPs) +46 WTE to support service delivery and sustainability in: <ul style="list-style-type: none"> - Respiratory - Respiratory Ambulatory Care Unit - Cardiology - Paediatrics - Acute Medicine - Palliative Care - Ophthalmology - Clinical Futures - Emergency Medicine - Clinical Futures - Hospital at Night - Discharge (Hospital to Home) • Nurse Consultants - While small in overall numbers, there has been growth from 5 - 10WTE in: <ul style="list-style-type: none"> - Dermatology - Sexual Health - Mental Health <p>Additional Increases:</p> <ul style="list-style-type: none"> • Clinical Management & Quality and Safety: <ul style="list-style-type: none"> - Emergency Department waiting room - Single rooms/ward configuration at GUH - Nursing Safe Staffing Act (Adult and Paediatrics) - Patient Safety and Quality initiatives Corporate) • Service Transformation Initiatives: <ul style="list-style-type: none"> - Clinical Futures models - Post Operative Care Unit - Same Day Emergency Care (SDEC) - Endoscopy - Epilepsy Services |
|-------------------------------------|---|

Accessible Wales benchmarking data only allows comparison between August 2020 and August 2024. During this period the Health Board growth was 9% compared to an All-Wales growth rate of 13%.

The highest relative percentage shift in Agenda for Change is in Bands 8a and above (22%) then Bands 5-7 (12%) and 6% observed in Bands 1-4. This pattern of banding growth has been observed across NHS Wales.

Future outlook

The Health Board is progressing with the implementation of a model local control of workforce establishments, following Executive Committee endorsement. This model aligns ESR data with the General Ledger to improve vacancy tracking, workforce planning, and financial control. The programme is currently in the data verification stages with 74% of establishments now mapped and confirmed on ESR with the General Ledger. A draft vacancy dashboard has been developed to support improved vacancy reporting and reflect changes in establishment. It is expected that by the 31 October 2025, over 90% of establishments will be agreed

and recorded on ESR with a small number of discrepancies continuing to be addressed through divisional engagement.

Sustaining linear workforce growth in the NHS is becoming increasingly difficult due to demographic pressures, economic constraints, and structural challenges. Historical trends show expansion, but they don't fully reflect future population needs such as ageing, poverty, disease burden, and rising social care demands.

Emerging technologies including Artificial Intelligence assisted diagnostics, robotic surgery, remote monitoring, and genomic medicine could reshape workforce demand. These innovations may reduce the need for some roles (e.g. manual diagnostics) while increasing demand for others (e.g. digital health specialists, bioinformaticians). For example, automated triage systems could reduce inpatient activity, shifting care toward prevention and personalised treatment.

To meet these challenges, the Health Board must move beyond linear growth and adopt a strategic workforce planning approach. The newly refreshed People Plan supports this through actions such as optimising skill mix, expanding advanced roles, investing in digital literacy, improving retention and flexibility, strengthening workforce modelling, and aligning training pipelines with future service models. Without these changes, pressures from an ageing workforce, shrinking labour markets, and limited training capacity will make it increasingly difficult to grow the workforce in line with demand.

The Health Board has made strong progress over the past 5 years, with workforce changes aligned to strategic priorities and service transformation. However, future sustainability will depend on continued investment in advanced roles, digital capability, and strategic planning. Ongoing leadership engagement and oversight from the People and Culture Committee will be essential to ensure the workforce remains resilient, responsive, and future-ready.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the workforce changes outlined in the report and to endorse the actions set out in the People Plan (2025-2030), which aim to mitigate future workforce risks and support a sustainable future workforce.

| 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): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable |

| | |
|---|---|
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff Gender pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|--|
| Ar sail tystiolaeth: Evidence Base: | Not Applicable |
| Rhestr Termau: Glossary of Terms: | ESR – Electronic Staff Record GUH – Grange University Hospital IMTP - Integrated Medium-Term Plans MSK - Musculoskeletal NWSSP – NHS Wales Shared Services Partnership SIP - Staff in Post SLE - Single Lead Employer TUPE - Transfer of Undertakings (Protection of Employment) WTE – Whole Time Equivalent |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|---|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Yes, outlined within the paper |
| • Service Activity & Performance | Yes, outlined within the paper |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |

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

[https://futuregenerations.wales/
about-us/future-generations-act/](https://futuregenerations.wales/about-us/future-generations-act/)

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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Committee Strategic Risk and Assurance Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Director of 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)

Ar Gyfer Trafodaeth/For Discussion

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

Since the last report to the Committee in June 2025, three of the four sub-risks remain unchanged in terms of risk exposure. However, the likelihood of risk SRR 001D has increased due to escalating industrial relations challenges at a national level.

This change reflects the formal rejection of the 2025/2026 pay offer by Trades Unions and Unison's intention to ballot members for industrial action, significantly heightening the risk of workforce disruption and its potential impact on service delivery and organisational objectives.

Asesiad / Assessment

The Committee is responsible for overseeing risks associated with the "People" theme and operates within a defined risk appetite threshold of 17 or below. In accordance with best practice, all risks have been reviewed within the appropriate timeframe for their respective levels of risk.

The review focuses on the control environment, ensuring that the controls remain robust and adequate for managing the identified risks. Detailed information is provided in **Appendix A** (Strategic Risk Assessments).

Table 1 sets out a high-level overview of the Committee’s delegated risks.

Table 1

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

Although all identified risks currently sit within the Health Board’s risk appetite threshold of 17 or below, it is recognised that our workforce remains the organisation’s most critical asset. The ability to deliver safe, high-quality, and sustainable services depends on recruiting, retaining, and supporting staff across all disciplines and specialties.

Since the last report to the Committee in June, the likelihood of **SRR 001D** has increased. This change reflects escalating industrial relations challenges at a national level, including the formal rejection of the 2025/2026 pay offer by Trades Unions and Unison’s notification of its intention to ballot members for industrial action.

These developments significantly heighten the risk of workforce disruption, which could lead to staffing shortages, delays in service delivery, and increased operational pressures. Industrial action also introduces reputational risks, financial strain from contingency measures, and governance challenges in maintaining stakeholder confidence. Previous NHS disputes suggest that such situations often escalate and prolong, amplifying systemic vulnerability and uncertainty around resolution.

The risk assessment at Appendix A sets out additional controls and improvement plans, highlighted in red text for all four sub-risks.

The Health Board acknowledges the uncertainty and challenges posed by the current dispute and remains committed to keeping staff wellbeing and organisational sustainability at the forefront of its approach. These priorities will guide both local and national efforts to resolve the situation effectively.

The Committee should take assurance not only from the monitoring of these risks but also from the proactive measures being implemented to address them. These include initiatives to tackle recruitment and retention challenges, support staff wellbeing, and strengthen leadership capacity, such as:

- Flexible Working Policies
- Respect & Resolution Policy
- Values and Behaviours Framework
- Workforce Planning Training
- Digital Roster Systems
- Employee Wellbeing Service
- Be Mindful Programme
- Occupational Health Department
- Leadership Development Programme (Eliesha)
- Registered Nurse Leadership Programme
- Manager’s Handbook
- Catch Up with the Chief Executive (All Staff Online Briefing and Q&A)
- Executive Team Drop-in Sessions

Focus for 2025/26

The Corporate Governance Directorate is working closely with Executive Directors to develop a comprehensive Corporate Risk Register (CRR). This collaborative approach enables the early identification of emerging risks that could impact the delivery of the Health Board’s objectives, as well as risks within the working environment that may affect staff wellbeing, service quality, and overall team morale.

To date, several high-level operational risks have been identified, set out below, which have the potential to affect delivery of both the Integrated Medium-Term Plan (IMTP) and the People Plan.

Incorporating these risks into the CRR provides the Executive Team with greater visibility of the organisation’s most significant challenges and how these align with strategic objectives, supporting more informed decision-making and targeted mitigation.

| Proposed Corporate Risks aligned to Strategic Risks overseen by the P&C Committee | | |
|--|--|---|
| Risk | Alignment to Committee Purpose | Key Impact |
| Nurse Staffing Levels (Wales) Act compliance | Workforce planning, staffing levels, and staff wellbeing | Breach of statutory requirements, patient safety risks, staff burnout and turnover, reputational damage |

| | | |
|---|--|--|
| Compliance with statutory social duties (Equality Act, Welsh Language, Social Partnership Duty) | Creating an inclusive environment, valuing staff, promoting equity | Legal/regulatory non-compliance, inequity in staff/service user experience, reputational damage |
| National Contract Reform and amendments | Workforce stability, planning and service delivery | Workforce instability, increased costs, reduced service flexibility, challenges in service continuity |
| Sustainability of Occupational Health services | Staff wellbeing and support services | Reduced OH service availability, staff support delays, impacts on wellbeing, regulatory compliance risks |
| Medical E-Systems implementation (Job Planning target) | Workforce planning and oversight of medical capacity | Reduced oversight of workforce capacity, inefficiencies in planning, failure to meet national expectations |

Each risk is now undergoing detailed assessment to identify control gaps and determine what further action is needed. This targeted approach will help ensure resources are focused where they're most needed, supporting service delivery and minimising potential disruption.

Preventative controls, designed to stop issues before they arise are being strengthened as part of this work, as well as, directive controls, such as policies, procedures, and standards, are also being reinforced to guide consistent, safe practice across the Health Board.

In addition, a deep dive review of the four strategic risks will be undertaken to refine the risk assessments, ensuring that controls and assurances are correctly aligned within their respective sections. This process will also confirm that sufficient assurance exists at each line of defence to provide the Committee with confidence in the effectiveness of those controls.

The enhanced approach will strengthen the Committee's assurance by ensuring that operational risks relating to workforce planning, staff wellbeing, and the organisational culture are systematically identified, evaluated, and mitigated. In addition, this will support the Health Board in fostering a positive working environment and in delivering safer, higher-quality healthcare.

Argymhelliad / Recommendation

The People and Culture Committee is asked to:

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol:

Further Information:

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

Effaith: (rhaid cwblhau)

Impact: (must be completed)

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

| RISK THEME | PEOPLE | | | | |
|--|---|---|--|---|--------|
| LINK TO IMTP | SECTION 4: ENABLER – WORKFORCE AND CULTURE | | | | |
| Strategic - SRR 001 A | There is a risk The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | | Publication Status | Public |
| Threat (As a result of) | Due to an inability to recruit and retain staff across all disciplines and specialties. | | | Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure. | |
| Impact (Consequences of the threat) | Patient | Staff | Organisation | | |
| | <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings | <ul style="list-style-type: none"> Non-compliance with safe staffing principles and standards. Increased Workload | <ul style="list-style-type: none"> Operational Disruptions Quality of Services Reputational Damage Financial strain – use of agency and bank staff | | |
| Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. | | | | | |
| SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold. | | | | | |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level | |
| Monitoring Committee / Group | People & Culture Committee | Likelihood | 3 (Possible) | 3 (Possible) | |
| Initial Date of Assessment | June 2023 | Impact | 4 (Major) | 2 (Minor) | |
| Last Reviewed | October 2025 | Risk rating | = 12 (High) | = 6 (Moderate) | |
| Next Review (Quarterly based on risk score) | January 2026 | | | | |

| Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat) | Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included) |
|--|--|
| <ul style="list-style-type: none"> Monitoring Framework to support roll-out of the People Plan. Workforce Dashboard to track activity – recruitment, turnover, sickness absence. Supply and demand tracker (Nursing and HCSW). People Plan tracker to support delivery of actions within the People Plan 2022-25. Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. Management of attendance through All Wales Management Attendance at Work Policy. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Nurse Staffing Levels (Wales) Act 201625b/25c. Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. Workforce planning supported by Compendium of new roles to support innovative workforce models. Recruitment KPI's. IMTP (Integrated Medium-Term Plan) Educational Commissioning. Workforce Establishment controls national working group has been instigated. Value and Sustainability Board. Implementation of the Collective Agreement (Non-Pay Deal) 2022/24. Real Living Wage Employer. <ul style="list-style-type: none"> Recruitment Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. Annual programme of Apprentice recruitment. Overseas Nursing (All Wales Recruitment programme). Nursing Workforce Strategy 2023 – 2026 Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022) Partnerships with employability schemes and FE/HE to widen access. | <ul style="list-style-type: none"> Recruitment Approval to overrecruit to newly qualified nurses in September 2025 resulting in zero forecasted RN vacancies in rostered areas. Consideration of Lateral Move Scheme to provide flexible internal movement of staff. Approval to overrecruit to newly qualified nurses in March 2026 to maintain zero forecasted RN vacancies in rostered areas and to reduce Variable Pay. Introduction of Rotational Nurse posts in MHL D for newly qualified nurses in March 2026 to test concept. Benefits are more highly skilled workforce, engaged workforce rotating through 4 x 6-month placements in 2 years and reduction of variable pay due to hard to fill areas being included in rotations. Exploring potential of Overseas clinical attachments in other Divisions at both Junior and Senior grades (currently only Medicine) offering NHS experience to IMGs and provides a pipeline of suitable candidates to fill vacancies in future, particularly senior grades. Working closely with HEIW for earlier notification of unfilled and part-time training posts. <ul style="list-style-type: none"> Retention Development of career pathways (e.g., non-clinical to clinical). Implementation of Talent Management and succession planning workshops. NHS Wales Nurse Retention Plan quarterly updates being reviewed, submission update in September 2025. HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover being reviewed monthly. Short project completed with an MSc student to develop a retention dashboard, using a regression model to better understand and predict retention. Data analysis currently being undertaken to review findings. <ul style="list-style-type: none"> Variable Pay Reduction Development of action plan based on WHC to support the reduction in bank and agency usage. <ul style="list-style-type: none"> E- Systems Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas. |

- Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board.
- Working with partners to improve visibility and attraction.
- DBS Policy in place with DBS risk assessment form.
- Introduced centralised HCSW talent pools from September 2023.
- Future Nurse Academy introduced in January 2024.

Retention

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

Variable pay reduction

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

E- Systems

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

Development of Alternative and New Roles

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

Training

- The HEIW Education & Training Plan **2025/26** continues the investment in education and training in Wales that has been increasing over past years.
- The **2025/26 education training plan demonstrated increases in a number of medical training places in medical, surgical, diagnostics and mental health specialities. This is to support areas of high vacancies, population health predictions and Welsh Government Priorities. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing (adult, health visiting, practice. Training numbers in Therapies and Health Care Science programmes will remain static at previous year's numbers.**
- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.
- **Ongoing investment in the Primary and Community Care Academy Network will be a key enabler to delivering innovation and transformation through the Strategic Workforce Plan for Primary Care and the Strategic Programme for Primary Care.**
- Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active.
- K102 bridging model now being offered to support HCSW pathways into registered nursing.

- **Roll out of medical rostering will resume in October 2025. This will help to predict junior doctor gaps and look for alternative ways to fill.**
- Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision.
- E-Job Planning compliance has increased to **59.2% as of 01 September 2025.**
- Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles.

Development of alternative and new roles

- Continued implementation of new roles such as Physician Associates, CAAPs, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP.
- Establishment of Mental Health Workforce Planning through HEIW leadership of Mental Strategic Workforce Plan and allocation of workforce planning resources and training programme currently being delivered to Health Boards.
- Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal.
- Looking to increase Assistant band 4 in Community/Mental Health and areas such as Cardiology Physiology.
- Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity.
- Increasing consultant therapy and nurse practitioners.
- RCN introduction of Registered Nursing Associate role to help build the capacity of the nursing workforce with placements from September 2027.
- Development of new roles and career pathways to support hard to fill roles in Health Visiting.
- Re-design of the Health Board's work experience programme with 246 applicants since March 2024 and 75 placements confirmed
- Development of Medical & Dental Recruitment & Retention Strategy 2025 – 2030.
- Looking to further widen access by partnering with DWP to offer 12-week unpaid placements to the unemployed with a view to offering training, support and guaranteed interviews – further promoting ABUHB as an employer of choice at entry level roles. This programme attracts £1000* per candidate and there is a maximum of 50 candidates we can support per year (**as at July 2025*).
- **Regional planning supporting a number of strategic workforce plans (Orthopaedics, Endoscopy, Women's Health Units, Vascular).**

Workforce Supply and Demand Modelling

- **10-year draft predictions undertaken for future workforce requirements based on previous trends and training pipelines.**
- **HEIW leading several workforce initiatives to improve supply and demand modelling.**

Training

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy.
- Workforce planning training prospectus of local and online training launched May 2025 and HEIW Workforce Planning Hub launched June 2025.
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.
- 31 staff enrolled on workforce planning online training modules level 1. 15 managers enrolled on level 2 training delivered locally March 2025. A capacity and capability workforce planning action plan are being developed to support 25/26 programme of activity.
- Launch of Admin Together staff network (now at 100 members) supporting administrative staff to connect, develop and address organisational challenges. Continued support of all staff networks.

- Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year.
- Delivery of workforce planning training.

Vacancy Numbers and establishment control

- Quarterly reporting of vacancy numbers to WG as of 30 June 2025 was 442 WTE, a significant decrease of 220 WTE since March 2025.
- Development of ESR establishment control model commenced. Local delivery action plan has been agreed by the Executive Committee with expected 90% roll out completed by 31 October 2025.

Staff attendance

- Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work.
- “Hot spot” areas identified and plans in place to support.

| Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i> | Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i> | |
|--|---|---|-----------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> | | | |
| <ul style="list-style-type: none"> Workforce reports to the Nurse Strategic Workforce Group. Monthly sickness monitoring reports. Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. Medical Staffing Co-ordinator review of medical rotas. Cross site operational calls. | <ul style="list-style-type: none"> Occupational Health and Wellbeing dashboards report KPIs. Recruitment KPIs Medical & Dental and Student Streamlining fill rate reports | | |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i> | | | |
| <ul style="list-style-type: none"> Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. Measurements of Wellbeing through the ABUHB | <ul style="list-style-type: none"> (Aneurin Bevan University Health Board) Staff Survey Routine Reporting against nurse staffing levels. Variable Pay Programme Board reporting to Value and Sustainability Board | <ul style="list-style-type: none"> Governance processes risk management input (register, risk assessment) | |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i> | | | |
| <ul style="list-style-type: none"> Internal Audit Reviews 2023 -24 Long Term Sickness Absence Management (Q4) Flexible Working (Q4) External quarterly vacancy reporting to WG National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative. | <ul style="list-style-type: none"> External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) Workforce planning external audit action plan 2024 and Structured Assessment Response August 2025 Resident Doctor Contract Reform | <ul style="list-style-type: none"> Latest local survey saw a reduction in staff wellbeing Internal Audit Staff Culture Q3 2024/25 | |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance | | | |
| Negative – Insufficient evidence that the controls | Reasonable - adequate evidence that the controls in place are working effectively. | Positive - robust evidence that the controls in place are working effectively. | POSITIVE |

| RISK THEME | PEOPLE | | | | |
|---|---|---|--|--|--------|
| LINK TO IMTP | SECTION 4: ENABLER – WORKFORCE AND CULTURE | | | | |
| Strategic - SRR 001 B | There is a risk The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | | Publication Status | Public |
| Threat <i>(As a result of)</i> | Due to a deterioration in, and a failure to improve, the well-being of staff. | | | | |
| Impact <i>(Consequences of the threat)</i> | <p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings | <p>Staff</p> <ul style="list-style-type: none"> High absence levels, with some sustained long periods Non-compliance with safe staffing principles and standards | <p>Organisation</p> <ul style="list-style-type: none"> Reputational damage to the health board as an employer Work-related claims Financial Implications | <p>Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.</p> <p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p> | |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level | |
| Monitoring Committee / Group | People & Culture Committee | Likelihood | 3 (Possible) x | 3 (Possible) x | |
| Initial Date of Assessment | June 2023 | Impact | 4 (Major) | 3 (Moderate) | |
| Last Reviewed | October 2025 | Risk rating | = 12 (High) | = 9 (High) | |
| Next Review <i>(Quarterly based on risk score)</i> | January 2026 | | | | |

| Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i> |
|--|---|
| <p>General</p> <ul style="list-style-type: none"> Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority Strategic Equality Plan Rest and Facilities Charter – monitoring and compliance Staff related policies National Staff Survey and Health Board Employee Experience Survey External Employee Assistance Programme Speaking up Safely Action Plan Race/LGBT groups Wellbeing resources Staff diversity networks Regular Schwartz rounds arranged across the Health Board Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own Close links with the Arts in Health programme Chaplaincy service for staff Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. | <p>General</p> <ul style="list-style-type: none"> Increase wellbeing initiatives, including long term strategic programmes within large departments (e.g., Maternity) Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders) Take a data-based approach to improve our approach to Respect and Resolution processes, and supporting resources Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues Trained mediators so there is team and organisational resilience and network Enhanced our financial well-being offer Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has consistently resulted in a 60-70% reduction in investigations and a wide range of other organisational benefits over 3 years. The next phase of this programme will involve transferring the benefits to Respect and Resolution processes. Implement, develop and embed the Speaking up Safely process in line with the Welsh Government Framework We are planning a series of events to celebrate 10 Years of Schwartz Rounds within ABUHB 'Safe atmospheres' training has been piloted to support the ongoing psychological safely focused work taking place in theatres and linked to 'never events' and team debriefing Working with trade union and national partners to improve attendance at work and prevent absence through a variety of initiatives including Wellbeing Passport, alternative roles and health promotion. <p>Occupational Health.</p> <ul style="list-style-type: none"> Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Current Demand and Capacity review completed. Regional occupational health partnership working being explored with Cardiff and Vale and also Cwm Taff, Phase 1 collaborative physician procurement process underway. |

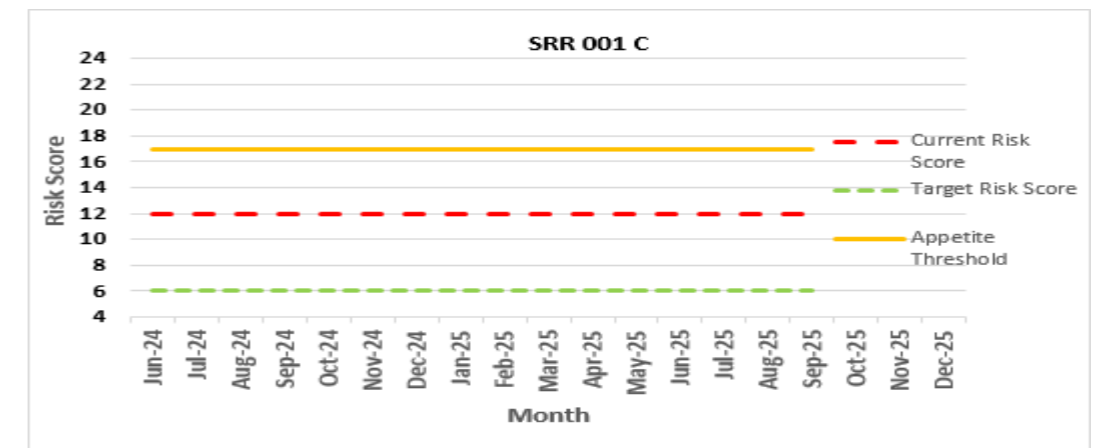
- The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits
 - The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB
 - An externally commissioned SUS hotline
 - An external Employee Assistance Programme (Vivup) has been commissioned for a further 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative
- Occupational Health**
- Additional occupational health resources secured to reduce waiting times
 - Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes
 - Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19
 - Support equality and diversity of workforce
 - A part time Disability Inclusion Officer has been seconded to the EDI Team and made permanent in December 2024
 - Band 5 EDI Officer appointed and commenced in post at the end of March 2024
 - Inclusive Leadership sessions embedded in the Leading People Programme
 - Reverse Mentorship Programme launched February 2024
- Other**
- Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC
 - Reducing fatigue poster developed

- Submission of response to All Wales KPI delivery and ongoing data analysis review in place
- Support equality and diversity of workforce
- Review of staff diversity networks
- Review of National Staff survey to understand variations within diverse workforce demographic profile
- Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms
- Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing

- Staff Survey Action Plan**
- Findings from the staff survey 2024/25 indicate improvements with culture and diversity
 - An ABUHB action plan is in development to address staff engagement, work related stress and to improve retention of staff
 - Planning for 2025 staff survey underway to improve compliance and value of outcomes

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

| RISK THEME | PEOPLE | | | | |
|---|--|--|--|---|--------|
| LINK TO IMTP | SECTION 4: ENABLER – WORKFORCE AND CULTURE | | | | |
| Strategic - SRR 001 C | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | | Publication Status | Public |
| Threat <i>(As a result of)</i> | Due to insufficient and ineffective leadership levels throughout the organisation | | | Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure. | |
| Impact <i>(Consequences of the threat)</i> | <p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings; | <p>Staff</p> <ul style="list-style-type: none"> Adverse impacts on staff recruitment and retention | <p>Organisation</p> <ul style="list-style-type: none"> Failure to deliver health board priorities, required improvements and achieve sustainability; Poor levels of accountability and delivery; Reputational damage to the health board as an employer; | Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. | |
| | | | | SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold. | |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level | |
| Monitoring Committee / Group | People & Culture Committee | Likelihood | 3 (Possible) | 3 (Possible) | |
| Initial Date of Assessment | June 2023 | Impact | 4 (Major) | 2 (Minor) | |
| Last Reviewed | October 2025 | Risk rating | = 12 (High) | = 6 (Moderate) | |
| Next Review <i>(Quarterly based on risk score)</i> | January 2026 | | | | |



| Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i> |
|---|---|
| <ul style="list-style-type: none"> Talent and Succession Planning framework published Monitoring Framework to support roll out of the People Plan – Focus on Talent and Succession Planning. Monitoring Frameworks with HEIW Lead appointed July 2023 on secondment funded by HEIW to create organisational talent management framework to enable to organisation to be deliberate and consistently attract, identify and develop talent for critical roles across ABUHB. HEIW schemes 1 x HEIW funded graduate management trainee successfully appointed August 2025 following additional recruitment process. Develop Leadership Capabilities Leadership journey and programmes mapped, and 1 pager flyer designed and on intranet. Leadership development offer now available for entry level leaders and managers, clinical directors, directorate managers (DMx), senior nurses and multi-disciplinary teams. Considering very senior leader programme. Learning masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing team and having courageous conversations. Leading People Programme (started cohort 9 May 2025), CDx cohort 5 starting November 2025. 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire council; our graduate joined the health board in March 2023 and is supporting the decarbonisation agenda. | <p>Talent and Succession Planning</p> <ul style="list-style-type: none"> Pilot planned for Finance, Occupational Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy. Development workshops being rolled across the Health Board, open for all leaders to attend. Designated Talent and Management succession planning resources available on ABUHB intranet. <p>Development leadership capabilities</p> <ul style="list-style-type: none"> Currently exploring leadership funding options with USW to maximise Governmental Grants and utilisation of the apprentice levy. Continued commitment to NHS graduate schemes. Continued bespoke development and support for senior management teams in clinical and non-clinical settings focusing on leadership, team dynamics and thriving. Working with HEIW to inform a national development programme for managers Engagement with the management competency framework which will be adopted in Wales (following implementation in NHS England). Review of current leadership journey and training with planning starting to develop a very senior leadership development programme in 2025/26 Specific leadership and culture work starting in MHLD division with methods being developed to scale across the Health Board in 2026. |

| Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i> | Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i> |
|---|---|--|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> | | |
| <ul style="list-style-type: none"> WOD Divisional reporting Evaluation of internal leadership programmes and regular review of our internal offer | | |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i> | | |
| <ul style="list-style-type: none"> Reporting to People and Culture Committee - progress against People Plan 22-25 / 2025 – 2028. | | |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i> | | |
| <ul style="list-style-type: none"> Internal Audit Review Talent and Succession Board | | |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance | | |
| Negative – Insufficient evidence that the controls | Reasonable - adequate evidence that the controls in place are working effectively. | Positive - robust evidence that the controls in place are working effectively. |
| POSITIVE | | |

| RISK THEME | PEOPLE | | | | |
|---|--|--|--|--|--------|
| LINK TO IMTP | SECTION 4: ENABLER – WORKFORCE AND CULTURE | | | | |
| Strategic - SRR 001 D | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | | Publication Status | Public |
| Threat <i>(As a result of)</i> | Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level | | | | |
| Impact <i>(Consequences of the threat)</i> | <p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings | <p>Staff</p> <ul style="list-style-type: none"> Non-compliance with safe staffing principles and standards | <p>Organisation</p> <ul style="list-style-type: none"> Litigation & Financial Penalties Reputational damage to the health board and loss of public confidence | <p>Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.</p> <p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p> | |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level | |
| Monitoring Committee / Group | People & Culture Committee | Likelihood | 4 (Likely) | 2 (unlikely) | |
| Initial Date of Assessment | June 2023 | Impact | 4 (Major) | 4 (Major) | |
| Last Reviewed | October 2025 | Risk rating | = 16 (Extreme) | = 8 (Moderate) | |
| Next Review <i>(Quarterly based on risk score)</i> | November 2025 | | | | |

| Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i> |
|--|--|
| <ul style="list-style-type: none"> All Wales Industrial Action Planning Group. Local Health Board planning arrangements. Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and CODE OF PRACTICE Industrial Action Ballots and Notice to Employers. Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Effective derogation processes including Christmas Day cover definition. Local Negotiating Committee (LNC). Services Business continuity plans in place. Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. Command and control structure and leads established. Derogation test completed. Executive and Senior Manager leads established links with national planning cells. All Wales training sessions provide by legal and risk to support industrial action. Reducing impact on patients - Support for early supported discharge prior to industrial action. Picketing guidance supported and agreed. Workforce Peer Networks – WOD's and DEWOD's. | <ul style="list-style-type: none"> Agreement reached in England for Medical & Dental Staff – re-commencement of negotiations in Wales for Medical & Dental Staff. Issue of WHC AFC non pay elements of collective agreement 2022-24. Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). Communication plans- public, stakeholders and partners. Establish working mechanisms with NWSP to consider derogations for junior doctors (who are the employer) and pay application. Consideration of further additional national legal advice. Early notification of consultative ballot outcomes via NHS Employers/WG. Local negotiation and response to grievances related to band 2/band 3 job descriptions for HCSWs. Programme structure in place for band 2/band 3 assessment subject to national approval. Awareness of national TU ballot responses regarding pay dispute – early notification ahead of any strike action ballots for planning purposes. Resident Doctor contract reform planning structure in place in conjunction with Medical Director. |

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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 15 October 2025 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | People & Culture Committee – Review of Committee Forward Work Plan 2025/26 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Director of Corporate Governance |
| SWYDDOG ADRODD: REPORTING OFFICER: | Governance Support Officer |

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

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 2025/26 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

- Annual Review of Committee Effectiveness 2025/26 was deferred and would be incorporated within the Committee annual report in February 2026 meeting;
- Violence & Aggression against Staff across ABUHB was deferred and would be reported in February 2026 meeting;
- Nursing, Midwifery & SCPHN Workforce Annual Report was deferred and would be reported in February 2026 meeting;
- Speaking up Safety Report was deferred at September’s agenda setting meeting and would be reported in February 2026 meeting.

Additional reports on the Forward Work Plan

- Body Camera update was requested at September’s agenda setting meeting and would be reported in February 2026 meeting;
- Mandatory Training update was requested at September’s agenda setting meeting and would be reported in February 2026 meeting;
- Headcount Comparison report was an action from June 2025 meeting and would be reported in the October 2025 meeting.

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)

| | |
|--|---|
| <p>Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:</p> | <p>The monitoring and reporting of committee business is a key element of the Health Boards assurance framework</p> |
| <p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s):</p> | <p>Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.</p> |

| | |
|---|--|
| 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 |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | N/A |

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

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

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

Not Applicable
Choose an item.

Annual Programme of Business for 2025-26

People & Culture Committee

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

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

Area of Focus as per Standing Orders:

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

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

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

| MATTERS TO BE CONSIDERED | Lead | Frequency of Report | Schedule of Meetings | | | |
|---|-------------|---------------------|---------------------------------------|---|---|--|
| | | | QTR 1 Apr to June 11th June | QTR 2 July to Sept No Meeting | QTR 3 Oct to Dec 15 th October | QTR 4 Jan to Mar 10 th February |
| Preliminary Matters | | | | | | |
| Attendance and Apologies | Chair | SI | ✓ | | ✓ | ✓ |
| Declarations of Interests | All Members | SI | ✓ | | ✓ | ✓ |
| Minutes of the Previous Meeting | Chair | SI | ✓ | | ✓ | ✓ |
| Action Log and Matters Arising | Chair | SI | ✓ | | ✓ | ✓ |
| Committee Governance | | | | | | |
| Development of Committee Annual Programme of Business 2024/25 | Chair DoCG | Annually | ✓ | | | |
| Review of Committee Programme of Business 2025/26 | Chair DoCG | SI | ✓ | | ✓ | ✓ |
| Annual Review of Committee Terms of Reference 2024/25 (Deferred to June 2025) | Chair DoCG | Annually | ✓ | | | ✓ |
| Annual Review of Committee Effectiveness 2025/26 (Deferred to June 2025) | Chair DoCG | Annually | ✓ | | ✓ D | ✓ |
| Outcome of the annual review of Committee effectiveness 2024/25 (Deferred to June 2025) | Chair DoCG | Annually | ✓ | | | ✓ |

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

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

| | | | | | | |
|--|--------|-----------|-----|--|-----|---|
| People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability | DoW&OD | Annually | | | | ✓ |
| Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months | DoW&OD | Quarterly | ✓ | | ✓ | ✓ |
| Speciality Doctors and Clinical Fellows Framework | DoW&OD | Annually | | | ✓ | |
| Nursing, Midwifery & SCPHN Workforce Annual Report | DoN | Annually | | | ✓ D | ✓ |
| DBS Review – Health Board Position | DoW&OD | BI | | | ✓ | ✓ |
| Assurance on the Development and Delivery of an Agile Working Framework PCC/1806/3.3 | DoW&OD | Action | ✓ D | | ✓ | |
| A headcount comparison report detailing organisational growth over the past five years PCC/06/11/14 | DoW&OD | Action | | | ✓ | |

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

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