

Agenda

09:30 - 09:35 **1. PRELIMINARY MATTERS**

5 min

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 10th February 2026

Chair

 PCC 20260615 1.4 PCC 20260210 Draft Minutes.pdf (21 pages)

1.5. Committee Action Log

Chair

 PCC 20260615 1.5 Committee Action Log - Approved.pdf (4 pages)

09:35 - 09:35 **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

0 min

09:35 - 12:25 **3. ITEMS FOR DISCUSSION**

170 min

3.1. Annual Assurance Report on Medical Revalidation

Medical Director

 PCC 20260615 3.1 Annual Assurance Report on Medical Revalidation.pdf (32 pages)

3.2. Job Planning Update


Director of Workforce & OD & Medical Director

 PCC 20260615 3.2 Job Planning Update.pdf (5 pages)


3.3. NHS Wales Staff Survey – Results and Action Plan

Director of Workforce & OD

 PCC 20260615 3.3 NHS Wales Staff Survey Results and Action Plan.pdf (7 pages)

 PCC 20260615 3.3 NHS Wales Staff Survey Results and Action Plan Appendix 1. Staff Survey 2025 brief overview.pdf (4 pages)

 PCC 20260615 3.3 NHS Wales Staff Survey Results and Action Plan Appendix 2. Managers Toolkit.pdf (4 pages)

 PCC 20260615 3.3 NHS Wales Staff Survey Appendix 3 - Presentation V1.pdf (17 pages)

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

Director of Workforce & OD


 PCC 20260615 3.4 Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales.pdf (9 pages)



PCC_20260615_3.4_Progress_update_on_the_Delivery_of_Welsh_Government's_Race_Equality_Action_Plan_for_Wales_Appendix_1_Maturity_Matrix_May_2026_(002)_(002)[1].pdf (28 pages)

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

Director of Workforce & OD


 PCC 20260615 3.5 Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words.pdf (7 pages)


 PCC 20260615 3.5 Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words.docx Appendix 1.pdf (16 pages)


 PCC 20260615 3.5 Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words.docx Appendix 2.pdf (6 pages)


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

Director of Workforce & OD

 PCC 20260615 3.6 Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers.pdf (18 pages)

 PCC 20260615 3.6 Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers Appen.pdf (3 pages)


 PCC 20260615 3.6 Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers Ap.pdf (3 pages)

 PCC 20260615 3.6 Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers Appen.pdf (1 pages)

3.7. Workforce Performance Dashboard incorporating Key Performance Indicators


Director of Workforce & OD

 PCC 20260615 3.7 Workforce Performance Dashboard April 2026.pdf (6 pages)

 PCC 20260615 3.7 Workforce Performance Dashboard Appendix 1 Workforce Performance Report (without EWB) - April 2026.pdf (7 pages)

3.8. People Plan 2025-2030, Quarterly Review Objective 1 - Better Health and Wellbeing


Director of Workforce & OD

 PCC 20260615 3.8 People Plan 2025-2030, Quarterly Review Objective 1 - Better Health and Wellbeing PCC People Plan update - June.pdf (8 pages)

3.9. Employment Rights Act Changes

Director of Workforce & OD

 PCC 20260615 3.9 Employment Rights Act Changes.pdf (5 pages)

 PCC 20260615 3.9 Employment Rights Act Changes Appendix 1 - People and Culture Committee Presentation - Employment Rights Act 2.pdf (10 pages)

3.10. Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months; DBS: Speaking up Safely and GMC Update

Director of Workforce & OD

 PCC 20260615 3.10 Workforce & OD Director Report.pdf (10 pages)

3.11. People & Culture Committee Risk Report

Director of Corporate Governance

 PCC 20260615 3.11 People and Culture Committee Risk Report.pdf (4 pages)


 PCC 20260615 3.11 People & Culture Committee Risk Report Appendix A_PCC Strategic Risk Report.pdf (10 pages)


3.12. Nursing & Midwifery Strategy, including evaluation of extant Strategy

Director of Nursing

 PCC 20260615 3.12a Nursing Strategy Evaluation 2023 2026.pdf (6 pages)

 PCC 20260615 3.12a Nursing Strategy Evaluation 2023 2026 Appendix 1.pdf (20 pages)

 PCC PCC 20260615 3.12b Nursing Strategy 2026 2030.pdf (4 pages)

 PCC 20260615 3.12Nursing & Midwifery Strategy, including evaluation of extant Strategy (2) Appendix 1.pdf (23 pages)

12:25 - 12:25


0 min

4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business 2026/27

Director of Corporate Governance

 PCC 20260615 4.1 Review of Committee Forward Work Plan 2025-26 .pdf (4 pages)

 PCC 20260615 4.1 PCC Forward Work Plan 2026-2027 Appendix 1.pdf (6 pages)

12:25 - 12:30

5 min

5. OTHER MATTERS

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

Chair

5.2. Any Other Urgent Business

Chair

5.3. Date of the Next Meeting: 20 October 2026

DATE OF MEETING	Tuesday 10 th February 2026 13:30-16:00
VENUE	Microsoft Teams

COMMITTEE MEMBERS PRESENT	Paul Deneen, Chair
	Phillip Robson, Vice Chair
	Helen Sweetland, Independent Member
TEAM MEMBERS IN ATTENDANCE	Sarah Simmonds, Director of Workforce & Organisational Development (OD)
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Peter Brown, Assistant Director of Workforce & OD
	Shelley Williams, Deputy Director of Workforce
	Joanne Gubbings, Assistant Director of Workforce & OD
	Star Mayo, Head of Equality Diversity and Inclusion (Item3.1)
	Peter Carr, Director of Allied Health Professions & Health Science (item 3.9)
	Lidia Palmer, Violence Prevention & Reduction Lead (Item 3.9)
	Tamsin Gerrard, Strategic Medical Workforce Manager (Item 3.8)
	Jennifer Winslade, Director of Nursing (Item 3.10)
Fern Woodhead, Committee Secretariat	
OBSERVING	Rhian Gard, Internal Audit
	Thokozani Owino, Aspiring Board Member
APOLOGIES	Vivek Goel, Independent Member
	Robert Holcombe, Director of Finance, Procurement & Value

PCC 1002/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PCC 1002/02	Apologies for Absence for Noting Apologies for absence were noted.
PCC 1002/03	Declarations of Interest for Noting



<p>PCC 1002/04</p>	<p>There were no declarations of interest raised to record.</p> <p>Draft Minutes of the last Meeting held on 15th October 2025</p> <p>The minutes of the meeting held on 15th October 2025 were formally approved as a true and accurate record, subject to the minor correction to the list of attendees. Action: Committee Secretariat</p> <p>The Committee APPROVED the minutes subject to the agreed amendment.</p>
<p>PCC 1002/05</p>	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.</p> <p>The Committee NOTED the Committee action log.</p>
<p>PCC 1002/06</p>	<p>Equality, Diversity and Inclusion Assurance on Strategic Equality Plan</p> <p>Sarah Simmonds (SS), Director of Workforce & OD, introduced the report and advised that it provided assurance to the Committee on progress against the Strategic Equality Plan, with a particular focus on delivery of the Welsh Government’s Race Equality Action Plan for Wales. SS outlined that the Health Board received regular feedback from Welsh Government colleagues on progress, areas of strength and areas requiring further development.</p> <p>Star Moyo (SM), Head of Equality Diversity and Inclusion, provided the Committee with an overview of the key points from the report. SM advised that the Health Board had demonstrated sustained commitment to Equality, Diversity and Inclusion across workforce, leadership and staff engagement, with evidence of progress in leadership capability development, learning and support for internationally educated staff. However, SM highlighted that structural inequalities persisted and required continued focus.</p> <p>The Committee was advised that a number of key risks had been identified. These included poor ethnicity data quality, particularly at senior levels, which limited the level of assurance that could be provided. SM advised that senior representation of ethnic minority staff remained disproportionately low. Recruitment outcomes</p>



post-shortlisting had worsened for Black applicants, and emerging disproportionality was becoming visible in capability processes for ethnic minority staff. Although numbers remained small, this represented a developing risk. Levels of reported racism had increased, particularly within mental health and primary care settings, noting that this may partly reflect increased confidence among staff to report concerns.

SM outlined to the Committee areas of assurance and progress. Board-level ethnic minority representation had strengthened and was above national comparators. Compliance with anti-racism e-learning was reported as high at just over 83%, with non-completion largely attributed to sickness absence, annual leave, staff turnover and new starters. Inclusive and trauma-informed leadership training was reported as well embedded, with strong feedback and evidence of positive cultural impact. Reverse mentoring, inclusion and belonging champions, and staff voice initiatives were supporting wider culture change. Structured support for internationally educated doctors and nurses continued and was contributing positively to integration and retention.

SM confirmed that next steps would focus on improving workforce data quality, addressing recruitment and progression inequalities, embedding inclusive leadership practices, sustaining support for international staff, and strengthening reporting and response mechanisms relating to racism.

Paul Deneen (PD), Chair, welcomed the report and commented that it was particularly helpful, noting the practical examples of support provided to internationally educated staff. PD asked whether there was anything further the Board could do to support internationally educated nurses and staff.

SM advised the Committee that while support structures were in place, further work was required to strengthen staff voice networks. Uptake within networks remained low, which indicated that some staff did not yet feel confident or safe to participate. SM emphasised the importance of visible Board-level sponsorship and reassurance that staff were supported and encouraged to attend networks during working time. SM advised that the



network had been relaunched with new Chairs and refreshed terms of reference, and that the next priority was to empower staff to engage so that their collective voice could be heard.

Shelley Williams (SW), Deputy Director of Workforce, advised the Committee that additional support was being provided through initiatives such as the Internationally Educated Nurses café, which promoted interview skills, succession planning and career development, particularly for staff who might not ordinarily put themselves forward for progression opportunities.

SS advised that a Board development session on Equality, Diversity and Inclusion was being planned for the spring. This session would provide an opportunity for a more in-depth discussion on how the Board could best support the EDI agenda and respond to the issues raised within the report.

Helen Sweetland (HS), Independent Member, queried the reasons for incomplete ethnicity data and asked whether this was due to staff not updating records or actively choosing not to disclose. HS asked what actions could be taken to improve data completeness. SM advised that the issue was a combination of both factors. Some staff had forgotten how to update their information, while others were reluctant due to fear or uncertainty about how the data would be used. SM explained that guidance had been published on the intranet and that conversations about data completion were being embedded within inclusive leadership training, supervision and appraisal discussions to build trust and confidence.

PD asked whether induction processes could be strengthened to encourage staff to complete ethnicity data at an early stage. SM advised that this would be helpful and advised that multiple routes, including induction, supervision and PADR conversations, needed to be utilised to improve data quality.

PD summarised the discussion and stated that the Committee recognised that good progress had been made, while acknowledging that further work remained. PD highlighted the importance of continued focus on staff voice, data quality and Board-level engagement.



PCC 1002/07

The Committee **NOTED** the report.

People Plan 2025/30 - Conformation of Success Measures and Deliverables

Sarah Simmonds (SS), Director of Workforce and OD, provided the Committee with an overview of the People Plan for 2025/30. The Committee was reminded that the People Plan had been approved by the Board in September 2025 and aligned with the Health Board's Long-Term Strategy, *Gwent 2035*. The Committee had previously considered the Plan at its October 2025 meeting, and the current paper was built on the discussion by setting out refined measures to support effective implementation and performance management.

SS advised the Committee that following feedback from the Committee at the previous meeting, the success measures had been further developed to strengthen the focus on outcomes and impact rather than activity alone. Additional quality-based metrics had been incorporated, including outcome measures for services such as the Employee Wellbeing Service, to ensure that performance monitoring captured the "so what" for staff and the organisation.

SS outlined that the revised measures included the use of a structured quality improvement methodology to support delivery, particularly in relation to sickness absence reduction. The measures also reflected more targeted approaches to recruitment planning and variable pay reduction, replacing earlier, broader measures on vacancy reduction. SS advised that these refinements would support more meaningful tracking of progress and enable clearer assurance to be provided to the Committee and the Board.

The Committee was advised that the People Plan would be subject to annual review, with a formal review point in 2027. Progress against the success measures would be reported through future Committee meetings, including thematic updates and an annual performance report, to ensure transparency, ongoing scrutiny and responsiveness to emerging workforce challenges.

Philip Robson (PR), Vice Chair, welcomed the strengthened emphasis on outcomes and measures, noting that this reflected increasing expectations nationally and



internationally for organisations to demonstrate the impact of workforce investment. PR acknowledged that defining meaningful outcomes was complex but commented that the Health Board was demonstrating increasing maturity in this area.

Helen Sweetland (HS), Independent Member, queried how additional Workforce and Human Resources capacity would contribute to reducing sickness absence. SS advised that enhanced capacity would enable improved training and support for managers, more detailed analysis of workforce data, and more consistent tracking and follow-up of sickness absence cases. This approach was intended to support early intervention and prevention, rather than relying solely on reactive processes.

Shelley Williams (SW), Deputy Director of Workforce, advised the Committee that the context for sickness absence management had changed significantly, with higher numbers of staff absent at any one time compared to previous years. SW advised that additional capacity would support managers by undertaking preparatory and analytical work, enabling managers to focus on operational leadership and staff support.

The Committee discussed the importance of triangulating workforce measures with staff experience and patient outcomes. SS advised that work was underway to embed the Health Board's values and behaviours framework and to link these measures more clearly with quality and safety outcomes over time.

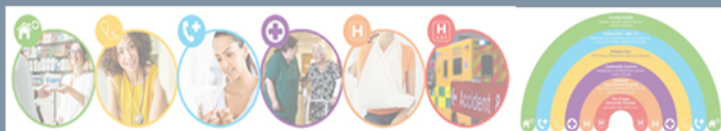
The Committee was advised that the People Plan had been made live, with formal communications to staff having been delayed due to operational pressures. Further communications were expected imminently to support awareness and engagement.

The Committee **NOTED** the report

PCC 1002/08

Workforce Performance Dashboard incorporating Key Performance Indicators

Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of the Workforce Performance Dashboard. SS advised that the dashboard provided monthly assurance on workforce sustainability, workforce supply, training compliance and variable pay



and highlighted that the dashboard remained a key mechanism for monitoring performance trends and identifying areas requiring further action.

The Committee was advised that sickness absence had increased to 7.5% during December, noting that this reflected expected seasonal variation. The top 3 reasons for absence during the period were cold, cough and flu, stress, anxiety and depression, and gastrointestinal illness. SS confirmed that benchmarking data indicated that sickness absence levels were broadly in line with those of other comparable Welsh Health Boards.

SS advised the Committee that workforce supply had strengthened, with over 200 registered nurses currently within the system. This position had been influenced by targeted recruitment activity and organisational decisions to over-recruit newly qualified nurses in order to offset vacancies, reduce variable pay and improve workforce stability. SS advised that although recruitment levels had increased, a number of full-time equivalent vacancies remained across divisions due to attrition and staff opting for part-time working.

SS outlined changes in staffing levels across other staff groups and advised that increases in administrative and clerical staff were partly attributable to TUPE transfers associated with GP services returning to the Health Board, as well as additional capacity required within digital and corporate services. SS confirmed that an administrative review was planned during the next financial year to support the management of pay pressures and establishment control.

SS provided the Committee with an update on Occupational Health performance, advising that recruitment to Occupational Health roles remained challenging due to national workforce shortages. 2 vacant posts had recently been filled and that additional outsourced clinics had been commissioned to support demand. SS advised that the Occupational Health team had developed improvement actions to support greater consistency in performance and responsiveness.

Paul Deneen (PD), Chair, queried staffing establishment trends and asked for clarification on increases in staffing numbers year-on-year. SS advised that work was



underway between Workforce and Finance teams to strengthen establishment controls, bringing together workforce and financial data to provide clearer assurance to services regarding funded posts, expenditure and workforce deployment.

The Committee discussed job planning compliance for consultants and SAS doctors, noting that reported compliance levels remained low. SS advised that this reflected job plan was reaching the 12-month renewal point rather than the absence of job plans altogether. Actions were in place to improve compliance, including strengthened vacancy approval processes, targeted divisional support and pragmatic rollover arrangements where no material changes had occurred. SS confirmed that regular updates on job planning would be brought to future Committee meetings.

The Committee noted that overall workforce data and analysis had significantly improved and that the dashboard provided a more comprehensive and integrated view of workforce performance than previously available.

The Committee **NOTED** the report.

PCC 1002/09

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

Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of key Workforce and Organisational Development activity, including employee relations matters, suspensions, and wider workforce issues arising locally, regionally and across NHS Wales.

The Committee was advised that there were 10 employees currently suspended from duty, 6 of whom had been suspended for over 4 months. SS advised that all long-term suspensions related to serious patient safety concerns and/or ongoing police investigations. SS confirmed that where cases were subject to criminal investigation, internal processes were often paused in line with legal advice to avoid compromising external investigations.

Shelley Williams (SW), Deputy Director of Workforce, outlined learning arising from a recent complex employee



relations case. SW advised that, following the conclusion of an internal disciplinary process which had resulted in an employment tribunal claim that was subsequently withdrawn, the Workforce team had commissioned an external review to ensure objective reflection and learning.

SW advised the Committee that the external review had confirmed that the disciplinary policy had been applied correctly, proportionately and appropriately, and that the decision to initiate an investigation had been justified. The outcome of the disciplinary process had also been deemed appropriate. However, the review had identified opportunities for improvement, including the need to further extend welfare support to individuals involved in disciplinary processes, irrespective of whether trade union representation was in place.

The Committee was advised that the review highlighted the importance of experienced investigating officers, particularly in complex cases, and reinforced the need for continued training for managers, including enhanced awareness of sexual harassment. SW confirmed that an All-Wales anti-sexual harassment policy and associated training had since been developed and would be implemented locally.

Paul Deneen (PD), Chair, welcomed the reflective approach taken by the Workforce team and noted that the Health Board had gone beyond minimum requirements in seeking external assurance and learning. The Committee acknowledged the importance of embedding the learning from the review to strengthen future practice.

SS provided an update on wider employee relations activity. Progress continued in relation to the Band 2 and 3 role review framework, with 887 assessments completed at the time of the meeting. SS advised that the majority of assessed roles fully met the criteria, with a smaller proportion partially meeting or not meeting the criteria. SS confirmed that work was ongoing to complete all assessments within the required timescales to enable financial assurance and drawdown of Welsh Government funding.

The Committee was advised that forthcoming changes under the Employment Rights Act would have implications for workforce policy and practice, including duties relating



to sexual harassment prevention. SS confirmed that legal advice would be reviewed and any relevant changes or requirements would be brought back to the Committee for awareness and assurance.

Action: Director of Workforce & OD

The Committee discussed the importance of continued scrutiny of suspension management, particularly where cases were prolonged due to external investigations, and acknowledged the complexity of balancing patient safety, staff welfare and legal requirements.

The Committee **NOTED** the report.

PCC 1002/10

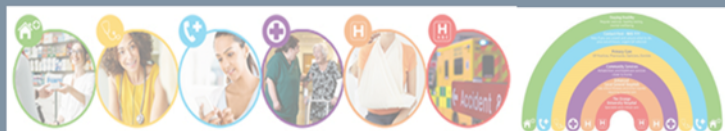
Update on Staff Survey outcomes and action plans

Peter Brown (PB), Assistant Director of Workforce and OD, provided the Committee with an update on the NHS Wales Staff Survey outcomes and the approach to action planning.

PB advised the Committee that the NHS Wales Staff Survey results had recently become available to the Health Board via the national reporting portal. PB explained that the survey provided an important source of intelligence on staff experience and engagement and formed a key component of the Health Board's People Plan.

The Committee was advised that the response rate for the most recent survey had exceeded 30%, representing a significant improvement compared to the previous year. PB advised that this improvement reflected a concerted organisational effort to increase participation, including the use of drop-in sessions across sites, proactive engagement with ward managers, and practical incentives to encourage completion. PB highlighted that Executive team had agreed that no other surveys would be undertaken during the survey period to reduce survey fatigue and ensure that the staff survey was clearly prioritised.

PB advised the Committee that the Health Board had undertaken an initial quality assurance review of the data and that formal feedback would be provided to Healthcare Inspectorate Wales. The full dataset would now be used to



support more detailed analysis at organisational and divisional level.

The next phase of work would focus on translating survey results into meaningful action. Divisions would be supported by Workforce Business Partners to identify priority themes, celebrate areas of strength, and develop targeted action plans addressing areas requiring improvement. PB emphasised the importance of ensuring that staff were informed about survey outcomes and could see clear evidence that feedback was being acted upon.

Paul Deneen (PD), Chair, commented that the improved response rate was encouraging and reflected the organisation's commitment to listening to staff. PD noted that in previous years the volume of surveys had made it difficult for staff to prioritise the staff survey and welcomed the Executive team decision to pause other surveys during the survey window.

Sarah Simmonds (SS), Director of Workforce and OD, advised the Committee that a communication and engagement plan had been developed to support dissemination of survey results and action plans, using a "you said, we did" approach. SS acknowledged that the timescales between survey closure and the next survey cycle were relatively short, which created challenges in demonstrating progress, but confirmed that efforts would be made to focus on a small number of impactful actions.

Philip Robson (PR), Vice Chair, reflected on the importance of encouraging broad participation in future surveys and noted that creative approaches and incentives had contributed to improved engagement. PB advised that a range of local and organisational initiatives had been trialled and that these would be repeated and refined for future survey cycles.

The Committee discussed the importance of ensuring that staff survey findings were triangulated with other workforce intelligence, including sickness absence, retention and employee relations data, to provide a comprehensive understanding of staff experience. The Committee agreed that a further update on detailed survey outcomes and associated action plans would be brought to



the next Committee meeting. **Action: Director of Workforce and OD**

The Committee **NOTED** the update.

PCC 1002/11

Speaking Up Safely Report

Peter Brown (PB), Assistant Director of Workforce and OD, provided the Committee with an update on the Health Board's Speaking Up Safely framework, which had been in place for approximately 13 months. PB advised that the framework was designed to operate as a safety net for staff who felt unable to raise concerns through existing mechanisms, and that it sat alongside, rather than replaced, established policies such as Raising Concerns and Respect and Resolution.

PB advised the Committee that the Health Board's approach had been subject to internal audit by NHS Wales Shared Services Partnership (NWSSP), and that a re-audit had recently been completed, with the final outcome awaited. PB confirmed that feedback from the auditors had been constructive and that further clarification and evidence were being shared to support completion of the audit process.

The Committee was advised that the number and range of concerns raised through the Speaking Up Safely route varied significantly. PB advised that each concern was assessed individually and managed proportionately, with some matters redirected to Human Resources or management teams where appropriate, and others resolved through informal discussion where staff wished only to be heard rather than pursue formal action.

PB advised the Committee that a key challenge that remained was the lack of a dedicated system for logging and tracking concerns. A bid had been submitted to the Charitable Funds Committee to support both a system and additional staffing capacity. While the full bid had not been approved due to cost, funding had been agreed for a Band 7 post for 12 months to support the Speaking Up Safely function. PB confirmed that the post had been approved internally and would be progressed to recruitment.

PB further advised the Committee that work had been undertaken to explore potential systems for managing concerns. A trial of an existing risk management system



had been discontinued during testing due to confidentiality risks. PB confirmed that alternative options were being explored in conjunction with Workforce and Human Resources colleagues to identify a system that would support safe, confidential and effective case management.

The Committee was advised that in the absence of national infrastructure, the Health Board had proactively established a pan-NHS Wales Speaking Up Safely Learning Network and was an active member of the Welsh Government Strategic National Workforce Safety Board. PB advised that work was underway nationally to define system maturity and to agree a minimum dataset for reporting concerns across Wales.

Paul Deneen (PD), Chair, queried how staff were assured that concerns raised would be acted upon. PB explained that outcomes depended on the nature of each concern and the wishes of the individual raising it. PB emphasised that staff were supported to explore available options and that the framework prioritised safety, confidentiality and appropriate escalation where required.

Helen Sweetland (HS), Independent Member, asked how the Health Board could assess whether the Speaking Up Safely framework was being used appropriately and whether it was impacting on other routes for raising concerns. PB advised that evidence suggested that mature systems typically experienced higher reporting volumes and that, locally, increased use of Respect and Resolution processes indicated that staff confidence in raising concerns had improved.

SS advised that the organisation's intent was for concerns to be resolved as close to source as possible and that the Speaking Up Safely framework should be used when other mechanisms were not appropriate or had failed. SS confirmed that further discussion was planned at Executive level to clarify organisational expectations and strengthen consistent application of the framework.

The Committee **NOTED** the Speaking Up Safely report.

PCC 1002/12

Resident Doctors Reform Introduction

Sarah Simmonds (SS), Director of Workforce & OD, introduced the report and advised that it related to the



forthcoming reform of the Resident Doctors and Dentists contract in Wales. SS highlighted that this represented one of the most significant workforce challenges anticipated over the coming months and would have wide-ranging operational and financial implications for the Health Board.

Tamsin Gerrard (TG), Strategic Medical Workforce Manager, presented a high-level summary of the revised terms and conditions. TG advised that negotiations between NHS Wales Employers and the British Medical Association had concluded in 2025 and that the new contract had been accepted by Resident Doctors and final-year medical students following a referendum. TG explained that implementation was scheduled to begin in August 2026, with full adoption phased over a 3 year transition period.

TG outlined to the Committee that the new contract introduced a simplified pay structure, removal of the existing banding system, revised pay premia, and strengthened provisions relating to safer working hours. TG advised that stricter limits on working hours and rest periods would apply, supported by the introduction of exception reporting. TG further advised that a new statutory role, the Guardian of Safe and Flexible Working, would be introduced to oversee compliance, with responsibility for reporting breaches and providing assurance to the Board.

The Committee was advised that existing Resident Doctors would be subject to pay protection at the point of transition, based on their earnings immediately prior to moving onto the new contract. TG highlighted that while this provided financial protection for individuals, it also created potential financial risk for Health Boards, particularly where working patterns changed.

TG highlighted to the Committee a number of significant risks and challenges. These included the limited funding envelope provided nationally, which applied only to Resident Doctors and not to Locally Employed Doctors; the likelihood that stricter working hour limits would require additional medical staffing to maintain service delivery and the absence of a fully implemented e-rostering system capable of supporting the new contractual requirements. TG also noted that recruitment challenges could be



exacerbated by national competition between Health Boards.

SS advised the Committee that a Health Board steering group had been established to oversee implementation, supported by an All-Wales implementation structure. SS confirmed that detailed rota compliance reviews were underway and that the Executive team were sighted on the emerging risks, particularly those relating to workforce capacity, service sustainability and financial impact.

Philip Robson (PR), Vice Chair, commented on the scale and complexity of the changes and sought clarification on the implications of pay protection and working hour restrictions. SS confirmed that there was a risk of increased cost and reduced workforce availability, and that these issues were being actively escalated and discussed at national level.

The Committee recognised that further detail would emerge as national guidance and schedules were finalised and agreed that ongoing oversight would be required.

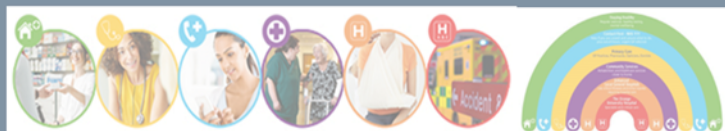
The Committee **NOTED** the report and presentation on the Resident Doctors Reform and new contract arrangements.

PCC 1002/13

Violence Prevention & Reduction Strategy

Peter Carr (PC), Director of Allied Health Professions & Health Science, provided the Committee with an overview of the Violence Prevention and Reduction (VPR) Strategy and advised that the report was presented for noting. PC advised that the strategy had already been considered by the Executive Committee and was scheduled to be presented to the Board for approval at the end of March 2026. The strategy had been developed following extensive consultation and engagement.

PC outlined to the Committee that the purpose of the strategy was to provide a corporate framework for preventing, reducing and responding to violence and aggression affecting staff, patients and visitors across the organisation. PC confirmed that the strategy had been developed to ensure that the Health Board met its statutory duties, aligned with emerging Welsh Violence Prevention and Reduction standards, and reflected national policy direction. PC further advised that the strategy would



provide a foundation to support future legislative requirements, including preparedness for Martyn's Law.

Lidia Palmer (LP), Violence Prevention & Reduction Lead, provided overview of key areas of focus. LP advised that violence and aggression remained a significant and increasing issue across the NHS and that the Health Board's experience reflected national trends. LP emphasised that the strategy was intended to strengthen governance, provide clarity of approach and ensure consistent organisational response.

LP advised the Committee that the strategy covered the period 2025–2028 and would operate as a rolling programme, with priorities reviewed and updated in response to emerging risks, staff feedback and learning from incidents. LP advised that 4 key objectives had been identified, including adopting a trauma-informed approach, strengthening prevention and early intervention, improving reporting and learning, and ensuring that staff affected by violence and aggression were appropriately supported.

The Committee was advised that work was underway with partners, including Gwent Police and the Equality, Diversity and Inclusion team, to draw on best practice and learning from other sectors. LP highlighted that this included exploring trauma-informed responses for both prevention and post-incident support, recognising the impact of violence and aggression on staff wellbeing.

Paul Deneen (PD), Chair, welcomed the strategy and commented that it was clear, accessible and comprehensive. PD emphasised the importance of supporting staff who experienced violence and aggression and highlighted the potential value of body-worn cameras as a preventative and evidential tool.

The Committee was updated on body-worn cameras and advised that a meeting was scheduled with Clinical Executive colleagues to discuss a proposed pilot in clinical settings, including Emergency Departments and Minor Injury Units. LP explained that engagement with clinical teams was critical to understand concerns, particularly around patient dignity, confidentiality and the sensitive nature of care delivery. LP advised that the intention was to pilot body-worn cameras in a way that was



proportionate, staff-led and supportive, with cameras activated only when necessary.

The Committee was advised that experience from an earlier pilot had demonstrated some reluctance among clinical staff to wear cameras and that further work was required to address concerns and build confidence. The focus was on ensuring that body-worn cameras were seen as a supportive tool for staff safety rather than a barrier to compassionate care.

Helen Sweetland (HS), Independent Member, sought clarification on how assurance and outcomes from the strategy would be reported. PC confirmed that progress and impact would be monitored through Health and Safety governance arrangements and reported through quality and safety reporting mechanisms, ensuring appropriate visibility and oversight.

The Committee discussed the importance of continued engagement with staff, learning from incidents and ensuring that preventative measures were balanced with compassionate, patient-centred care.

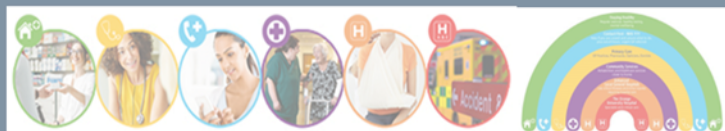
The Committee **NOTED** the Violence Prevention and Reduction Strategy.

PCC 1002/14

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

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Nursing, Midwifery and Specialist Community Public Health Nurse Workforce Annual Report. The report provided assurance on workforce progress during 2024/25 and demonstrated how the Health Board continued to deliver measurable improvements despite sustained operational pressures.

The Committee was advised that when the nursing workforce strategy had originally been developed, there had been a clear need for a focused approach to nursing, midwifery and SCPHN roles. JW advised that significant progress had since been made across recruitment, retention, education and leadership development, supported by close collaboration between Nursing and Workforce teams.



JW highlighted to the Committee that there was a strong performance in recruitment, including significant reductions in vacancy rates and improvements in candidate experience, branding and attraction. JW advised that targeted international recruitment had been particularly successful, with internationally educated nurses reporting positive transition experiences and strong peer support through established forums. JW noted that anecdotal feedback from overseas recruitment activity indicated that the Health Board had developed a positive reputation as an employer of choice.

The Committee was advised that substantial progress had also been made in developing internal workforce pipelines. This included investment in healthcare support worker recruitment, progression routes into assistant practitioner roles, and onward development towards registered nursing roles. JW confirmed that work continued to support widening access to nursing careers and that consideration was being given to the future introduction of registered nurse associate roles.

The Health Board's focus was on supporting students and early-career staff, including nurse cadet programmes, improved onboarding and enhanced placement experiences. JW advised that despite national reductions in commissioned training places from some universities, work with Health Education and Improvement Wales and alternative providers had created opportunities to secure future supply and explore more flexible education models.

JW outlined the significant investment made in leadership development and professional support. This included restorative clinical supervision, communication and end-of-life care training, and bespoke leadership programmes for Band 6 and senior nursing leaders. JW also highlighted the success of the annual Nursing and Midwifery Conference and Assistant Practitioner Conference, which provided opportunities to celebrate innovation, share learning and strengthen professional identity.

The Committee was provided with an overview of workforce numbers. Nursing vacancies had reduced significantly as a result of targeted recruitment and decisions to over-recruit newly qualified nurses to offset



turnover and reduce reliance on variable pay. JW confirmed that analysis showed a small number of divisions were slightly over-established, while others continued to experience vacancies, and that this information would be used to inform workforce planning and deployment.

Helen Sweetland (HS), Independent Member, asked whether international recruitment would continue at the same scale. JW advised that international recruitment activity had been paused nationally, reflecting improved staffing levels, and that future focus would be on local training, development and retention, particularly in hard-to-recruit areas such as community services.

The Committee welcomed the report and acknowledged the scale of progress achieved across nursing, midwifery and SCPHN workforce development.

The Committee **NOTED** the Nursing, Midwifery & Specialist Community Public Health Nurse Workforce Annual Report.

PCC 1002/15

People & Culture Committee Risk Report

Naomi Murtagh (NM), Board Business Manager, provided an overview of the People & Culture Committee Risk Report. NM advised that the report set out the current position of the strategic risks delegated to the People and Culture Committee for oversight on behalf of the Board.

The Committee was advised that since the previous report, there had been no changes to the risk scores or exposure ratings for the 4 delegated risks within the Committee's remit. NM advised that the risks continued to be monitored through established governance arrangements and remained aligned to workforce, culture and wellbeing priorities.

Paul Deneen (PD), Chair, reflected those issues relating to job planning compliance and workforce pressures had been discussed earlier in the meeting and confirmed that these matters were appropriately captured within the existing risk framework. The Committee agreed that continued scrutiny and regular updates were required to ensure risks remained appropriately mitigated and escalated where necessary.



<p>PCC 1002/16</p>	<p>The Committee NOTED the report.</p> <p>Development of Committee Annual Programme of Business 2026/27</p> <p>Naomi Murtagh (NM), Board Business Manager, provided the Committee with an overview of the People & Culture Committee Annual Programme of Business for 2026/27. NM advised that the Forward Work Plan had been developed in line with good governance practice and was intended to support the Committee in fulfilling its Terms of Reference and providing assurance to the Board on workforce, people and culture matters.</p> <p>The Committee discussed the content of the Programme of Business and reflected on items considered during the meeting that would require ongoing oversight. Paul Deneen (PD), Chair, advised that job planning compliance had been a recurring theme and confirmed that it should be included as a standing or regular item within the Forward Work Plan to ensure continued scrutiny and assurance.</p> <p>Action: Committee Secretariat</p> <p>The Committee APPROVED the People & Culture Committee Annual Programme of Business 2026/27.</p>
<p>PCC 1002/17</p>	<p>Review of Committee Programme of Business 2024/25</p> <p>The Committee noted the forward workplan for information and no questions were raised from the committee.</p>
<p>PCC 1002/18</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee reviewed the key topics discussed during the meeting and identified several items to be brought to the attention of the Board and other relevant committees, these included:</p> <ul style="list-style-type: none"> • Progress and assurance on the Strategic Equality Plan, including the planned Board development session on Equality, Diversity and Inclusion; • Approval and implementation of the People Plan 2025/30 and its success measures; • Workforce pressures highlighted through the Workforce Performance Dashboard;



	<ul style="list-style-type: none"> • Job planning compliance and this to be a standard agenda item; • Staff Survey outcomes, response rates and the importance of visible action planning; • Progress and governance arrangements for Speaking Up Safely; • The Violence Prevention and Reduction Strategy and emerging work on staff safety measures; and • The Resident Doctors Reform and associated risks, impacts and implementation challenges. <p>The Committee AGREED that the items be brought to the attention of the Board and, where relevant, other Committees.</p>
PCC 1002/19	<p>Any Other Urgent Business</p> <p>There was no any other urgent business.</p>
PCC 1002/20	<p>Date of the Next Meeting: 16th June 2026</p>

DRAFT



Outstanding

Overdue: In Progress

Not Due

Completed

Transferred to another Committee



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
February 2026	PCC 1002/04	Draft Minutes of the last Meeting held on 15th October 2025 Minutes of 15 th October 2025 was subject to a title change for Thokozani Owino.	Committee Secretariat	June 2026	Completed <u>February update</u> Committee Secretariat made request change to the minutes and published on the Health Board website.
February 2026	PCC 1002/09	Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months forthcoming changes under the Employment Rights Act would have implications for workforce policy and practice, legal advice would be reviewed and any relevant changes or	Director of Workforce & OD	June 2026	Completed <u>February update</u> Employment Rights Act changes have been included as an item on the Committee forward work plan.



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		requirements would be brought back to the Committee for awareness and assurance.			
February 2026	PCC 1002/10	<p>Update on Staff Survey outcomes and action plans</p> <p>Update on detailed survey outcomes and associated action plans would be brought to the next Committee meeting.</p>	Director of Workforce and OD	June 2026	<p>Completed</p> <p><u>February update</u> Update on survey outcomes and associated action plans have been included as an item on the Committee forward work plan.</p>
February 2026	PCC 1002/16	<p>Development of Committee Annual Programme of Business 2026/27</p> <p>A standing or regular item on Job Planning to be included within the Forward Work Plan to ensure continued scrutiny and assurance.</p>	Committee Secretariat	June 2026	<p>Completed</p> <p><u>February update</u> Job planning has been included in the approved 2026/27 FWP.</p>



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

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



DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Revalidation Annual Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Seema Srivastava, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Coe, Head of Medical Education and Revalidation

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

ABUHB is required to report on Revalidation and Appraisal annually. This report is for the period 1st April 2025 – 31st March 2026.

A similar report is required from each Health Board/Designated Body in Wales and collectively provides assurance to the Chief Medical Officer in relation to processes and activity in relation to revalidation and appraisal in Wales.

This report will be presented to People and Culture Committee as assurance that the Health Board continues to provide a high-quality service.

Cefndir / Background

The report follows a template and is attached at Appendix A.

Asesiad / Assessment

ABUHB continues to provide a high-quality medical revalidation and appraisal service.

The Health Board undertook an Appraisal Network meeting and Quality Assurance Session in January 2026 to assess the quality of the appraiser reviews.

The overall average QA score was 92.1%. This is the highest average achieved by the Health Board and shows consistent improvement year on year. The RSU All-Wales average for secondary care in 2025 was 60% and therefore the Health Board can be assured of the quality of its appraisals and appraisers.

The Health Board has a Deputy Medical Director who acts as the responsible officer for GP's.

The following table provides a breakdown of numbers assessed against the given criteria.

Appraisal Completion Figures	Number of prescribed connections	Number of doctors exempt from appraisal due to extenuating circumstances	Number of completed appraisals (summary agreed)	%age appraised
General Practitioners	536	RSU undertake this assessment		
Consultants (including honorary contract holders)	560	56	485	96%
Staff grade, associate specialist, specialty doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	151	21	127	98%
Doctors with practising privileges (for independent healthcare providers only); all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	n/a	n/a	n/a	n/a
Temporary or short-term contract holders (including trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	285	67	144	66%
Other (including some management / leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.)	n/a	n/a	n/a	n/a
Trainee doctor on national postgraduate training scheme (for Deaneries only)	n/a	n/a	n/a	n/a

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the contents of the report for assurance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb 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/>

Choose an item.

Choose an item.

Not applicable to this report

Appendix A – ABUHB Revalidation Report 2025 - 26

REVALIDATION PROGRESS REPORT (RPR) 2025-26

Please be aware that completion of all parts of this report is required.

1.1 Name of Designated Body (DB)	Aneurin Bevan UHB
Name of Responsible Officer (RO)	Dr Seema Srivastava
Type of organisation	NHS
Name of person completing this report	Linda Coe
Job title of person completing this report	Head of Medical Education & Revalidation Services

Part 1 - Appraisal Figures

Appraisal Completion Figures	Number of prescribed connections	Number of doctors exempt from appraisal due to extenuating circumstances	Number of completed appraisals (summary agreed)
General Practitioners	536		
Consultants (including honorary contract holders)	560	56	485
Staff grade, associate specialist, specialty doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	151	21	127
Doctors with practising privileges (for independent healthcare providers only); all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)			
Temporary or short-term contract holders (including trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	285	67	144
Other (including some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.)			

Trainee doctor on national postgraduate training scheme (for Deaneries only)			

In this section you are required to provide your appraisal completion figures for the period 1st April 2025-31st March 2026. **Only doctors with whom the DB has a prescribed connection should be included in this section. Each doctor should be included in only one category.**

Please be aware that completion of all parts of this report is required.

Part 2 – Quality Assurance of Processes

In this section you are required to self-rate your level of assurance against each statement or question. Please select a rating from the drop-down list on the right-hand side of the table and provide evidence in the free text box to support your rating or details on your future development plans.

2.1 Revalidation Processes. What level of assurance does the DB have:		
2.1.1 there are sufficient support structures in place to support the RO and revalidation team?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>The Revalidation Team works closely with the RO and AMDs across the Board. In addition, the Putting Things Right team work closely with the Revalidation Team in relation to governance. The Appraisal Lead role has been developed into an AMD role with additional sessions to further support the team.</p>		
2.1.2 revalidation recommendation decisions are made timely and in line with GMC RO regulations?	Level of Assurance (RAG):	GREEN

Evidence for rating assessment / future plans.

A revalidation Group has been established. Membership of the group includes the RO, the Deputy Medical Director (Secondary Care), the Deputy Medical Director (Primary Care), and Head of Medical Education. In addition there is a lay member. The Group meet monthly to review the revalidation list, discuss any concerns about an individual's practice and triangulate information (both hard and soft concerns) prior to the revalidation recommendation.

2.1.3 revalidation deferrals decisions are made and managed appropriately?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

All deferral recommendations are made by the RO and meet the requirements of the GMC. Additional information in relation to HR concerns is obtained prior to every decision. Records are kept of every decision made.

2.1.4 there are processes in place for reviewing Whole Practice Appraisal (WPA) in the context of appraisal and revalidation?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

All Appraisers are trained to discuss WPA in each appraisal. Appraisers have been advised to add a sentence to the summary to confirm that WPA has been reviewed. This is reviewed via QA processes and Appraisers are reminded of the importance of WPA regularly.

2.1.5 the RO role can be covered in the event of unplanned absence?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

There is a Deputy RO for secondary care and one for primary care. Revalidation Decisions are not left to the last minute. Should a circumstance arise where the RO and Deputy ROs are neither present nor contactable, the decision would be made by the Deputy Medical Director who was acting as Medical Director at that time.

2.1.6 revalidation processes are reviewed for effectiveness and quality; and that key issues arising from reviews and quality improvement activity are progressed?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

Our processes are constantly being reviewed and developed. The Revalidation Team are active members of WRAG and issues raised there are brought back to be discussed and reviewed or implemented via the Revalidation Review Group.

2.1.7 all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

All staff are required to undertake equality and diversity training. The organisation has a comprehensive equality and diversity policy which encompasses all elements of activity within the Board.

2.1.8 the DB takes into consideration public and patient views regarding revalidation processes?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

The HB has appointed a lay representative to sit on the Revalidation Review Group.

2.1.9 the DB engages with national activity relating to revalidation, e.g. Wales Revalidation Appraisal Group (WRAG) and RO meetings, quality assurance events)

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

The Revalidation Team are full and active members of WRAG and have also taken part in QA events. All our appraisers are given the opportunity to engage in appropriate events, and a large number have done so. The RO attends RO meetings.

2.1.10 thresholds applied for revalidation recommendations are in line with those of other DBs?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

The thresholds applied for revalidation recommendations are in line with the GMC requirements. Any discrepancies are raised through WRAG or the RO Network where they can be discussed and mitigated.

Please outline any areas identified for development relating to **2.1 Revalidation Processes**

A non-executive member has been appointed to the revalidation decision making group to ensure lay involvement in relation to our revalidation processes.

2.2: Underpinning systems: appraisal. What level of assurance does the DB have:

2.2.1 there is sufficient support for doctors to enable them to be appraised? Including number of available appraisers, information about appraisal, support with MARS, access to relevant data

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

The revalidation team have worked hard to provide support for all our doctors, running road shows/educational events and operating an open-door policy for all doctors. This has been recognised throughout the Organisation. In addition, an appropriate number of appraisers are available to allow flexibility.

<p>2.2.2 there is a robust induction process for doctors including appraisal and revalidation guidance for the organisation?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Appraisal and Revalidation is included within the induction programme for Consultants and SAS Doctors. In addition, a generic email has been developed which includes a number of attachments in relation to guidance both on MARS but also in relation to appraisal and revalidation in general. This email is sent to every new doctor within the organisation.</p>		
<p>2.2.3 all doctors requiring appraisal are appraised when they should be?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans.</p>		
<p>A process has been introduced which actively monitors appraisal activity and contacts individuals if they do fall out of quarter. This is in addition to the automated MARS process.</p>		

2.2.4 reasons for non-completion are documented, and non-engagement is managed appropriately?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

An Extenuating Circumstances log is maintained and reviewed regularly. In addition, at the beginning of each AQ, a manual reconciliation takes place.

2.2.5 appraisers are fit for purpose, appropriately trained and up to date?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

All Appraisers have received appraisal skills training and MARS training. Those wishing to become appraisers have to have approval from their CD and the RO and undergo full training before they can be active appraisers. In addition, the Appraiser job description includes a requirement to participate in appraisal QA activity which has proved to be an excellent learning opportunity.

Work is ongoing to regularly review the Appraisers' list with a view to ensuring minimum levels of activity. This work is being led by the AMD for Appraisal.

<p>2.2.6 appraisers are supported and managed in their role, and are performing the role appropriately?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Appraisers are supported via regular Appraisal Network events. The AMD for Appraisal continues to develop and this has included developing the local QA process which gives further assurance of Appraiser performance.</p>		
<p>2.2.7 appraisal outputs (summary and PDP) meet agreed standards?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Appraisal summaries are regularly checked by the AMD for Appraisal as part of the QA process. Appraisal summaries are also subject to all-Wales QA processes in addition to local processes. Where sub-standard appraisal summaries are found, appraisers are contacted and these are discussed.</p> <p>ABUHB were the first DB to implement regular quality assurance events for appraisal summaries. The criteria against which these are scored is subject to ongoing review.</p>		

2.2.8 appraisal and its outputs are having a positive impact on individuals and on the organisation?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

There is anecdotal evidence to suggest that appraisal is having a positive impact on clinicians across the Health Board. We have worked to triangulate appraisals with clinical governance, and this has proved to be very successful.

In addition, we have a process whereby quality improvement work is captured from appraisal and highlighted to the Health Board.

Appraisals scoring 100% at local or national QA events are increasing year on year and are shared with Appraisers.

Please outline any areas identified for development relating to **2.2 Underpinning systems: appraisal.**

2.3: Underpinning systems: governance. What level of assurance does the DB have:

2.3.1 Those appropriate checks, including regarding their appraisal status and any outstanding concerns, are carried out prior to establishing a connection with a doctor?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

Regular updates on new medical appointments are received by the Revalidation Team. Individuals are contacted and contact is also made with the previous RO in order to establish if there are outstanding concerns. Unfortunately, this is rarely prior to a connection being made as individuals generally connect themselves. In addition, Governance information is obtained via normal recruitment processes.

2.3.2 That the DBs GMC Connect list is up to date (in terms of both joiners and leavers), and cross-checked against your staff records and / or the MPL?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

Full reconciliation of the GMC Connect list is carried out quarterly.

2.3.3 That where concerns arise about doctors with whom you have a prescribed connection, these are managed and inform the revalidation recommendation appropriately?

Level of Assurance
(RAG):

GREEN

Evidence for rating assessment / future plans.

Concerns are discussed at the Revalidation Review Group. In addition, learning logs are utilised following Serious Incidents/Ombudsman investigations which are used to inform appraisal.

2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Concerns raised at appraisal are dealt with appropriately either by informing the revalidation team or by raising serious concerns through the CD route.

2.3.5 That should concerns arise about a doctor who works for the DB but does not have a prescribed connection with the DB, or no longer has a prescribed connection with the DB, this information is shared appropriately between organisations?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

All such governance information is shared appropriately via the MD acting as RO through RO to RO exchange of information. Where a new DB is not seen on GMC site the RO has communicated any concerns directly to GMC.

<p>2.3.6 That governance information is consistently available relating to all doctors, including for example those who work within the DB for a short period of time?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Reason for assessment / evidence:</p>		
<p>There is a Putting Things Right team who have a responsibility to ensure governance information is consistently available. Template letters have been developed to send to a doctor involved in a concern, this includes a reflective log of the event which is kept by the Revalidation Team and triangulated against appraisal summary information.</p>		
<p>2.3.7 That governance data is shared appropriately with those making revalidation recommendations – including for example information about complaints and incidents, and feedback from patients?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Information is triangulated at the Revalidation Review Group meetings prior to revalidation recommendations being made.</p>		

<p>2.3.8 That the DB encourages lay involvement in quality assurance processes to provide independent scrutiny and challenge?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans.</p>		
<p>The Revalidation Team are fully involved in taking part in quality assurance of appraisal summaries</p> <p>The lay representative on the RRG has been invited to take part in the local quality assurance events.</p>		
<p>2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans.</p>		
<p>The Medical Director updates the Board via an Annual Revalidation Board Paper. Additional reports are provided by the revalidation team as required. The Progress Report is shared with the Board.</p>		

2.3.10 That doctors' constraints identified at appraisal are reported to the Board for consideration i.e. to be included in risk register if appropriate?

Level of Assurance (RAG):

AMBER

Evidence for rating assessment / future plans.:

MARS cannot yet provide suitably detailed information in relation to this to allow reconciliation of the concern with names of affected teams or doctors.

It is not considered appropriate for constraints to purely be raised through the appraisal process, and all appraisees are encouraged to resolve constraints via an appropriate route.

Work has been undertaken by the AMD for Appraisal in relation to utilising AI to summarise the free text comments within the constraints section of MARS. As a result, we have been able to identify key themes with appropriate context to enable the Health Board to action against them. However, this is a very time-consuming process with a lot of manual "cutting and pasting". This has been raised at WRAG and the RSU have been asked to look at how AI can be utilised within the MARS system in the future.

2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Governance processes have been in place prior to revalidation. We have further strengthened these via the learning log system to ensure that appropriate reflection on governance issues is included at appraisal.

Please outline any areas identified for development relating to **2.3 Underpinning systems: Governance**

The RSU have been asked to look at how AI can be incorporated into MARS to enable Boards to generate reports which can contextualise the free text information within the Constraints section of MARS.

Part 3 – Progress against Revalidation Quality Assurance Review action plan

In this section you should provide progress details on your action plan from your last revalidation quality assurance review.

Part 3 - Progress against Quality Visit Actions

Designated Body Action Plan and Comments (Most recent progress/status to be completed by DB)
Original Actions are shown above.

Date of Visit:	14/5/25
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Action	Most recent progress/status
NO ACTIONS WERE IDENTIFIED AT THE LAST QA REVIEW.	

Part 4 – Internal Quality Assurance and Other Projects

If you have undertaken any internal quality assurance exercise or any other Revalidation or Appraisal Projects, including any Quality Improvement undertaken, please provide details.

We ran an Appraisal Network meeting and Quality Assurance Session in January 2026. The last summary from each ABUHB appraiser was scored and the overall average QA score was 92.1%. This is the highest average achieved so far and a noticeable increase on previous years. More summaries are achieving higher scores year on year, showing greater consistency and continued improvement. The RSU All-Wales average for secondary care in 2025 was 60%.

Following the success of the all-Wales Secondary Care Appraiser Conference which ABUHB hosted in March 2024, the AMD for Appraisal worked closely alongside Public Health Wales to develop and facilitate the second all-Wales conference which was held in February 2026. Further to this, ABUHB has proposed that an all-Wales joint primary and secondary care conference be held in the future and we look forward to working with the RSU to make this happen.

Part 5 – Board Statement of Compliance

On behalf of the designated body (Chief executive or chairman, or executive if no board exists) I can confirm that:

The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)

Agree
 Disagree

We are satisfied with the level of assurance we have about these systems and processes, both now and throughout the year, and the way in which they support and inform revalidation

Agree
 Disagree

We are satisfied with the organisation's progress in terms of revalidation, and that there is a clear plan in place to guide further quality improvements

- Agree
- Disagree

Or: we have concerns about any of the above, as described below:

Part 6 - Submission Declaration

Completed report authorised by Responsible Officer

By completing this RPR, I declare that all the requested information has been provided and the Responsible Officer or Responsible Person has agreed and authorised submission to the Revalidation Support Unit.

Agree

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Assurance Report on Job Planning
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Seema Srivastava, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Richard Howells, Executive Business Manager

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

Er Sicrwydd/For Assurance

Sefyllfa / Situation

This paper provides the People and Culture Committee with an update on Consultant Job Planning compliance. This paper is designed to provide assurance that work is progressing.

An update was presented to the Audit, Risk and Assurance Committee (ARAC) in February 2026, highlighting a reduction in compliance. This was attributed to a high number of job plans reaching expiry at the same time, alongside staff absence related to sickness and maternity leave.

ARAC reviewed the mitigating actions in place, including further targeted deep dives led by the Medical Director's office. Assurance was provided that Divisions were actively addressing outstanding job plans and that job planning continued to be treated as a priority.

Additional measures were outlined, including reinforcing expectations with Divisions and Consultants, and linking approval of new consultant recruitment to directorate job plan compliance. ARAC also agreed that ongoing oversight would transfer to the People and Culture Committee, with escalation to the Board where required.

Cefndir / Background

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

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

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

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

L2P is the electronic job planning system which has been in place in the Health Board since 2024. It is configured to the 2003 Consultant Contract and the Health Board's Job Planning Procedure. The system provides a platform for completion of job plans and facilitates reporting on compliance.

The Medical Director has set a target of 80% compliance by the end of September 2026 with a plan to obtain 90% compliance by the end of December 2026, in accordance with the nationally-set target. Compliance is currently locally defined and built into the L2P system. After 12 months, the job plan will automatically be categorised as "expired" in L2P and require review and sign off. If it has not been signed off, it will be categorised as non-compliant.

There is currently no nationally agreed definition of job planning compliance, and definitions vary across Health Boards. In June, the All-Wales Medical Directors Group agreed a consistent All-Wales definition, which is now being progressed for national approval. This will necessitate updates to L2P and adjustments to the local reporting approach.

Asesiad / Assessment

There have been delays in achieving improvement in the compliance rate. This continues to be related to the expiry clusters of existing job plans within directorates, staff absence (sickness, maternity etc), job plans within the formal dispute and appeals process and the impact of service needs on the workforce.

In June 2026, the All-Wales Executive Medical Directors Group agreed a proposed standard definition. Under this approach, a consultant or SAS doctor whose previously approved job plan has expired would still be considered compliant, provided they are actively engaged in the job planning process and the review is completed within the current year.

The All-Wales Executive Medical Directors Group is also in the process of agreeing a Baseline All Wales Job Planning Policy, which will further enable a consistent, transparent and contract-aligned approach to consultant job planning across Wales.

The compliance figures below are using the current ABUHB definition and as of May 2026, job planning compliance was at 52.2%. It is important to note that Directorates are not consistently using L2P to indicate that job plans are in active discussion, so this value is under-reported.

Directorate	Grade	Total No. of job plans	No. of job plans signed off (compliant)	No. Job plans in active discussion with a previous approved job plan	No. of job plans signed off + in No. of job plans in active discussion with a previous approved job plan	ABUHB Defined Compliance 31 st May 2026
Clinical Support Services	Cons	149	87	2 (1.34%)	87 (59.74%)	58.40%
Clinical Support Services	SAS	18	8	0 (0%)	8 (44.40%)	44.40%
Clinical Support Services	All	167	95	2 (1.20%)	97 (58.09%)	56.89%
Family & Therapies	Cons	84	25	20 (23.81%)	45 (53.61%)	29.80%
Family & Therapies	SAS	21	4	6 (28.57%)	10 (57.57%)	19.00%
Family & Therapies	All	105	29	26 (24.76%)	55 (52.38%)	27.62%
MH & LD	Cons	32	25	4 (12.5%)	29 (90.60%)	78.10%
MH & LD	SAS	16	11	1 (6.25%)	12 (75.05%)	68.80%
MH & LD	All	48	36	5 (10.42%)	41 (85.42%)	75.00%
Medicine	Cons	114	57	3 (2.63%)	60 (52.63%)	50.00%
Medicine	SAS	19	12	1 (5.26%)	13 (68.42%)	63.20%
Medicine	All	133	69	4 (3.01%)	73 (54.89%)	51.88%
Primary Care	Cons	12	10	2 (16.67%)	12 (100%)	83.30%
Primary Care	SAS	36	23	6 (16.67%)	29 (80.57%)	63.90%
Primary Care	All	48	33	8 (16.67%)	41 (85.42%)	68.75%
Surgery	Cons	140	72	17 (12.14%)	89 (63.54%)	51.40%
Surgery	SAS	44	20	3 (6.82%)	23 (52.32%)	45.50%
Surgery	All	184	92	20 (10.87%)	112 (60.87%)	50%
Urgent Care	Cons	34	21	3 (8.82%)	24 (70.62%)	61.80%
Urgent Care	SAS	5	3	0 (0%)	3 (60%)	60%
Urgent Care	All	39	24	3 (7.69%)	27 (69.23%)	61.54%
Total 1: Compliance Totals per month						
Total Consultants	Cons	567	299	51 (8.99%)	350 (61.69%)	52.70%
Total SAS	SAS	159	81	17 (10.69%)	98 (61.59%)	50.90%
Total		726	379	68 (9.37%)	447 (61.57%)	52.20%

Actions to improve compliance include:

1. Set accountability expectations for achieving compliance in the monthly Divisional Assurance reviews.
2. Risk and migration of poor compliance will be added to each divisional risk registers.
3. The Deputy Medical Director will continue to hold deep dives in targeted areas where compliance is poor.
4. Vacant consultant posts will not be replaced until the directorate achieves job plan compliance thresholds.
5. No positive pay impacting changes will be made to an individual doctor unless accompanied by a compliant job plan.
6. Study leave will not be granted for individuals who do not have a compliant job plan and will be included in the study leave policy update.
7. Accountability arrangements will be strengthened to ensure the Directorate Manager and Clinical Director have oversight and are jointly responsible for ensuring job planning takes place within the directorate.

8. A further communication will be sent from the Medical Director and Chief Operating Officer to each consultant reminding them of their contractual obligation and specifying the organisational approach to achieving compliance.
9. Directorates will be asked to make consistent use of the L2P functionality to record where a job plan is actively under discussion.
10. As the L2P system cannot currently report using the proposed All Wales job planning compliance definitions, the Health Board will work with L2P to create these reports once nationally approved.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the progress made, with particular focus on the actions identified to support improvement of job planning compliance and the All Wales proposed definition of compliance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ARAC - Audit, Risk and Assurance Committee

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	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/	Not Applicable



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	All Wales Staff Survey – Review of Response Rates
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Ruth Badham, Head of Organisational Development and Daniel Madge Senior Organisational Development Manager

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the People and Culture Committee with an overview of the 2025 NHS Wales Staff Survey, including response rates, key findings, and the organisational response aligned to People Plan priorities.

In line with the Committee’s previous request, the report also summarises the activities undertaken to promote survey participation, reflects on the lessons learned, and outlines how these will inform planning for the 2026 Staff Survey.

The Committee is asked to take assurance on the strength of the analysis, response, and forward approach.

Cefndir / Background

The survey is delivered annually by HEIW and open for 8 weeks during October and November. The 2025 dataset offers rich organisational, divisional, site and professional insights, supplemented by heatmaps and trends across 2023–2025.

The 2025 Staff Survey achieved 5,116 responses, representing a 32.5% participation rate. This is a significant improvement on 2024 (13.3%) and above the NHS Wales average. This increase reflects a coordinated organisational effort to improve accessibility, communication and engagement with the survey process.

A range of targeted promotional activities were undertaken to support response rates, including leadership visibility, local engagement through divisions, and accessible communication approaches. These actions contributed to improved reach and participation across the organisation, although variation between staff groups and service areas remains.

The survey dataset provides a robust evidence base to inform delivery of the People Plan 2025–2030 and to shape ongoing workforce and organisational development priorities.

Asesiad / Assessment

The 2025 results tell a clear and balanced story. On one hand, ABUHB continues to benefit from a workforce that is deeply committed and intrinsically motivated. The Staff Engagement Index (SEI) score of 71.7% remains above the NHS Wales benchmark of 70.8%, indicating that the majority of staff continue to feel positive, enthusiastic and willing to give their best at work.

Pride in working for the organisation has risen to 63.5%, and 58.4% of staff say they would recommend ABUHB as a place to work — both showing improvements of more than 4–5 percentage points since the 2024 survey. Employee enthusiasm also remains high, with 64.8% feeling enthusiastic about their jobs and 77.0% stating they are happy to go the extra mile when required.

Survey data indicates a significant improvement in our position when compared with other Health Boards. In 2024 the Health Board was below average in seven out of the ten core themes. In 2025 this has improved to being above average in nine out of the ten themes.

Seven of the key themes have improved compared to 2024 survey outcomes, one has not changed and two have fallen (We nurture healthy working environments and staff morale).

Patient Safety has risen year on year and is continually above average when compared to other Health Boards

To note, there are three areas within the Health Board that scored over 100% due to staff selecting their own work functional area incorrectly.

Theme	2023	2024	2025
We are compassionate and inclusive	69.1	69.1	70.9

We are stronger together	67.1	67.2	69.1
We are able to speak up	65.6	65.3	67.0
We are continuously learning and improving	63.8	63.4	65.3
We recognise everyone's contribution	60.8	61.4	62.3
Patient Safety	54.0	58.8	61.6
We champion flexible working	58.4	61.4	61.4
Staff Engagement	59.0	58.3	59.7
We nurture healthy working environments	56.0	58.8	54.9
Staff Morale	54.0	55.0	54.7

Key

Above Average compared to other Health Boards	Below Average compared to other Health Boards
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Overall, this shows a positive improvement year on year. However, this is not necessarily consistent across sites or professions and additional analysis with the professional leads and the Divisional management structures will be necessary to establish their local picture.

Compassionate and Inclusive

Survey data confirms the organisation's strong cultural foundation. In 2025, the theme 'We are compassionate and inclusive' achieved 70.9% positivity, making it the highest scoring theme across the Health Board and outperforming the national benchmark by 1.29 percentage points. Staff also continue to describe positive experiences of teamwork, with 70.5% reporting strong team working.

Learning, Development and Safety

Progress is particularly evident in learning, development and safety. Staff who say they have opportunities to develop their knowledge and skills increased to 68.6%, and appraisal quality improved, with 73.8% stating their appraisal helped them agree clear objectives and 74.8% reporting it made them feel valued. Safety measures also show strong improvement: 77.2% of staff feel encouraged to report incidents, 61.3% believe action is taken to prevent recurrence (up nearly 4 percentage points), and 53.5% say they receive feedback on changes made — up from 49.4% in 2024. Patient safety as a theme now stands at 61.6%, exceeding the national benchmark by 1.88 percentage points.

Workload and Staffing

However, this positive cultural narrative sits alongside persistent and significant operational pressures that require focused organisational attention. Workload and staffing sufficiency remain the most challenging themes across the Health Board. Only

36.0% of staff feel there are enough colleagues within their teams to do their work properly, and just 28.7% feel they have realistic time pressures. Emotional exhaustion continues to affect many colleagues, with 29% reporting that work is emotionally exhausting “always” or “often”, and 26.4% stating they feel burnt out — although this has improved from 2024. Additionally, 62.0% of staff say they have attended work despite feeling unwell, and 22.0% felt direct pressure from managers to come to work while unwell, highlighting a clear need for more consistent wellbeing practices across the organisation.

Psychological Safety

Psychological safety remains inconsistent. Although there is an improvement in the number of staff who feel confident that their organisation would address their concern. This “confidence gap” is particularly pronounced in some service areas and work is underway to analyse and understand these experiences.

Harassment, Bullying and Discrimination

Experiences of harassment, bullying and discrimination remains. 30% of staff experienced harassment or bullying from patients or the public in the past year, 22.7% reported similar behaviour from colleagues, and 10.1% experienced discrimination. Meanwhile, 33% experienced verbal abuse and 12.2% reported sexualised behaviour from patients or service users. These figures reinforce the need for a cohesive approach across Staff Experience, Equality, Diversity and Inclusion, Respect & Resolution, and Wellbeing initiatives.

Staff reporting that they have experienced unwanted behaviour of a sexual nature from patients has increased (2023 -10.3%: 2024 – 9.3% 2025 – 12.7%).

However, staff reporting that they have experienced behaviour of a sexual nature from staff and colleagues has fallen slightly (2023 – 5.0%: 2024 – 5.8%: 2025 – 4.6%).

Staff Retention

Retention indicators show a mixed picture. While satisfaction scores increased in 2025, with 58.5% stating they intend to stay in their role, 48.3% continue to think about leaving the organisation and 55.9% say they are likely to look for another role within the next year.

Response Rates, Learning and Forward Planning

The improved response rate in 2025 demonstrates the impact of targeted engagement and communication. Key learnings include the importance of visible leader sponsorship, simplified messaging, and local ownership of participation. However, variation in response rates across divisions highlights the need for more consistent and tailored approaches. These insights are being used to inform early planning for the 2026 survey, with a strengthened focus on divisional accountability, improved accessibility,

and sustained engagement activity to further increase participation and ensure representative workforce insight.

To maintain momentum and continue to grow engagement with the survey year on year is it imperative that we take demonstrable action on the results of the survey. Each division is being asked to cascade the results, encourage teams to discuss the results and to identify the one action that they can take locally to address their teams core concern. These actions are being reported through Workforce and Organisational Development (WOD) structures and being discussed at the divisional meetings. In addition, the WOD team are running a series of roadshows on each site to promote the results and engage staff in generating ideas to improve their working experience. Management packs to support the divisional activity have been made available to support local consideration of the results.



Pictures taken at the Roadshow in GUH.

Appendix 1. Timeline of actions and overview of results.

Appendix 2. Manager's toolkit.

Argymhelliad / Recommendation

The Committee is asked to take assurance on:

- The 2025 Staff Survey findings and response rates.
- The timeline of next steps.
- The alignment of the organisational response and forward planning with People Plan priorities.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

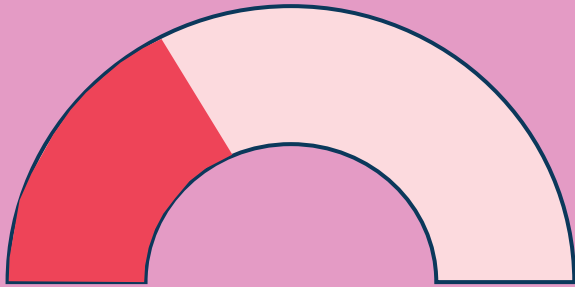
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Choose an item.
• Service Activity & Performance	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item.

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item. Choose an item.</p>

2025 Staff Survey Results

32.5%



staff **participated**
in the Staff Survey

5,116



staff **voices** heard

71.7%



feel **motivated, involved**
and **committed** to their
jobs

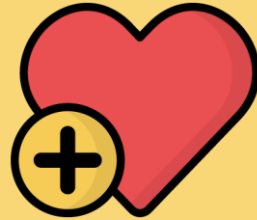
83.8%



Have had a **PADR** or **development review** in the last 12 months

82%

Feel that staff here are **compassionate** in the way they behave towards **patients** and **service users**



79.8%



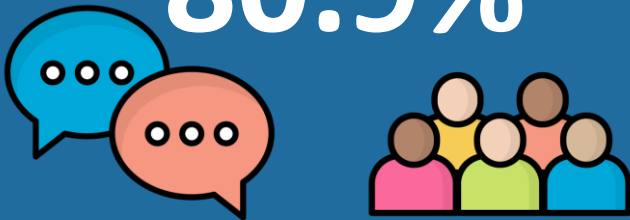
Enjoy working with colleagues in their team

77.2%

We are **encouraged** to report errors, near misses or incidents



80.9%



Are able to ask other members of their team for **help** when they need it

87.6%



Feel **trusted** to do their job

84.3%



Are **clear** about their work responsibilities



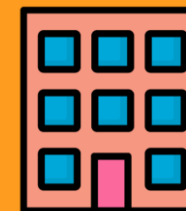
33.1%

Report not having enough **energy** for family and friends during leisure time



28.7%

Advised they have **unrealistic time pressures**



21.6%

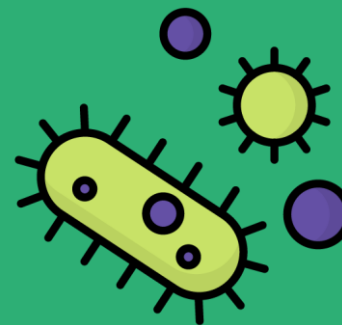
Feel there are **no opportunities** to **develop** their career at ABUHB

41.3%



Feel **worn out** at the end of the working day or shift

62%



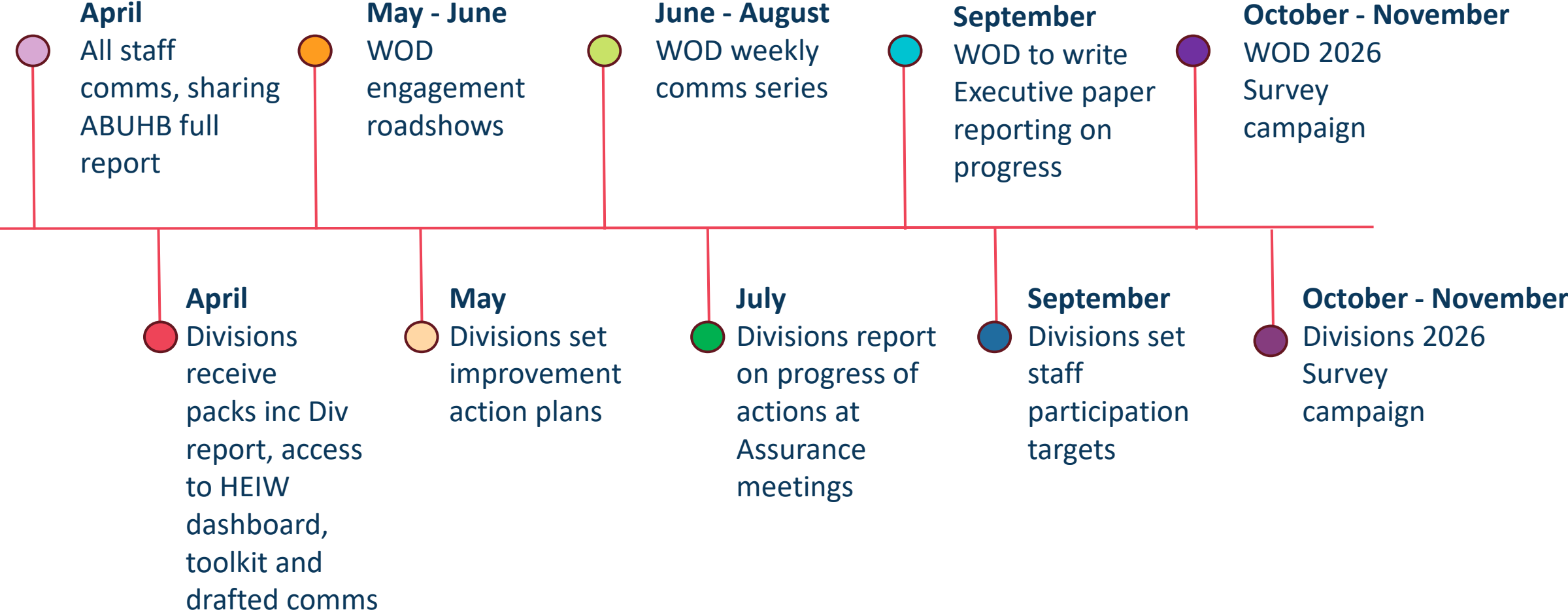
Of respondents came to work, **despite not feeling well enough** to perform their duties

21.6%



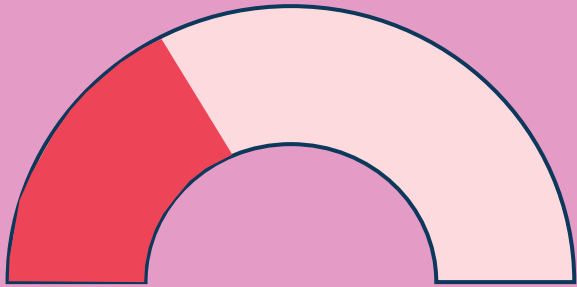
Believe that there are **not enough staff** for them to do their jobs properly

Staff Survey: Timeline



2025 Staff Survey Results

32.5%



staff **participated**
in the Staff Survey

5,116



staff **voices** heard

71.7%



feel **motivated, involved**
and **committed** to their
jobs

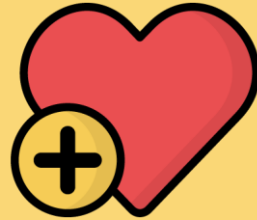
83.8%



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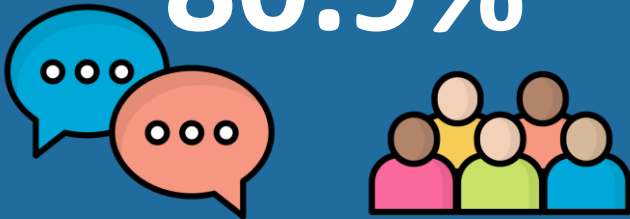
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Are able to ask other members of their team for **help** when they need it

87.6%



Feel **trusted** to do their job

84.3%



Are **clear** about their work responsibilities



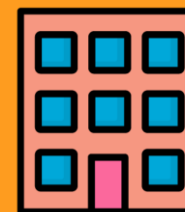
33.1%

Report not having enough **energy** for family and friends during leisure time



28.7%

Advised they have **unrealistic time pressures**



21.6%

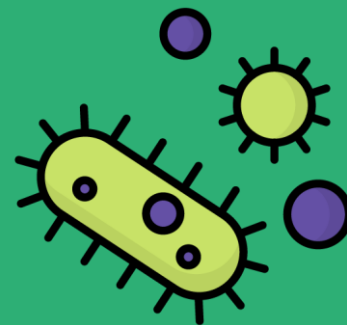
Feel there are **no opportunities** to **develop** their career at ABUHB

41.3%



Feel **worn out** at the end of the working day or shift

62%



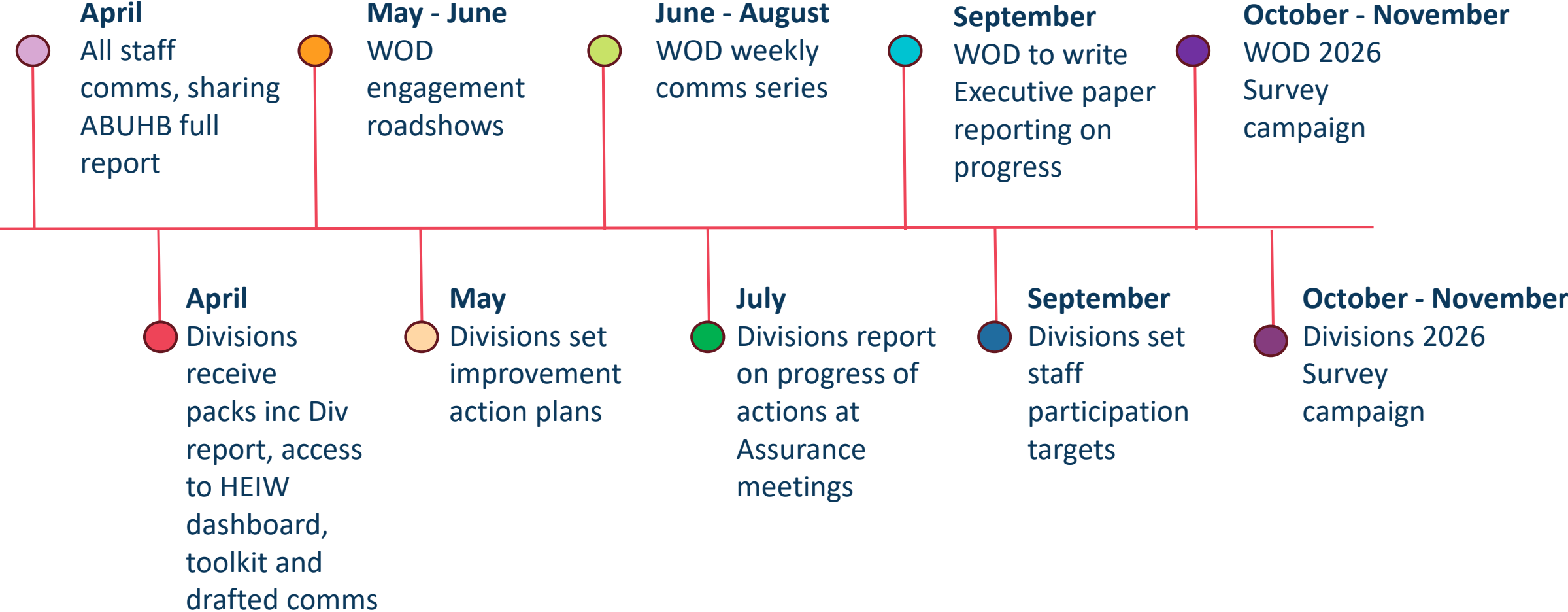
Of respondents came to work, **despite not feeling well enough** to perform their duties

21.6%



Believe that there are **not enough staff** for them to do their jobs properly

Staff Survey: Timeline



All Wales Staff Survey 2025 update

People and Culture Committee June 2026





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Overview of results

Current activity

Next steps





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Overview of results





- The All Wales Staff Survey is a staff engagement tool that gives everyone an opportunity to voice their experience of working at ABUHB.
- The context of this presentation is to provide preliminary Staff Survey 2025 highlights, based on results from the All Wales Staff Survey.
- The preliminary results are benchmarked nationally across Wales.

Response Rates

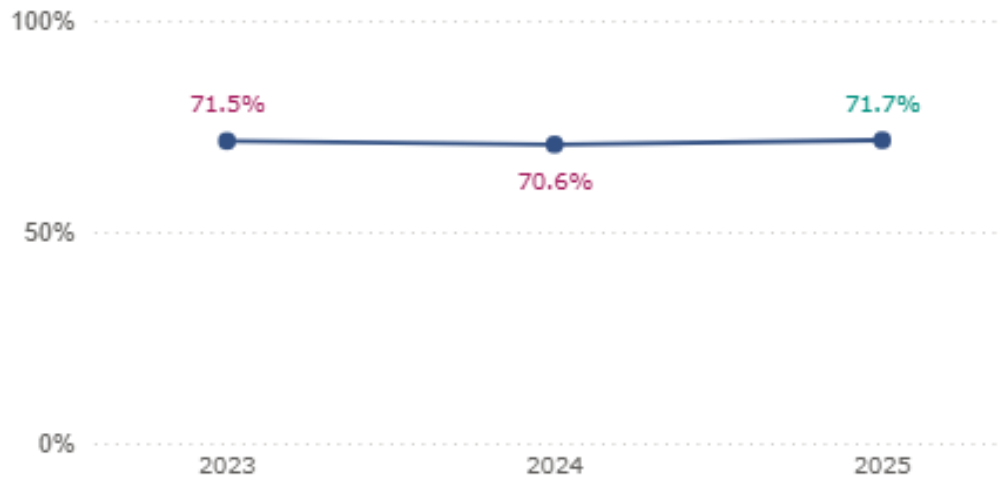
32.5% ABUHB

**Up from 13.3% in
2024**

5116 Staff participated



Staff Survey: Engagement Index



An Engagement Index is a high-level indicator which measures how motivated, involved and committed our staff feel, with strong links to staff retention, employee experience, productivity, and quality of patient care.

Motivation Q 22a, 22b and 22c | Involvement Q 23a and 23d | Advocacy Q 23b and 23c



Staff Survey: ABUHB Theme Results

Theme	2023	2024	2025
We are compassionate and inclusive	69.1	69.1	70.9
We are stronger together	67.1	67.2	69.1
We are able to speak up	65.6	65.3	67.0
We are continuously learning and improving	63.8	63.4	65.3
We recognise everyone's contribution	60.8	61.4	62.3
Patient Safety	54.0	58.8	61.6
We champion flexible working	58.4	61.4	61.4
Staff Engagement	59.0	58.3	59.7
We nurture healthy working environments	56.0	58.8	54.9
Staff Morale	54.0	55.0	54.7

Key

Above Average compared to other Health Boards

Below Average compared to other Health Boards

Staff Survey: Celebrate

Top three themes

- We are compassionate and inclusive
- We are stronger together
- We are all able to speak up

Bottom three themes

- We nurture healthy working environments
- Morale
- We are continuously learning and improving

Staff Survey: Free Text Themes

- **Teams and line managers are the main protective factor**
Staff repeatedly describe supportive colleagues and compassionate line managers as *“the reason I stay”*.
- **A trust gap at senior/organisational level**
Leadership intent is recognised, but senior leadership is often experienced as distant, target-driven and inconsistent, with limited perceived influence from staff voice.
- **Workload and staffing underpin wellbeing far more than individual support**
Chronic pressure and unsafe workload dominate the narrative; wellbeing initiatives are welcomed but seen as insufficient without system-level capacity and flow solutions.
- **Fairness, consistency and progression matter as much as pay**
Feeling undervalued is driven by inconsistent banding, limited progression and unequal access to development — particularly for lower-band, admin and part-time staff.
- **Staff remain committed to patients and the NHS, but morale and psychological safety is fragile**
Pride in patient care is strong, yet moral distress and exhaustion are increasingly evident where staff feel unable to deliver care to their own standards.

Divisional Analysis - Examples

MH & LD

Highest scores

Compassion and inclusion 70.9%
Stronger together 69.9%
Learning and Development 64.2%

Lowest scores

Staff engagement 54.7%
Health working environments 52%
Staff morale 51.3%

Increased in 9 out of 10 themes

Therapies and Health Sciences

Highest scores

Compassion and inclusion 70.9%
Stronger together 69.9%
Learning and Development 64.2%

Lowest scores

Staff engagement 54.7%
Health working environments 52%
Staff morale 53.5%

Increased in 1 out of 10 themes

Analysis also available
by

Staff Group
Hospital Site





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Better health | Better care | Better lives
Iechyd gwell | Gofal gwell | Bywydau gwell

Current activity



Examples of Divisional Activities

Facilities and Estates

New staff forums with an initial focus on the three themes they had the lowest scores on

Therapies

Reviewing all of the flexible working requests that were not approved

Placed accommodation concerns on the risk register

Clinical Support Services

Staff wellbeing sessions rolled out

Management skills programme developed to up skill management in essential people management skills, improving staff experience and wellbeing.



Current Activity

Executive Level

Divisional accountability through assurance meetings
Highly visible commitment from CEO and Exec team

Divisional Level

Presentations at Divisional Management Teams
Directorate activities
Divisional activity packs
Changes reported and collated through BPs / OD

All Staff Level

Communications campaign
Road shows
You Said We Did



Staff suggestions from roadshows

2,000+ suggestions to date...

Overwhelmingly focussed on the basic needs

- Car Parking

- Access to drinking water

- Improved catering offer during breaks

- Access to computers and effective IT systems to support clinical activity

- Staff rooms away from patients and carers

Very wide range of other requests

- More staff

- On site shops

- Support with childcare, menopause, retirement planning

- Rotas, AL requests

Some requests we already provide

- Flexible working

- Blue light cards



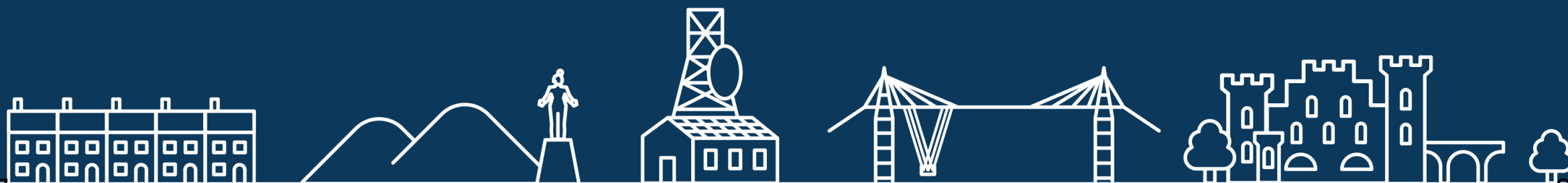


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Next steps



Staff Survey: Timeline





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Thank you and any questions?





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Progress update on the Delivery of Welsh Government’s Race Equality Action Plan for Wales
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Star Moyo, Head of Equality, Diversity and Inclusion

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide a progress update on delivery of the Welsh Government’s Race Equality Action Plan for Wales and wider race equality priorities within Aneurin Bevan University Health Board.

The update outlines activity undertaken since the previous People and Culture Committee meeting in February 2026, in relation to inclusive leadership, workforce engagement, staff development and progression, alongside ongoing work to strengthen race equality, workforce experience and inclusive employment practices across the organisation.

Workforce demographic data from the NHS Wales 2025 Staff Survey demonstrates the increasing diversity of the organisation. Of the 5,087 staff who responded, 1,099 (21.6%) identified as belonging to Black, Asian, Mixed, Arab or other ethnic minority communities, while 311 (6.1%) chose not to disclose their ethnicity.

The largest ethnic minority groups represented within survey responses were Asian/British Asian: Indian (237 staff; 4.7%), White: European (approximately 265 staff; 5.2%), and Mixed Race: Other (219 staff; 4.3%). The People and Culture Committee is asked to note the progress update and ongoing areas of development.

Cefndir / Background

The Welsh Government's Race Equality Action Plan for Wales and Workforce Race Equality Standard (WRES) provide the strategic framework for anti-racist work across NHS Wales. National WRES findings continue to identify inequalities experienced by ethnic minority staff, particularly in relation to representation within senior roles, recruitment outcomes, progression opportunities and experiences within formal workforce processes.

The Health Board's Equality Maturity Matrix self-assessment currently identifies the organisation as operating at Level 2 with progression into Level 3, recognising that whilst governance structures, leadership commitment and core equality infrastructure are established, consistent outcome-focused delivery and embedding across all divisions remains in development (Maturity is assessed across 5 levels, Level 1 Basic Level, Level 2 Early Progress, Level 3 Results, Level 4 Maturity, Level 5 Exemplar)

As this is the first year of the framework and the process remains in pilot form, the Health Board is currently awaiting formal feedback from Welsh Government on the assessment and associated evidence submitted. Moving forward it is anticipated that the assessment will require Executive Committee and Board level oversight.

Asesiad / Assessment

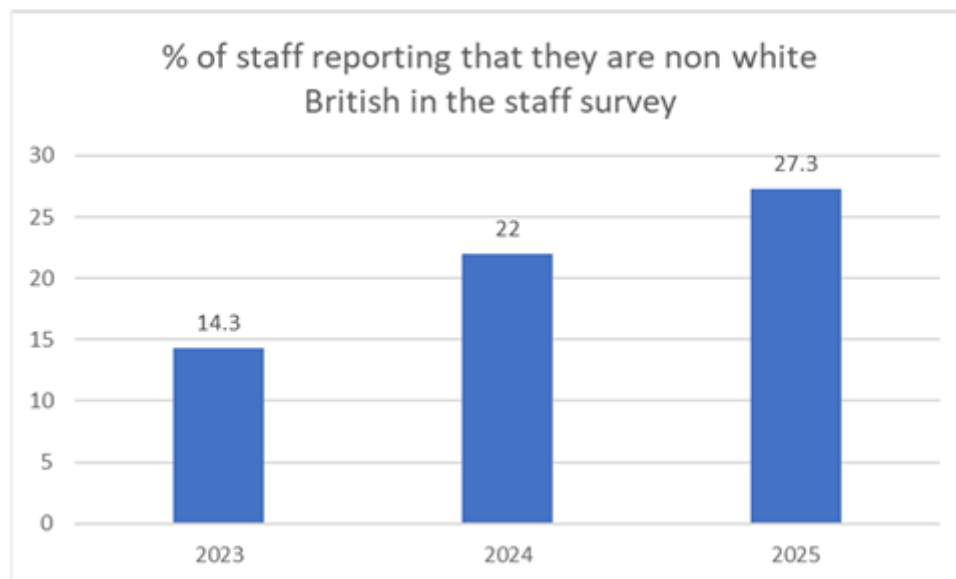
The last report to the People and Culture Committee identified a number of priority areas requiring continued focus in relation to workforce race equality, leadership capability, staff experience and organisational assurance. Given the relatively short period since the previous update, activity has primarily focused on strengthening organisational foundations, workforce engagement and leadership capability, whilst beginning to develop longer-term approaches to addressing inequalities identified through Workforce Race Equality Standard (WRES) reporting and staff feedback.

Improving Workforce Data Quality and Assurance

Improving the completeness and reliability of workforce ethnicity data remains an ongoing priority, particularly within senior leadership cohorts where non-disclosure continues to impact assurance and workforce insight. Current workforce data indicates that approximately 19% of staff have not declared their ethnicity, and this rate has remained static, limiting the ability to fully assess workforce representation and inequalities across some staff groups. Current WRES data demonstrates only limited movement in ethnicity declaration rates across the organisation, reinforcing the need for continued staff engagement and awareness activity.

Work during the reporting period has focused on strengthening engagement through staff networks and workforce discussions to support greater staff confidence in disclosure and improve understanding of the importance of workforce equality data in identifying inequalities and informing organisational action.

Workforce and staff survey data continue to demonstrate the increasing diversity of the organisation. NHS Wales staff survey responses from 5,087 staff identified 72.3% of respondents as White British, with the largest ethnic minority groups including White European (5.2%), Asian/British Asian: Indian (4.7%) and Mixed Race: Other (4.3%). Black, Asian, Mixed and other ethnic minority groups are represented across the workforce, although several groups remain represented in relatively small numbers.



Approximately 6.1% of staff survey respondents selected "Prefer not to say", whilst ESR workforce data continues to indicate that around 19% of staff have not declared ethnicity. This continues to impact the ability to fully assess workforce representation, staff experience and inequalities across all staff groups and reinforces the importance of improving workforce data quality and staff confidence in

Recruitment, Progression and Fair Decision-Making

National and local WRES findings continue to identify differences in recruitment outcomes, progression into senior roles and entry into formal workforce processes for ethnic minority staff when compared with White staff groups. Workforce data also continues to demonstrate lower representation of ethnic minority staff within senior pay bands when compared to the wider workforce profile.

In response, the Health Board is currently developing a recruitment training package for recruiting managers focused on inclusive recruitment practices. The package is intended to support greater consistency, awareness and confidence within recruitment processes, with a particular focus on reducing potential bias, improving candidate experience and supporting fairer recruitment outcomes. Roll out will take place over the next three months with evaluation points over the next 1-3 years.

Alongside this, collaborative work is underway with participants from the HEIW Stepping into Leadership programme to develop a focused projects aimed at supporting Ethnic Minority staff progression beyond Band 5 roles. This work is intended to explore workforce experience, progression pathways and potential

organisational barriers, whilst identifying practical actions that may support more equitable career development opportunities locally.

Leadership Capability and Inclusive Practice

Inclusive Leadership training continues to be delivered across the organisation, with 125 staff having completed the programme this year, with 800 since the programme began in Feb 25. The programme supports wider organisational objectives linked to culture, behaviours and leadership accountability, whilst reinforcing expectations relating to equality, diversity, inclusion and anti-racist practice. Training is delivered to all staff groups where requested/needed and with regular training delivered to the LDP Programme, Lead 6, CmX and DmX.

Initial feedback and impact evaluation from participants has been positive, with participants reporting increased awareness and understanding of lived experience, bias, cultural awareness and the impact leadership behaviours can have on staff experience, inclusion and psychological safety. Participants also identified increased confidence in having conversations relating to inclusion, challenging inappropriate behaviours and reflecting on decision-making and management practice.

Across the most recent evaluation cohort, 97% of respondents rated the training as relevant and engaging, with participants identifying lived experience discussion, reflective practice and practical leadership application as key strengths of the programme.

Feedback and evaluation will continue to be monitored over time to better understand how learning is applied within practice and how the programme contributes to wider workforce culture, inclusion and staff experience improvements.

A key area of development during the reporting period has also been the continued refinement of the Reverse Mentorship Programme. Version 2 of the programme is currently in final draft stage following learning from the initial pilot and participant feedback.

The revised programme aims to strengthen lived experience engagement, reflective leadership and meaningful conversations around inequality, inclusion and workplace culture, whilst further supporting leaders in understanding barriers experienced by staff from protected characteristic groups, including ethnic minority staff.

Support for Internationally Educated Staff

Work has continued with the Internationally Educated Nurse (IEN) community to strengthen links into formal staff networks and wider organisational support structures.

This has included engagement discussions focused on improving workforce connectivity, reducing professional isolation and strengthening opportunities for staff voice, peer support and inclusion within wider organisational activity. The work supports broader workforce retention and inclusion objectives and aligns with ongoing work supporting internationally educated staff across the organisation.

Tackling Incidents of Racism and Inequalities

Work has continued in partnership with Health and Safety colleagues and external partners, including Gwent Police, to strengthen organisational understanding of racism reporting processes, staff confidence in reporting concerns and wider awareness of reporting routes and organisational responses.

Review of Datix reporting demonstrates that incidents of racist abuse towards staff continue to be reported across several divisions and care settings, with the majority relating to patient or public behaviour towards staff members.

Whilst this may partly reflect increased staff confidence in reporting incidents, it is recognised that underreporting and variability in reporting confidence remain ongoing challenges. Further work is therefore required to strengthen organisational understanding, consistency of response and workforce confidence in reporting mechanisms.

Staff Voice, Engagement and Co-production

Staff voice and workforce engagement continue to inform local race equality priorities and development activity.

A focus group has recently been established bringing together Ethnic Minority staff from a range of ethnic backgrounds who are leading their own informal networks and professional groups to begin developing a more joined-up and collaborative approach to engagement, support and shared priorities relating to race equality within the Health Board.

Early discussions have focused on workforce experience, visibility, peer support, communication and opportunities to strengthen collective engagement moving forward.

Monitoring Progress and Maintaining Oversight

During the reporting period, the Health Board completed an Equality Maturity Matrix self-assessment to better understand current organisational strengths and areas requiring further development in relation to equality, diversity and inclusion.

The assessment identified the Health Board as operating at Level 2 with progression towards Level 3 maturity. In practical terms, this means that governance arrangements, leadership commitment, workforce reporting and equality structures are established, however consistent application, measurable outcomes and organisational embedding are still developing across some areas of the organisation.

The assessment recognised positive progress in areas including governance and reporting arrangements, staff network engagement, Inclusive Leadership training, strengthened Equality Impact Assessment processes and increased use of workforce data and lived experience to inform priorities.

However, further work is required to strengthen measurable outcomes, improve workforce data quality and ensure greater consistency in equality practice and organisational accountability across divisions and services.

Next Steps

Activity over the next reporting period will continue to focus on strengthening workforce data quality and disclosure rates, embedding inclusive recruitment and leadership practices, supporting internationally educated staff and strengthening staff engagement and co-production approaches.

This work will continue to align with the Strategic Equality Plan (SEP), Workforce Race Equality Standard (WRES), Workforce Equality Standard (WES) and wider People Plan priorities relating to staff experience, leadership, wellbeing, inclusion and organisational culture.

Particular focus will remain on improving workforce experience and organisational understanding in areas where workforce data, staff feedback and national reporting continue to identify inequalities and areas of disproportionate impact for protected characteristic groups. Particular focus will remain on areas where workforce data, staff feedback and WRES/WES reporting continue to identify disproportionate impact or differences in workforce experience and outcomes.

Further work will also continue in relation to monitoring workforce inequalities, improving organisational assurance and strengthening the consistency of anti-racist and inclusive practice across the organisation.

Improving Workforce Data Quality and Assurance

Work will continue to improve workforce ethnicity declaration rates, particularly within senior leadership groups where non-disclosure continues to impact workforce assurance and analysis.

Current ESR data indicates that approximately 19% of staff have not declared their ethnicity. Over the next reporting period, activity will focus on targeted staff engagement and communications to improve confidence in disclosure, with the ambition of reducing non-disclosure rates towards the levels achieved by high-performing NHS organisations, where ethnicity declaration rates typically exceed 90–95%.

Particular attention will be given to senior leadership groups, where complete and accurate demographic data is essential to support workforce assurance, equality monitoring, succession planning and the identification of potential inequalities. Workforce data will continue to be reviewed alongside recruitment, progression, disciplinary and staff experience information to identify emerging trends and areas requiring intervention.

Recruitment, Progression and Fair Decision-Making

The inclusive recruitment training package for recruiting managers will be further developed, with the intention of beginning phased implementation during the next reporting period.

The HEIW Stepping into Leadership project focused on Global Ethnic Majority staff progression beyond Band 5 roles will continue, including gathering workforce insight and identifying practical recommendations to support equitable progression opportunities.

Leadership Capability and Inclusive Practice

Inclusive Leadership training will continue to be delivered across the organisation, alongside finalisation and implementation planning for Phase 2 of the Reverse Mentorship Programme following an initial pilot with Board Members.

Further work will also focus on strengthening understanding of inclusive leadership and reflective management practice through ongoing workforce engagement and feedback.

Support for Internationally Educated Staff

Engagement with the Internationally Educated Nurse (IEN) community will continue, including work to strengthen links into staff networks, peer support arrangements and wider organisational support structures.

Further discussions will also continue regarding opportunities to strengthen engagement and inclusion support for internationally educated staff more broadly.

Tackling Incidents of Racism and Inequalities

Work will continue with Health and Safety colleagues and wider partners to improve staff awareness of reporting routes, organisational responses and available support relating to incidents of racism and discrimination.

Activity during the next reporting period will also focus on improving organisational understanding of reported incidents and strengthening confidence in reporting processes.

Staff Voice, Engagement and Co-production

The recently established Global Ethnic Majority staff group will continue to develop during the next reporting period, with a focus on strengthening staff voice, peer support and collaborative engagement around race equality priorities and workforce experience.

Staff network engagement and workforce feedback will continue to inform local priorities, workforce discussions and wider organisational development activity.

Monitoring Progress and Maintaining Oversight

Progress will continue to be monitored through Workforce Race Equality Standard (WRES) data, workforce reporting, staff experience measures and established governance arrangements.

Further work will also continue to strengthen organisational assurance and improve the ability to evidence measurable progress and impact over time.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<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 Board’s assurance framework.</p> <p>All Workforce and OD risks are updated through the Health Board’s risk register.</p>
<p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s):</p>	<p>1. Staying Healthy 4. Dignified Care 6. Individual care 7. Staff and Resources</p>
<p>Blaenoriaethau CTCI IMTP Priorities Link to IMTP</p>	<p>All of the IMTP Priorities listed</p>
<p>Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP</p>	<p>Partnership First</p>
<p>Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24</p>	<p>All of the Objectives listed</p>

Gwybodaeth Ychwanegol:

Further Information:

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>Anti-Racist Wales Action Plan Equality and Human Rights Monitor 2023: Is Wales Fairer? LGBTQ+ Action Plan for Wales Socio-Economic Duty Wellbeing of Future Generations Act</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>EDI – Equality, Diversity and Inclusion EQIA – Equality Impact Assessment GMC – General Medical Council IENs - Internationally Educated Nurses</p>

	IMGs - International Medical Graduates WRES - Workforce Race Equality Standard
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/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

Current Position & Evidence		Self-Assessed Level: 2/3
Theme	Evidence of Progress or impact	
<p>Leadership</p>	<p>How has the organisation demonstrated and communicated progress towards its published equality objectives ensuring a focus on evidence-based actions, aligned with national priorities?</p> <p>The Health Board has demonstrated progress by integrating equality objectives into leadership development and organisational planning structures. Leadership programmes such as the LDP, Clinical Directors Leadership Course, DMx, Leading People Programme, and the Health Education and Improvement Wales (HEIW) Stepping into Leadership programme are in place and support the development of leadership capability, including elements of inclusive leadership. In addition, the organisation is strengthening inclusive leadership pipelines through initiatives such as a pilot aspiring Board member development and targeted progression support, aiming to improve representation within senior leadership and governance structures over time.</p> <p>Inclusive leadership training is being embedded across the Health Board, to date, 125 staff have completed the training. Feedback is collected immediately after delivery and again at later intervals (e.g., 12–18 months) to understand how learning has been applied in practice, although this approach is not yet consistently embedded across all programmes.</p> <p>Additional routes, such as the Nursing Academy Programme, further support workforce development.</p> <p>Equality objectives are aligned to Welsh Government priorities through the Strategic Equality Plan (SEP) and are considered within organisational planning processes, including the Integrated Medium Term Plan (IMTP) supported by completion of an Equality Impact Assessment (EqIA). Evidence-based action is informed through the use of workforce and patient data, including Welsh Race Equality Standards (WRES), pay gap reporting, staff survey results and patient experience data, alongside the development of programmes such as the Accessible</p>	

Communication and Information Standards (ACIS) work, which introduces structured actions relating to accessibility and communication.

Progress is communicated through established governance and leadership structures, including reporting to the Board and People and Culture Committee, alongside internal communication routes such as the Belonging Magazine and staff network engagement. While these mechanisms are in place, consistency in evidencing measurable outcomes and impact remains an area for further development.

Evidence:

- [Strategic Equality Plan](#)
- IMTP EQIA
- [HEIW Stepping into Leadership Programme](#)
- [LDP](#)
- [CDx - ABUHB Clinical Director Leadership Programme](#)
- DMx
- [LDP/ Leading People Programme](#), Programme Materials
- [Nursing Academy Programme](#)
- ACIS Action Plan / Steering Group (Documents - held in secure shared drive)

How have leaders championed equality and ensured that governance structures support compliance?

Senior leaders have demonstrated visible commitment to equality through active participation in organisational and national events, including Black History Month, Pride events (Cardiff and Gwent), Filipino celebration events, Medic Mentors buddy scheme and equality-themed conferences such as the Nurses and Women's Conferences. Leadership visibility is further reinforced through internal communications, including contributions to the Belonging Magazine, and through support for initiatives that promote inclusive practice.

Leaders have actively supported key initiatives, including the Neurodivergent Managers Guide, which achieved significant engagement across the organisation, alongside high-profile involvement in areas such as maternity equality and recognition events. These activities contribute to raising awareness and reinforcing equality as a leadership priority.

Governance has strengthened through the development and promotion of the Equality Impact Assessment (EQIA) process, with senior leadership supporting improved reporting and oversight through Corporate Governance. This has increased accountability and visibility of equality considerations within decision-making. While governance mechanisms are in place, consistency in the application and quality of EQIAs across the organisation remains an area for further development.

Evidence:

- [Black History Month Campaign Materials](#) / [CEO Video](#) / [Anton Emmanuel](#)
- [Belonging Magazine](#) ([Senior Leadership Contribution Workforce Director](#))
- [Pride Event Attendance](#) (Cardiff & Gwent – [Executive & Network Representation](#))
- [Filipino Celebration Event](#) Materials
- [Women's Conference](#) / [Nurses Conference Materials](#)
- [Medic Mentor Buddy Scheme](#)
- [Neurodivergent Managers Guide](#)
- [Maternity Equality Event](#) (Leadership Involvement/Royal Visit)
- [National Accreditation RNIB Visibly Better Employer](#)
- [EQIA Panel Documentation](#) (Documents - held in secure shared drive)
- Board and Corporate Governance [EQIA](#) Reporting
- [Staff recognition awards](#)

How have Executive Equality Champions worked with Staff Networks to co-develop the organisation's annual equality plans such as local anti-racism plans to correct inequalities identified by workforce and patient data sources?

Executive Equality Champions are in place and provide visible support to staff networks, with examples including leadership commitment to the Neurodiversity Network and Women's Network. The Director of Workforce and OD has demonstrated ongoing support for staff networks and their role within organisational discussions.

Senior leaders, including Executive Directors, have provided both visible and vocal support to equality initiatives, contributing to awareness and engagement. This has supported the continued development and visibility of staff networks across the organisation.

However, while relationships between Executive Champions and networks are established, the extent to which this consistently translates into co-produced equality plans and measurable outcomes remains in development.

Evidence:

Executive Sponsors

- Voice's Network – Seema Srivastava, Medical Director
- Neurodiversity Network – Paul Solloway, Director of Digital
- Carers Network – Jennifer Winslade, Executive Director of Nursing
- Enable Network – Paul Solloway, Director of Digital
- Women's Network – Tracey Daszkiewicz, Executive Director of Public Health
- Armed Forces Network – Neil Patrick, Independent Board Member
- Pride Network – Peter Carr, Executive Director of Allied Health Professions and Health Science

How are you supporting staff outside of the workplace affected by discrimination (Duty of Care)?

The organisation provides a range of support mechanisms for staff who may be experiencing discrimination or challenges outside of the workplace. This includes signposting to external support such as Access to Work, Advisory Conciliation Arbitration Service (ACAS), professional bodies for example, trade unions, Health and Safety team and internal staff networks.

This is further supported through organisational approaches to violence and aggression, including guidance and support for staff experiencing harassment, abuse or violence, whether in the workplace or externally. Staff are able to access safeguarding pathways, incident reporting systems, and wellbeing support where experiences of violence or sexual violence impact on their safety or wellbeing.

Links with wider public health and community-based campaigns (e.g. violence prevention and awareness initiatives) are currently ongoing, with opportunities to strengthen partnership working and improve visibility of external support available to staff.

There has also been engagement with external partners such as Gwent Police. While support mechanisms exist, they are not yet fully integrated into a single, clearly defined process, and awareness and consistency of access remain variable.

Evidence:

- [Staff Support Resources](#) / Guidance
- [Staff Networks](#) (Menopause, ND etc.)
- Engagement with Gwent Police
- [Datix](#)/Health and Safety Team
- [Trade Union Partnership](#) / Local Negotiating Committee (LNC)
- People and Culture Committee

	<ul style="list-style-type: none"> • Board
<p>Organisational Culture- Considering Equality in decision making</p>	<p>Have these actions supported progress to eliminate discrimination and fostered a workplace culture which promotes equality of opportunity?</p> <p>There is clear evidence of progress towards eliminating discrimination and fostering a more inclusive workplace culture, with equality increasingly embedded within organisational processes, leadership expectations, and staff support mechanisms.</p> <p>The Equality Impact Assessment (EQIA) process provides a robust and structured approach to embedding equality within decision-making. This is supported by strengthened governance, including panel review and reporting routes, ensuring greater visibility, challenge, and accountability in how decisions impact different groups.</p> <p>A shift towards a more proactive and person-centred approach is demonstrated through the introduction of the Health & Wellbeing Empowerment Passport and an increased organisational focus on reasonable adjustments. This is complemented by access to Occupational Health, wellbeing services, organisational development interventions, chaplaincy support, and inclusive leadership training, alongside growing awareness of religious and cultural needs within the workforce.</p> <p>Mechanisms to capture staff experience, including staff surveys, staff networks, engagement activity, and Speaking Up Safely are established and provide valuable insight into workforce inequalities and lived experience While these findings indicate positive progress, areas such as speaking up and involvement in decision-making highlight variation in experience and demonstrate that consistent application of EDI principles is still developing</p> <p>However, while these foundations are in place, impact remains variable across divisions. This variation is recognised at Board level, with increasing focus on improving the diversity and inclusivity of senior leadership, including changes to Board composition over time to better reflect</p>

	<p>the communities and workforce it serves. Feedback indicates that the consistent translation of EDI principles into everyday practice is still developing and embedding EDI as a shared organisational responsibility rather than a specialist function remains a key area for further maturity and focus. Targeted actions, including leadership development, reverse mentoring and strengthened governance, are being used to address these gaps and drive more consistent organisational ownership.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • EQIA Process / Panel • Health & Wellbeing Passport • Staff Survey Results • Staff Network Feedback • Inclusive Leadership Training (Documents - held in secure shared drive) • Occupational Health / Wellbeing Services • OD Interventions • Equality Leadership Group Discussions (Documents - held in secure shared drive) • Speaking up Safely • Chaplaincy Service Support
<p>Workforce Policy and priorities embedding National Equality Plans</p>	<p>How have the objectives progressed Programme for Government priorities in National EDI action plans?</p> <p>The Strategic Equality Plan (SEP) and the Equality, Diversity and Inclusion Policy are aligned with Welsh Government priorities, including anti-racism and LGBTQ+ inclusion. These priorities are embedded across key organisational frameworks, including the People Plan and Gwent 2035, ensuring that equality, diversity and inclusion are consistently reflected within workforce and system-wide planning.</p>

This alignment is translated into organisational activity through training, leadership engagement, and staff network development, supporting a culture of inclusion and belonging.

Data sources such as Workforce Race Equality Standards (WRES) and voluntary pay gap reporting are used to identify inequalities and inform priorities. These are regularly reviewed and scrutinised through established governance structures, including the People and Culture Committee and Trade Union partnership arrangements.

Work has commenced in relation to accessible communication through the Accessible Communication and Information Standard (ACIS) programme, and early consideration has been given to emerging national requirements such as the British Sign Language (BSL) Act. While strategic alignment across plans and policies is clear, consistent translation into measurable outcomes and impact is still developing.

Evidence:

- [Strategic Equality Plan](#)
- [Gwent 35](#)
- [People Plan](#)
- [EDI Policy](#)
- WRES Data (Documents - held in secure shared drive)
- [Pay Gap Reports](#)
- ACIS Action Plan / Steering Group (Documents - held in secure shared drive)
- People & Culture Committee Papers (Documents - held in secure shared drive)
- [Trade Union Partnership Meetings](#)
- LGBTQ+ Action Plan Activity (Documents - held in secure shared drive)

How have all new or revised policies and processes in this period been reviewed through an inclusion lens involving all staff networks?

The organisation has strengthened its approach to reviewing policies through an inclusion lens, primarily through the EQIA process. EQIA progress is reported through governance structures, including Board-level reporting, improving visibility and accountability.

There are plans to further strengthen this through the development of advisory structures and continued engagement with EDI Network Leads. Training to improve the quality and consistency of EQIAs is also planned.

Evidence:

- [EQIA Panel / Screening Tool](#)
- Board Reporting ([EQIA](#))
- [EDI Network Leads Meetings](#)
- Planned EQIA Training
- [Networks](#)

Challenges Risks and Mitigation

Were there challenges in responding to identified areas of disparity?

The organisation faces several challenges, including embedding consistent understanding and application of the EQIA process, ensuring EDI is recognised as a shared responsibility, and improving processes for reasonable adjustments and access to support.

Additional challenges include EDI team capacity and gaps in data.

What risks did they present?

Where we cannot engage appropriately, these challenges present risks including increased sickness levels, inability to identify inequalities, staff attrition (including Internationally Educated Nurses), reputational risk, and inconsistent application of EDI principles across divisions.

How were they mitigated against?

Mitigation actions include training and education programmes, OD team interventions, and direct EDI team support through 1-2-1 discussions and management advice. Governance structures such as steering groups (e.g. ACIS, sickness) and advisory groups support oversight.

Engagement initiatives, including Inclusion & Belonging Champions, Belonging Magazine, staff roadshows, and celebratory events, support awareness and cultural change. Work is also ongoing to develop more structured engagement processes.

Evidence:

- Training Records (Documents - held in secure shared drive)
- [OD Intervention Activity](#)
- EDI Casework / Support Logs
- Steering Group Records (ACIS, Sickness) (Documents - held in secure shared drive)
- [Inclusion & Belonging Champions](#)
- [Belonging Magazine](#)
- Staff Engagement Activity

Additional Comments

Current Position & Evidence

Self-Assessed Level Access and Experience: Level 2

Theme

Evidence of Progress or impact

EIAs/HNAs

How have you assessed the impact of policies and practices on people with protected characteristics?

	<p>The organisation assesses the impact of policies and practices through the Equality Impact Assessment (EQIA) process, supported by a structured screening tool and panel oversight. EQIAs are held centrally from 2024, improving visibility and governance.</p> <p>Further work is required to understand the role of Health Needs Assessments (HNAs) and ensure alignment with Public Health.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • An EQIA Panel whose membership comprises individuals representing protected characteristics, trade unions, and various teams across the Health Board. These include, members of staff networks, specifically Neurodiversity, LGBTQIA+, Voices (Race), Enable (Disability), Carers allowing a broad perspective of assessments. • New EQIA templates and Screening Tools have been developed, incorporating the updated Welsh Accessible Communications and Information Standards • Needs Assessments (including public health data, patient feedback, engagement intelligence, and health inequality mapping) are increasingly referenced within EQIAs to support evidence-based decisions. • Central EQIA Records (from 2024) • Needs Assessments (including public health data, patient feedback, engagement intelligence, and health inequality mapping) are increasingly referenced within EQIAs to support evidence-based decisions <p>What mechanisms are in place to review and update equality objectives and impact assessments?</p> <p>Mechanisms are in place to review and update equality objectives through the EQIA panel and screening process, which incorporates engagement and challenge.</p>
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	<p>Corporate Governance and the Policy Group ensure that all new policies are scrutinised through the EQIA Panel as and when required.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • EQIA Panel Terms of Reference / Records (Documents - held in secure shared drive) • EQIA Screening Tool • Corporate Governance • Policy Group •
<p>Access</p>	<p>How have your identified actions supported progress to eliminate discrimination and promote equality of opportunity?</p> <p>Actions to improve equality of opportunity include the use of pay gap reporting and staff survey data to identify inequalities and target interventions. Progress and emerging risks are triangulated through partnership working with Trade Unions and are routinely reported through the People and Culture Committee and the Board, ensuring senior oversight, challenge and accountability.</p> <p>The ACIS Steering Group supports improvements in communication accessibility, helping to reduce barriers for patients and staff with communication needs, including those with sensory loss, language needs or neurodivergence.</p> <p>Collaboration with People Participation, Bereavement Collaboratives and community groups has provided additional insight into barriers faced by people with specific communication or sensory needs.</p>

	<p>Accessibility considerations are being included in more EQIAs and service redesign discussions, supported by the EQIA Panel and engagement intelligence from PALS, complaint's themes and community feedback.</p> <p>Staff networks and the development of the Health & Wellbeing Passport support improved access to support and reasonable adjustments. This has strengthened inclusive practice at a local level, with ongoing work to improve the consistency of central recording and monitoring to better evidence impact and reduce variation across the organisation.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Pay Gap Reports • Strategic Equality Plan • Staff Survey Results • ACIS Steering Group (Documents - held in secure shared drive) • Health & Wellbeing Passport • Staff Networks • Bereavement Conference
<p>Stakeholder Engagement</p>	<p>How have you engaged with people who represent the interests of those with one or more protected characteristics?</p> <p>The Health Board has strengthened community and stakeholder engagement through a range of approaches including The Big Conversation, People Participation Panels, Deaf awareness, LGBTQ+ engagement, Dementia Friendly Communities work, and Bereavement Collaboratives. Additional engagement includes work with IENs and IMG groups. In addition, Allys of protected characteristics are encouraged and do attend the staff networks to further influence and develop their knowledge.</p>

	<p>External engagement includes partnerships with organisations such as Gwent Police, RNIB, Neurodivergence Wales, Diverse Cymru, Llais, and community panels.</p> <p>The Health Board has strengthened its approach to engagement with individuals and groups representing protected characteristics through a combination of structured programmes, community partnerships, and co-production approaches.</p> <p>Key internal and community-facing engagement mechanisms include The Big Conversation, People Participation Panels, Deaf awareness initiatives, LGBTQ+ engagement activity, Dementia Friendly Communities work, Bereavement Collaboratives, and targeted engagement with Internationally Educated Nurses (IENs) and International Medical Graduates (IMGs). In addition, allies of protected characteristic groups are actively encouraged to participate in staff networks, supporting wider cultural awareness and shared ownership of inclusion.</p> <p>External engagement is well established through partnerships with third sector and statutory organisations, including Gwent Police, RNIB, Neurodivergence Wales, Diverse Cymru, and Llais.</p> <p>Through its regional presence, including in Gwent, Llais engages with patients, carers and communities via outreach, events, surveys and advocacy services, enabling underrepresented voices to be heard and influencing decision-making across NHS and local authority services.</p> <p>Broader place-based engagement, including that undertaken through the development of Gwent 2035, has further strengthened system-wide understanding of community need. This has involved collaboration with local authorities, regional partnership boards, community groups, and citizens to shape long-term priorities, with a focus on prevention, inequality, and inclusive service design.</p> <p>While there is strong evidence of diverse and meaningful engagement activity, continued focus is required to ensure that insights from engagement are consistently translated into measurable outcomes and demonstrable service change, particularly for underrepresented and seldom-heard groups.</p>
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Evidence:

- Staff Network Activity
- [Black History Month](#)
- [Pride Events](#)
- [Neurodiversity Managers Guide](#)
- [CIVICA Reports](#)
- [Datix Reports](#)
- [External Partnership Engagement](#)
- Training records (Documents - held in secure shared drive)

And with people who have an interest in how you carry out your functions?

Engagement with those who have an interest in our functions is undertaken through established governance, partnership and assurance routes. This includes regular reporting and alignment with Welsh Government requirements, ensuring compliance with national policy and strategic direction. Partnership working with Trade Unions through formal engagement structures, including the Gwent Partnership Forum, which enables co-production, scrutiny and staff voice in decision-making.

External expert partners, including RNIB, provide challenge and assurance, contributing to RNIB Visibly Better Employer accreditation (the first Health Board in Wales) and Disability Confident Leader status. Inclusive co-production with Llais ensured underrepresented voices directly influenced the Gwent 35 ten-year strategy, evidencing mature, embedded engagement practice.

Internally, engagement with staff, senior leadership and the Board ensures transparency, oversight and accountability, with key updates and performance information routinely shared to inform decision-making and continuous improvement.

<p>Experience</p>	<p>How do you use equality data and lived experience to inform ongoing service improvements?</p> <p>Equality data and lived experience are systematically used to identify inequalities, prioritise action and drive continuous improvement across services and the workforce. Data from EQIAs, staff surveys, WRES/WES indicators, patient experience (e.g. Civica) and incident reporting (Datix) is triangulated to highlight disparities in experience, access, outcomes and workforce progression.</p> <p>This intelligence is translated into targeted actions through service and workforce plans, including changes to recruitment practices, leadership development opportunities, reasonable adjustment processes and improvements to accessible communication. EQIA findings are used to inform decision-making at an early stage, ensuring potential impacts are identified and mitigated.</p> <p>Lived experience is captured through staff networks, engagement activity and partnership working, providing qualitative insight to complement quantitative data. This ensures that actions are grounded in real experiences, particularly for underrepresented or marginalised groups.</p> <p>Progress and impact are monitored through governance structures, including Trade Union partnership forums, the People and Culture Committee and the Board. This enables ongoing scrutiny, refinement of actions and a clear line of sight between data, lived experience and measurable improvement outcomes.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • EQIA Documentation • WRES Data (Documents - held in secure shared drive) • Staff Survey • People & Culture Committee Papers (Documents - held in secure shared drive) • Staff Network Feedback • Speaking up safely <p>What feedback have you received from stakeholders?</p>
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Feedback is received through multiple sources, including Datix reports relating to discrimination, Health & Safety reporting, staff network engagement, conferences, and patient feedback (e.g. Deaf community experiences through Putting Things Right).

This feedback highlights areas for improvement and informs ongoing priorities.

Evidence:

- [Datix Reports](#)
- [Health & Safety Reports](#)
- [Staff Network Feedback](#)
- [Listening to People \(Complaints\)](#)

Challenges Risks and Mitigation

Were there challenges in responding to identified areas of disparity?

Several challenges were encountered in responding to the disparities identified through organisational data and staff feedback. These included:

- The scale and complexity of the organisation, which contributed to variation in practice and inconsistent implementation of reporting processes.
- Fragmented and incomplete data systems, resulting in limited visibility of key indicators and underreporting of discrimination-related concerns.
- Cultural barriers that reduced confidence in speaking up, thereby restricting the availability of qualitative insight.
- Insufficient financial and staffing resources within the EDI function, which constrained the capacity to deliver timely and comprehensive responses.

What risks did they present?

These challenges presented several risks to organisational performance and staff experience, including:

- Increased sickness absence and reduced wellbeing linked to unresolved inequities/inconsistent reasonable adjustments being made.
- Limited engagement with EDI activity, reducing the effectiveness of improvement initiatives.
- Reduced organisational development impact due to inconsistent alignment across directorates.
- Lack of clarity and coherence across EDI-related programmes, potentially diminishing strategic progress.

How were they mitigated against?

A series of mitigation actions were implemented to address these risks and strengthen organisational assurance. These included:

- Enhancing the quality, consistency and visibility of EDI-related data, particularly in relation to ethnicity and other protected characteristics.
- Improving reporting mechanisms to increase transparency and organisational awareness of disparities.
- Strengthening engagement structures through introduction of EDI Champions, increased involvement of Executive Sponsors, and deeper collaboration with staff networks.
- Using these groups to support local action planning, amplify lived experience, and promote accountability across services.
- Review of the Wellbeing passport and making it easier for staff to complete
- Introduction of the Neurodiversity Managers guide to help managers on how to support staff.

Evidence:

- Data Reporting Improvements
- [Inclusion & Belonging Champions](#)
- Executive Sponsor Activity
- Staff Network Engagement
- [Wellbeing passport](#)
- [Neurodiversity Manager's guide](#)

Additional Comments

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Current Position & Evidence		Self-Assessed Level: Overall : 2 Level 2 – Early Progress
Theme	Evidence of Progress or impact	
<p>Strategic Equality Plan – Steps taken to fulfil equality objectives</p>	<p>How are your equality objectives driving measurable change?</p> <p>The organisation’s equality objectives are set out within the Strategic Equality Plan and aligned to Welsh Government priorities, Gwent 35 Strategy and our people plan. Progress is supported through governance structures such as the People and Culture Committee and Board reporting, alongside the use of data to inform priorities.</p> <p>Workforce data, including WRES, pay gap reporting, and staff survey results, is used to identify areas of inequality and inform actions. Patient experience data, including Civica feedback and PALS activity, further supports understanding of service user experience.</p> <p>Delivery is supported through key programmes of work, including the development of the Accessible Communication and Information Standards (ACIS) action plan and the strengthening of the Equality Impact Assessment (EQIA) process. These provide structured approaches to embedding equality within decision-making.</p> <p>While these mechanisms provide a foundation for measuring change, the consistent translation of activity into clearly defined and measurable outcomes remains an area for further development.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Strategic Equality Plan • Gwent 35 Strategy • ABUHB People Plan • WRES Data • Pay Gap Reports 	

- [Staff Survey](#) Results
- [Civica Reports](#) (~26,000+ responses)
- [PALS Data](#) (~6,000+ cases)
- ACIS Action Plan / Steering Group (Documents – held in a secure drive)
- [EQIA Panel](#) / Reporting
- Bullying and Harassment Protected Characteristics report

How are you eliminating discrimination, harassment, and victimization?

The organisation has established a range of mechanisms to identify and respond to discrimination, including Datix reporting, Health & Safety processes, and staff feedback through networks and surveys. These provide visibility of issues such as racism and homophobia and inform organisational responses.

The Equality Impact Assessment (EQIA) process supports the identification and mitigation of potential discriminatory impacts within policies and decisions. This is supported by panel oversight and governance reporting, strengthening accountability.

Support is available to staff through Occupational Health, wellbeing services, staff networks, and external support pathways (e.g. Access to Work, ACAS, trade unions). Awareness-raising activities, including campaigns, events, and training, contribute to promoting inclusive behaviours.

However, underreporting of discrimination and cultural barriers to speaking up remain challenges, and further work is required to ensure consistent response and prevention across the organisation.

Evidence:

- [Datix Reports](#) (racism / discrimination incidents)
- [Health & Safety Reporting](#)
- [EQIA Process](#) / Panel

- [Staff Networks](#)
- [Occupational Health](#) / [Wellbeing Services](#)
- [Staff Support Resources](#) (Access to Work, ACAS etc.)
- Awareness Campaigns / Events
- Bullying and Harassment Protected Characteristics report

How are you advancing equality of opportunity?

The organisation is taking steps to advance equality of opportunity through workforce development, support mechanisms, and targeted use of data. Leadership development programmes and organisational training provide opportunities for progression, while data sources such as WRES and pay gap reporting highlight areas requiring focus, including representation and progression.

The introduction of the Health & Wellbeing Passport and focus on reasonable adjustments supports more equitable access to work, enabling staff to receive appropriate support based on individual need.

The ACIS programme supports improved access to services for patients by addressing communication barriers, ensuring that services are more accessible to individuals with different needs.

While these initiatives support equality of opportunity, further work is required to ensure consistency in access and measurable improvement in outcomes across all groups.

Evidence:

- Leadership Programmes ([LDP](#), [CDx](#), DMx, [HEIW](#))
- [WRES Data](#)
- [Pay Gap Reports](#)
- [Health & Wellbeing Passport](#)

- [Reasonable Adjustments Process](#)
- [ACIS Action Plan](#) / [Steering Group](#)

How are you fostering good relations between people who share protected characteristics and those who do not? Please provide case studies/or demonstrate sharing of good practise

The organisation promotes good relations through engagement, awareness, and inclusive activity. Staff networks provide a platform for individuals to share lived experience and contribute to organisational discussions. Events and campaigns, including Pride, Black History Month, and cultural celebrations, promote awareness and understanding across the workforce.

Engagement with external partners, including RNIB, Diverse Cymru, Neurodivergence Wales, and Gwent Police, supports broader inclusion and community connection. Internal communications, such as the Belonging Magazine, further reinforce inclusive messaging.

While engagement activity is strong, ensuring that this consistently translates into behavioural and cultural change across all areas of the organisation remains an ongoing focus.

Evidence:

- [Staff Networks](#)
- [Pride](#) / [Black History Month](#) / Cultural Events
- [Belonging Magazine](#)
- External Partnerships ([RNIB](#), Diverse Cymru, Neurodivergence Wales, Gwent Police)
- Engagement Activity / Workshops

TO NOTE: These questions align with the three aims of the Public Sector Equality Duty (PSED) and are embedded in the WSED regulations, which go further than the general duty by requiring: Engagement with stakeholders (Regulation 5), Equality Impact Assessments (Regulation 8), Monitoring and publishing of equality data and objectives

Challenges Risks and Mitigation**Were there challenges in responding to identified areas of disparity?**

Key challenges include embedding consistent understanding and application of equality processes (particularly EQIA), ensuring EDI is recognised as a shared organisational responsibility, and addressing data gaps and system fragmentation.

Additional challenges include underreporting of discrimination, cultural barriers to speaking up, and capacity to respond effectively to identified disparities.

What risks did they present?

These challenges present risks including inability to identify and address inequalities, increased sickness and workforce attrition, reputational risk, and inconsistent experiences across divisions.

There is also a risk that activity is not consistently translated into measurable outcomes, limiting the organisation's ability to demonstrate impact.

How were they mitigated against?

Mitigation actions include strengthening governance processes (e.g. EQIA panel and reporting), increasing training and education, and promoting engagement through EDI Champions, Executive Sponsors, and staff networks.

Work is ongoing to improve data use and visibility, alongside the development of structured programmes such as ACIS and the Health & Wellbeing Passport. Engagement activity, including staff roadshows, communications, and events, supports awareness and cultural change.

Evidence:

- [EQIA Panel](#) / Governance Reporting
- Training & Education Activity (Documents – held in a secure drive)
- [Inclusion and Belonging Champions](#) / Executive Sponsors
- ACIS Action Plan / Steering Group (Documents – held in a secure drive)

- [Health & Wellbeing Passport](#)
- Staff Engagement Activity / Roadshows

Additional Comments

The organisation has assessed its overall maturity as operating at Level 2, with clear progression into Level 3, reflecting a position where robust equality infrastructure, governance and leadership commitment are firmly established, while consistent, outcome-focused embedding across all areas is still maturing. There is strong evidence of structured policies, Executive leadership, and governance mechanisms, including Board reporting, EQIA panel oversight, embedded Strategic Equality Objectives within organisational planning, and active engagement with staff networks and external stakeholders.

Equality data and lived experience are increasingly used to inform priorities, and there are emerging examples of equality considerations influencing workforce and service decisions. However, the organisation recognises that application and impact are not yet consistent across all divisions, outcomes are not yet routinely articulated or tracked over time, and ownership of equality is not universally embedded as a shared organisational responsibility. This self-assessment therefore reflects a balanced and evidence-based view: Level 2 is fully met, with demonstrable progression towards Level 3, supported by a clear understanding of the actions required to secure full Level 3 maturity in the next cycle.

The Delivery of the Development Plan below will be evidenced through established governance arrangements, Equality Impact Assessments, workforce and service-user data, and engagement with lived experience. Impact will be measured through outcome-focused indicators, baseline and trend analysis, comparative assessment across divisions, and documented examples of equality insight influencing decisions. Progress and learning will be monitored through Board and Committee reporting, supported by “you said – we did” evidence and continuous review to ensure sustained improvement and progression to full Level 3 maturity.

Development Plan - Forward plan and prioritisation					
Current Position Level 2	Aspired Position Level 3	Action	Timeline/Milestones	Evidence to be used	How will impact be measured
1. Equality actions aligned to the SEP are in place, but evidence of measurable impact is not yet consistently demonstrated	Equality objectives are supported by outcome measures, demonstrating improvement over time	<p>Define outcome measures for each SEP Equality Objective.</p> <p>Establish baselines using workforce and service-user data.</p> <p>Embed equality impact statements in Board and Committee reporting</p>	<p>Outcomes agreed</p> <p>Baselines</p> <p>Trend reporting</p>	<p>SEP Objectives</p> <p>WRES/WES</p> <p>Staff Survey</p> <p>Datix/Civica</p> <p>Board Papers</p>	<p>Improvement in indicators over time; reduced inequality; improved experience.</p>
2. Strong practice exists, but variation between divisions limits assurance.	Consistent Equality applications across all divisions.	<p>Agree minimum standards.</p> <p>Introduce Peer Review and comparative reporting.</p>	<p>Standards agreed.</p> <p>Peer Review Reporting.</p>	<p>Divisional reports</p> <p>EQIA records</p> <p>Peer review outputs</p>	<p>Reduced variation</p> <p>Improved consistency of practice.</p>

<p>3.EQIA process established but variable in quality and use</p>	<p>EQIA'S demonstrate how decisions are informed or altered.</p>	<p>Quality assurance scoring of EQIAs, demonstrating year-on-year improvement against an agreed quality standard</p> <p>Reduction in late-stage or retrospective mitigations, indicating that equality considerations are informing decisions at the earliest possible stage.</p> <p>Increased confidence from staff networks and governance panels that decisions appropriately consider protected characteristics, evidenced through structured feedback.</p>	<p>Standards agreed Reporting</p>	<p>EQIA documentation and audits outputs EQIA Panel records Training Records and attendance logs Divisional reports Board reports.</p> <p>Feedback From Staff Networks and Stakeholders.</p>	<p>Documented examples of decisions altered or mitigated.</p>
<p>4.Evidence of Executive commitment but outcome accountability is inconsistent</p>	<p>Clear senior leadership accountability for equality</p>	<p>Improved Board-level assurance, demonstrated by clearer articulation of equality-related risks and mitigations within Board and committee papers.</p> <p>Embed Equality in governance and risk registers. Clearly defined roles of Executive sponsors</p>	<p>Agreed and active executive sponsors leadership with agreed responsibilities. Reporting</p>	<p>Board Papers Executive reports Risk reporting</p>	<p>Clear Ownership Delivery of outcomes</p>

<p>5. Engagement exists but under-reporting limits insight</p>	<p>Lived experience consistently captured and acted upon.</p>	<p>Targeted engagement Data triangulation Feedback</p>	<p>Engagement Reporting</p>	<p>Staff network feedback Datix and Civica Engagement reports</p>	<p>Improved confidence to speak up. Visible organisational response.</p>
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**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Report on Compliance with Welsh Language Standards and More Than Just Words Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Geraint Scott – Head of Welsh Language Unit

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

Er Sicrwydd/For Assurance

To provide an overview for assurance in relation to the Health Board’s compliance with the Welsh Language Standards and the progress in relation to the targets set out in the Welsh Government’s, More Than Just Words strategy for increasing service delivery through the medium of Welsh.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

Cefndir / Background

More Than Just Words Framework

The aim of More Than Just Words, 2012, is to provide a greater level of recognition among service providers that the use of Welsh language is not just a matter of choice but also a matter of need for many people. Service providers therefore have a responsibility to meet these needs.

The significance of language choice, specifically Welsh in this case, was formally acknowledged in January 2011, when Welsh Government established an independent Steering Group to develop a strategic framework for promoting the Welsh language in health, social services and social care. More Than Just Words was published in November 2012 following consultation with service users,

representatives from the health and social care sectors, stakeholders, regulators, and academia. It outlined a series of key objectives, supported by complimentary action plans – including one for the NHS and one for Social Services. The current strategy runs from 2022 to 2027.

Welsh Language Standards

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

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

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

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

Asesiad / Assessment

Within this report we have listed the key workstreams being undertaken at present by the Welsh language unit. They align to identified priorities from both Welsh Government and The Welsh Language Commissioner through the standards and More Than Just Words Framework and are aimed at improving our delivery of services through the medium of Welsh.

Standard 110 – 5 Year Plan to Increase Clinical Consultations Through the Medium of Welsh – Appendix 1

The work as part of the 5-year plan to increase clinical consultations through the medium of Welsh has been a major focus for the Welsh Language Unit since 2025, with the plan having been approved at Board level, published and (now) in its second year of implementation.

The plan is set within the Physiotherapy service who have embraced the plan fully. Engagement from the service has allowed us to discuss the plan with staff from all levels within the service, as is noted below, and that they have proactively incorporated elements in to their work without the Welsh Language Unit's asking (such as sharing training opportunities, and generally increasing the amount of Welsh used in the workplace).

We have discussed the plan with the head of service, senior managers, and Welsh-speaking clinical staff from the physiotherapy department and have come to the conclusions below:

- Focus on planned care as any patients who have noted Welsh as their preferred language will be known to the service beforehand, and that there are too many variables within urgent or emergency care for the plan to take hold (such as complexity and specialisation of care, awareness on wards etc.).
- The plan will be piloted in one specific site before being rolled out further. This will include increased presence of Welsh-speaking staff at said site.

Overall, we believe the first year of the strategy has been a success, both against the first-year action points stated within the plan, as well as the general direction and buy-in from the service. Some key early action points included distribution of visual markers to service leads who, in turn, have passed on to snr managers in various sites for Welsh-speaking staff and to alert patients to the availability of Welsh speaking services. We have engaged with staff within the services who have Welsh speaking skills to understand the systems within which they work and how to best utilise their skills to increase the offer of Welsh language consultations to our service users. This aligns with the key actions noted within the plan, as well as those in the More Than Just Words strategy.

The Welsh Language Commissioner's Office

We continue to work closely with the Welsh Language Commissioner's Office as part of their co-regulation enforcement policy, which puts further emphasis on the Health Board to monitor and self-regulates its compliance with the Welsh Language Standards.

We are pleased to report that there were no formal investigations opened in regard to the Health Board's compliance with the Standards during the 2025-2026 financial year. This is in thanks to the hard-work and understanding of all Health Board staff about their own, and the organisations, responsibilities relating to the Welsh language. However, it should be stated that (overall) the frequency of all investigations opened by the Welsh Language Commissioner's Office have lessened, in part due to the informal step (added as part of the co-regulation enforcement policy) that now precludes an investigation, allowing all organisations to rectify issues of compliance before formal, more intensive, steps are taken. The Welsh Language Unit can confirm that no such informal steps were taken against the Health Board over this time which is positive.

Digital Platforms

We have worked collaboratively with both the Digital, Data, and Technology department, and external providers, to ensure that the products meet the Health Board's statutory obligations and meet the needs of our service users.

A brief summary is provided below:

- **Digital Patient Communications:** The product is now live for certain operational areas and fully operational through the medium of Welsh. We have yet to receive any feedback or complaints from service users.
- **E-triage in Accident and Emergency:** This platform is non-compliant, and we are working with colleagues from a number of health

organisations as well as the suppliers, Welsh Language Commissioners office and Welsh Government to rectify the issues.

- **Badgernet:** This new platform for use by the maternity service is for new and expectant mothers. There are elements of compliance but other areas which fall short. This is a platform utilised across all Health Boards in Wales and as such we are working collaboratively with our colleagues across these organisations to ensure corrective measures are put in place.

Tutor-led Welsh Language Sessions (funded by Welsh Government)

The suite of learning provided by the Welsh Language Tutor has been expanded to cover a broader spectrum of speaking ability. They include, as well the numbers of attendees, are as follows:

- Raising Confidence - 16;
- Aftercare - 18;
- 'Cwrs Croeso' (Welcome Course) - 56.

Feedback of all learning pathways has been positive, with particular praise aimed towards the tutor.

The Welsh Language Unit's intention for the coming financial year will be to integrate the tutor further into the Unit's work to improve communication and learning outcomes for the Health Board's staff.

It is also important to note that the tutor-led programme is only part of the provision offered to staff looking to learn and develop their Welsh language skills. The full programme includes both accredited and non-accredited pathways that can be self-study or tutor led. A number of our staff have also participated in the immersive fully funded residential Welsh course at Nant Gwrtheyrn. The varied programme ensures we have a learning pathway to meet all needs.

Translation Services

The Health Board's Welsh language translation services continue to be a success. We believe an element of this is the ease of access to the service itself, as well as being free-of-charge. Over the financial year 2025 to 2026, the Health Board translated:

- 599,136 words internally.
- 509,165 words externally through the service level agreement.
- 1,108,301 words total; up from 964,149 the previous financial year.
- The internal work has been translated at a rate of 4p per word compared to 6.7p per word externally. Having an internal translator saved the Health Board £16,177 during the last financial year.

Moving Forward

Over the coming financial year, the Welsh Language Unit will continue to focus on both compliance with the Welsh Language Standards and the public's access to services through the medium of Welsh. Some key work includes:

Patient Participation Panel

The Welsh language unit is working with colleagues from our Person-Centred Care Team as well as partners from 'Llais' to establish a Patient Participation Panel. The panel will give first hand insight on the experiences of our service users when accessing services through the medium of Welsh. The group will look to discover any themes in relation to experiences both good and bad. We will then work with the group in a co-production model to generate action plans to improve our service delivery as well as share good practice. The group will also feed into the wider Community of Practice that has been established by the Person-Centred Care team.

Procurement Process

A process has been established to ensure governance and compliance when the Health Board procures items or services. The process **Appendix 2** details the steps to take in order to ensure that compliance is fully considered and explored before products or services are procured. It includes an assessment tool that will need to be completed by the contracting manager and signed by the Head of the Welsh language unit. The process has been developed as a once for Wales solution by colleagues from NHS Shared Services. Members of the Welsh language Unit will be meeting with the procurement team within the next month to look through the work plan and identify what upcoming contracts require further examination. The procurement team will then ensure that any new procurements complete the assessment tool.

Recruitment Tool

Data suggests that the Health Board's bilingual strategy is not being implemented through the Health Board with only 2 roles being advertised as Welsh Language skills being essential for the financial year 2025-2026. With this in mind we have worked with our colleagues in Digital Data and Technology to develop an electronic tool for recruitment managers to complete for any new or vacant role. Based on the responses the tool will note whether Welsh language ability needs to be included in a job advert, what level of Welsh should be included, and whether those skills should be noted as desirable, or essential. All assessments will also be logged on a spreadsheet to give assurance that the assessment has been carried out. The tool has been assessed by colleagues from recruitment and human resources as well as the Welsh Language Strategic Group. Once final amendments have been made, we will begin to roll the tool out throughout the Health Board. We are hoping to engage with recruitment managers to get an understanding of any implications from their perspective but aim to roll the platform out in the Autumn.

Caffi Cymraeg

The strength of our Welsh language learning offer has empowered many staff to use they're newly found skills. However, we've noticed that unless these staff are given regular opportunities to use those skills their confidence decreases steadily with time. Due to this we are establishing our 'Caffi Cymraeg'. These will be monthly on-line sessions allowing learners and fluent Welsh language speakers to engage with others and practice and improve those skills. There will be three sessions run each month. One for new learners, a second for those who class

their level as intermediate, and a third for fluent Welsh speakers. Staff will be able to move from one level to another dependant on their confidence and comfort with the level of Welsh in any given session.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 6. Individual care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Language Strategic Group More Than Just Words Forum Local Stakeholder Groups Welsh language Commissioner
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	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/	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 Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Executive Summary

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

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

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

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

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

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

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

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

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

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

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

Year 1

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

Year 2

- Establish targets for Year 3 in agreement with department.

Year 3

- Assess targets set-out in year 2.
- Build upon progress made by providing more ambitious targets.
- 3 year review to be undertaken and published.
- Begin the same approach with a different department (within the same criteria noted) using the lessons learned from the previous years. Year 4 and

5

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

Introduction and Background

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

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

The Measure also:

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

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

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

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

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

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

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

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

Outcome 1

Establish a clear baseline of staff Welsh language skills.

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

Outcome 2

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

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

Outcome 3

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

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

Outcome 4

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

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

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

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

Themes and Timetables

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

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

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

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

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

Methodology

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

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

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

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

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
1A	Department staff ESR Welsh Language Competencies and ESR courses are maintained above 95%	Monthly Business Intelligence reports to be produced specific to department New starters to be asked their competencies and WLU to update	1	Staff turnover means 95% compliance is difficult to achieve and/or maintain
1B	Promote and encourage staff to enrol in Welsh language courses	Uptick in staff taking part in freely available Welsh language courses	2	No uptake in courses
1C	Ensure department/service managers are aware of current staff's ability	Monthly updates to internal Welshspeaking department roster Staff information to be sent on monthly basis	2	Staff not being allocated language appropriate Service Users
1D	Nominate Welsh Language Champion(s) in Department	Champion to attend Welsh Language Strategic Group quarterly meetings to update on developments within the department	2	Role is secondary to clinical responsibilities

1E	<p>Create and provide bespoke Welsh language awareness courses to all staff, as well as new beginners on quarterly basis</p>	<p>Welsh Language Unit to research and produce awareness session specific to department highlighting importance of language</p>	2	<p>Welsh Language Unit have limited capacity to provide awareness courses</p> <p>Difficult to measure effectiveness of the courses</p>
1F	<p>Ensure Welsh-language work experience opportunities are available to prospective students with qualified specialists</p>	<p>Department to link-in with Workforce and Organisation Department to ensure that work experience directory is updated and Welsh language opportunities are noted</p>	3	<p>Students not thinking that their Welsh-skills are valued in workplace</p> <p>No staff available to provide language-specific work experience opportunities</p>
1G	<p>Increase the number of Welsh-speaking (L3+ on internal language matrix) clinical staff in department</p>	<p>Monitor all jobs advertised in department</p> <p>Ensure that all supporting documents are translated</p> <p>Ensure Welsh language skills of applicants are considered during shortlisting process</p>	5	<p>Failure to further recruit staff No vacancies become available</p>

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

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
2A	All staff have access to relevant Welsh language spell-checking software and tools (Microsoft Package, Cysill etc.)	Link department with IT to ensure Microsoft package is downloaded on to department devices WLU to create page on intranet where all software packages are available	1	Staff translation is encouraged but nonproofread pieces which go live without may mean non-compliance with translation Standards
2B	Dip-sample department resources to ensure accuracy and availability of Welsh versions	Monthly dip-sampling to be undertaken by Welsh Language Unit with record kept	1	Dip-sampling may highlight gaps in accuracy and availability in Welsh documents which may lead to an increase in translation cost and go beyond current capacity

2C	All new documents to be translated in to Welsh before going live to public	All new departmental documents to have checklist before going live, which will include if document has been translated	2	Increase in translation requests will lead to an increase in translation cost if internal capacity to translate is already at max
2D	Service user language preference to be recorded	<p>All new service users to have language preference recorded on health record</p> <p>Existing service user to be asked language preference on next contact and record updated</p>	3	<p>Scope of work is enormous</p> <p>No simple mechanism to retroactively record language preference</p> <p>Must ensure that the recorded language preference is used efficiently when rostering staff for services</p>
2E	Welsh language assessment tool to be developed/translated for use	Department specific assessment toolkit to be either translated, from existing toolkit, or bespoke language specific toolkit to be developed using service-specific expertise	3	Confident Welsh-speaking staff unavailable to make best use of the toolkit for proper assessment

2F	<p>Departmental recruitment managers to be trained in the use of software that advises on Welsh language ability of advertised roles</p>	<p>Welsh Language Unit to facilitate training in the use of software package</p> <p>All roles to reflect current ability to provide services reinforced by the business intelligence reports</p>	3	<p>Software is not effectively used</p> <p>Results of the software are ignored</p>
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Theme 3: 'Normalising' the Welsh language for staff and service users

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

3B	Confident Welsh-speakers to have Work Welsh lanyard	As above	1	As above
3C	New Welsh-speakers to have lanyard to show they're learning Welsh	As above	1	As above

3D	Basic Welsh language phrases lanyard cards to be given to any who want them	Ensure stock is readily available when staff enquire Department managers to receive stock to provide staff	1	Staff not allowed to wear lanyards due to infection control Ease of access to resource for staff
3E	'Cymraeg' bubble to be displayed in all reception areas	Welsh Language Unit to produce 'Cymraeg' bubble poster Walkaround sessions, by Welsh Language Unit, to be conducted every 6 months to ensure posters are displayed and ensure staff understand why they're there	1	Constant changing of reception-area presentation mean that the 'bubble' is removed No staff available to provide Welsh service if approached by public

3F	Welsh language phrase tent cards to be displayed in all reception-areas for staff	<p>Ensure stock is available in each department reception-area</p> <p>Walkaround sessions, by Welsh Language Unit, to be conducted every 6 months to ensure phrase cards are available and are used</p>	1	<p>Tent-cards are thrown away</p> <p>Staff not confident is using the phrases</p>
3G	Develop register of new-speakers to ensure continuity of learning and provide further pathways	<p>Welsh Language Unit to keep register of new-speakers, with all relevant information (contact, current level, current course etc.) and undertake check-ins with staff to monitor progress and provide support</p>	2	<p>Staff will need to inform Welsh Language Unit of progress</p> <p>Staff losing momentum, or any other issues, when learning leading to stagnation</p>

3H	Patient Information Leaflets to be readily available in Welsh	<p>Department managers to confirm that each Patient Information Leaflet is available in Welsh</p> <p>Directory of leaflets to be produced</p> <p>Any new, or updated leaflets, to be sent to Welsh Language Unit for translating and directory updated</p>	2	<p>Department not sending the Welsh copy through to update if corresponding English copy is changed</p> <p>Staff unaware where the Welsh copies are</p> <p>Staff not asking public which language copy they would like</p>
3I	Documentation to be readily available in Welsh (i.e. forms)	As above	2	As above
3J	Social media reminders to public of right to Welsh language service(s)	Communication team to run 6 monthly campaigns reminding public of right to services in Welsh	2	Negative reaction by public to post highlighting the right
				Message is lost in the number of posts which are sent daily
3K	Produce content with Welsh language service user regarding the benefits of service in Welsh	Content has been created and shared	3	No respondents to take part in content creation

<p>3L</p>	<p>Active Offer to be provided to all service users (throughout entire process to best ensure consultation)</p>	<p>Welsh Language Awareness course completed by 90% of all staff and 90% of specialists</p> <p>Bespoke awareness course delivered to all staff</p>	<p>5</p>	<p>Staff unaware of Active Offer</p> <p>Active Offer, if given, can not be actioned due to no Welsh-speaking staff</p>
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**Procurement Welsh Language Impact Assessment
for the purpose of Procurement at**



Contract manager details:	
Name	
Job title	
Division	
Email address	
Telephone number	
Date assessment completed	

Welsh Language Lead details:	
Name	
Job title	
Division	
Email address	
Telephone number	

This assessment must be completed if the overall contract value will be over £5,000.00. Any purchases under the overall value of £5,000.00 do not require a contract to be issued.

Undertaking a Welsh language impact assessment for invitations to tender in NHS Wales is essential to ensuring that commissioned services, goods, systems and associated goods uphold the statutory duties of the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards. It helps identify how proposed services, associated goods and systems will support patients’ rights to receive care in Welsh, promoting safety, dignity, and equitable access to healthcare.

By assessing linguistic needs early, organisations can set clear expectations for suppliers, reduce risks of non-compliance, and ensure culturally appropriate, person-centred care. Ultimately, the assessment strengthens service quality, fosters inclusion, and reinforces NHS Wales’s commitment to a bilingual health system.

The contract manager is responsible for undertaking an assessment by consulting the [Aneurin Bevan UHB Welsh Language Standards](#) must be consulted in completing this assessment to:

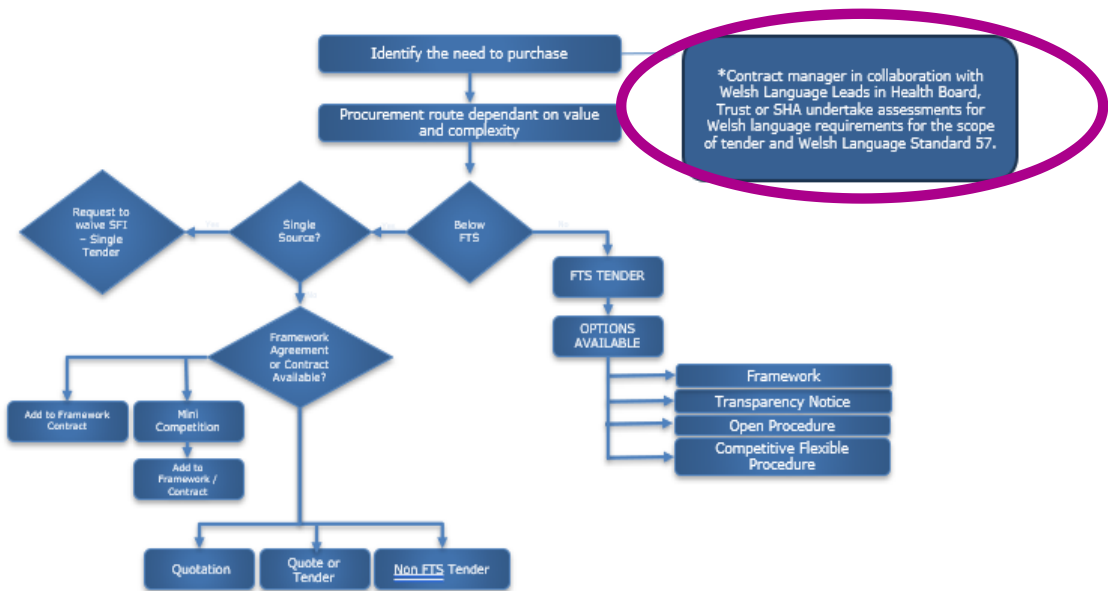
- determine the scope of the specification,
- assess, evaluate and score bids received to invitations to tender, and
- determine if the invitation to tender needs to be published in both Welsh and English as required by Welsh Language Standard 57.

In the process of conducting this Welsh Language Impact Assessment, you must also consult the organisation’s 5 Year Clinical Consultation Plan, which can be sourced by contacting the Welsh Language Lead in the Health Board. Through this email address:

ABB.WelshLanguageUnit@wales.nhs.uk

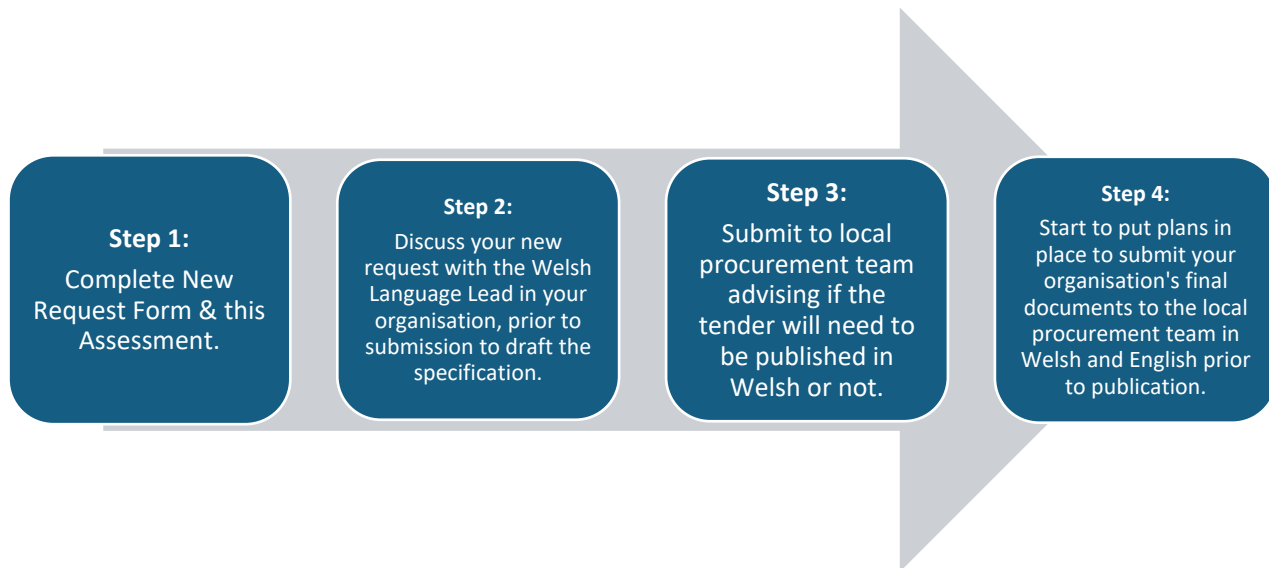
This assessment must be undertaken at the beginning of the Procurement process, when the need to purchase has been identified.

Procurement Flow Chart

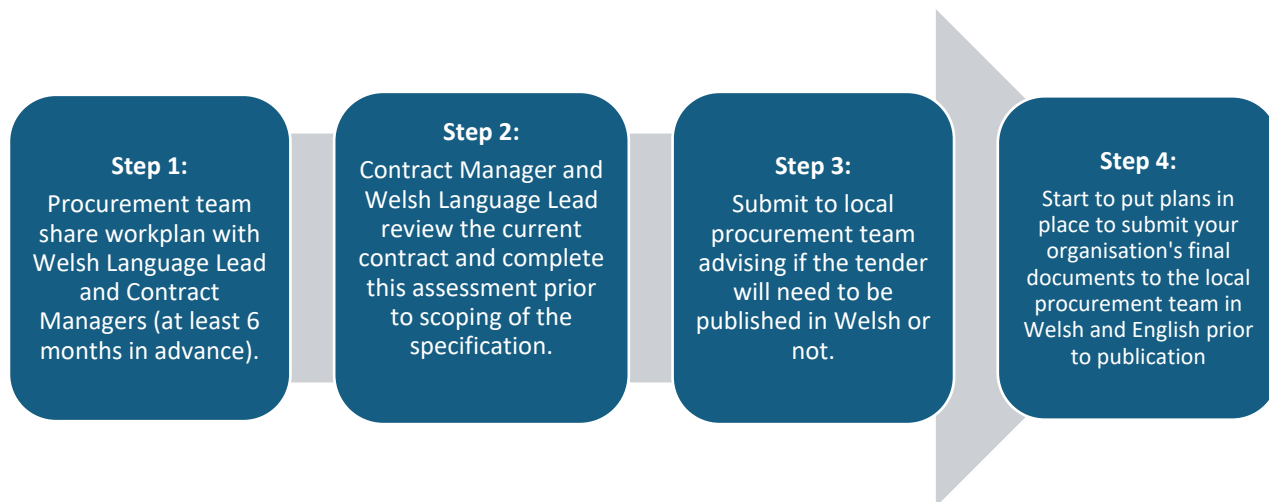


This flow chart is relevant to new contracts or existing contracts coming up for renewal.

New Procurement Request:



Contracts due for renewal:



Roles and responsibilities of NHS Organisations:

Role of HB's, Trusts, SHA's

- Contract managers are responsible for assessing the scope of the tender and determining the need to publish the Tender in Welsh. This must be done on a case-by-case basis for each tender by consulting the organisation's Welsh Language Standards Compliance notice. Compliance notices are available by contacting the Welsh Language Lead in each organisation. **Contract managers must detail what is required in the specification and evaluate accordingly.**
- It is the responsibility of the organisation to provide NWSSP Procurement Teams with documentation in both Welsh and English if it has been determined that the tender documents need to be published in Welsh.
- Agree how tenders submitted in Welsh will be assessed and evaluated with Welsh Language Lead in the organisation.

Role of NWSSP Procurement Teams

- Ensure that contract managers are sighted on annual workplan well in advance of contract renewal / when need to purchase identified.
- Prompt contract managers to check the specification of tenders with the Welsh Language Standards.
- Request evidence of assessment of requirements has been undertaken to determine the scope of tender and whether the tender needs to be published in Welsh.
- Agree timelines with the contract manager to allow time to evaluate tenders submitted in Welsh.
- Provide NWSSP Procurement documents in Welsh and publish tenders in Welsh and English on behalf of the health organisation.

Other Important Considerations

- Contract managers are responsible for assessing Welsh language requirements when a need to purchase is identified.
 - Advice must be sought on how best to translate commercially sensitive documents and incoming bids in collaboration with procurement services and Welsh language leads.
- E.g it would not be appropriate for tender documents and bids for translation services to be outsourced to translation services outside of NHS Wales.

What is the core purpose of the contract? (please tick the relevant box).

To deliver services on behalf of the organisation to patients and the public at large.	
To provide goods & equipment for the organisation.	
To provide associated goods that would be used by patients or the public at large.	
To provide internal digital systems for the organisation for managing staff.	
To provide internal clinical systems for the organisation for clinical staff.	
To provide digital systems and apps where patients and/or the public will interact with the system's interface.	
To provide the staff within the organisation with training or wellbeing programmes.	
To provide the organisation with audience insights.	

Provide a summary of the contract:

NOTE: If a third party carries out an activity or provides a service, which is:

- on behalf of Aneurin Bevan Health Board which is under a duty to comply with the standards, and
- under arrangements made between the body and the third party the body must ensure that the third party complies with the standards applicable to that service by providing a detailed breakdown in the specification for the contract. This is relevant to all contracts over the value of £5,000.00 (five thousand pounds).

Please answer the following questions accurately by ticking 'yes' or 'no':

Questions to determine the specification of the Tender	Yes	No
Will the contractor be expected to correspond with persons on behalf of the organisation? (<i>letters, emails, text messages, chat bot services</i>) (<i>Standards 1 – 7</i>)		
Will the contractor be expected to provide helpline, contact/call centre or main telephone service on behalf of the organisation to persons? (<i>Standards 8 – 20</i>)		
Will the contractor be expected to promote and advertise helpline, contact/call centre or main telephone numbers on behalf of the organisation? (<i>Standards 8 – 20</i>)		
Will the contractor be expected to meet KPIs to deliver telephone services on behalf of the organisation? (<i>Standards 8 – 20</i>)		
Will the contractor be expected to provide telephone services for departments and divisions in the organisation? (<i>Standards 8 – 20</i>)		
Will the contractor be expected to provide automated telephone services on behalf of the organisation or divisions or departments within the organisation? (<i>Standards 8 – 20</i>)		
Will the contractor be expected to organise meetings with persons on behalf of the organisation? (<i>Standards 21 – 22CH</i>)		
Will the contractor be expected to provide a service for in-patients? (<i>Please contact the Welsh Language Lead in the organisation to obtain a copy of the policy on how to establish whether an in-patient wishes to use the Welsh language during the inpatient's admission</i>)		
Will the contractor be expected to arrange and conduct case-conferences on behalf of the organisation?		
Will the contractor be expected to arrange public meetings on behalf of the organisation? (<i>Consultation meetings, opinion formers, board meetings, seminars, conferences</i>)		
Will the contractor be expected to arrange public events on behalf of the organisation? (<i>Standards 31 to 34</i>)		
Will the contractor be expected to produce, publish and distribute forms and/or documents to be completed by individuals on behalf of the organisation? (<i>Standards 36, 37 & 38</i>)		
Will the contractor be expected to produce and publish websites and web-pages on behalf of the organisation? (<i>Standards 39 – 43</i>)		
Will the contractor be expected to develop and publish an app or system for patients, the public at large? (<i>application on a smart device or a system where patients and the public will interact with the interface of the application or system. Standard 44</i>)		
Will the contractor be expected to develop, produce, publish, post and respond to social media messages on behalf of the organisation? (<i>Standard 45 – 46</i>)		
Will the contractor be required to produce and display signage on behalf of the organisations on any of the organisation's sites? (<i>Standards 47-49 and Standards 111-113</i>)		
Will the contractor be required to provide reception services for the organisation? (<i>Standards 50, 52, 53</i>)		

Will the contractor be required to administer grants on behalf of the organisation? (Standards 54, 55 & 56)		
Will the contractor be required to promote any service that they provide on behalf of the organisation? (Standard 60 & 61)		
Will the contractor be required to design or review any corporate identity materials? (Standard 62)		
Will the contractor be required to provide educational courses for patients or the public at large? <i>(e.g antenatal educational courses, Living with a Chronic Condition. (also available in the workplace) ...Living with Persistent Pain. ... Cancer: Thriving and Surviving. ... Caring for Me and You (Course for Carers) ... Living with Type 2 Diabetes. ...An Introduction to Self-Management. These are meant to be examples to set the context of what is meant by 'educational course'. Standard 63)</i>		
Will the contractor be required to announce a recorded message over a public address system at any of the organisation's sites? (Standard 64)		
Will the contractor be required to consult with the public at large, a group of patients, stakeholders or NHS staff? (Standards 72, 73, 74 and standard 36, 37 & 38).		
Will the contractor be required to develop, produce and publish policies on behalf of the organisation? (Standards 69 – 79).		
Will the contractor be required to recruit and employ staff on behalf of the organisation? (Standards 80 to 88)		
Will the contractor be required to develop and publish intranet pages for staff within the organisation? (Standards 90, 91, 93, 94 & 95).		
Will the contractor be required to provide training to staff within the organisation on the following areas: <ul style="list-style-type: none"> • recruitment and interviewing. • performance management. • complaints and disciplinary procedures. • induction. • dealing with the public; and • health and safety.Or • using Welsh effectively in meetings; interviews; dealing with complaints and disciplinary procedures. (Standards 97 & 98)		
Will the contractor be supplying the organisation with opportunities to learn Welsh, OR will there be a requirement on the contractor to provide Welsh language services, where they will need to provide opportunities for staff to learn Welsh as part of their contract? (Standards 99 – 103)		
Will the contractor be required to provide a Welsh logo to promote and identify Welsh speaking staff? Standard (Standards 104 and 105)		
Will the contractor be required to recruit and/or employ Welsh speaking staff to be able to provide a service for patients and/or the public at large (Standards 106 – 109 & 117)		
Will the contractor be required to support the organisation in delivering clinical consultations during the duration of the contract? <i>If yes, the contract manager must assess the requirements of the contract with the priorities outlined within the Clinical Consultation Plan published by the Health Board as required by Standards 110 and 110A.</i>		
Will the contractor be required to provide a recorded announcement in the workplace using audio equipment? (Standard 114)		
Will the contractor be required to keep a record of complaints it receives of any services or products it provides to patients/the public at large of staff working for		

the organisation and report to on the severity of the complaint/actions taken to remedy? (Standard 115)		
Will the contractor be required to provide evidence of the skills, experience and qualifications of staff to undertake the delivery of the contract on behalf of the organisation? (Standard 116)		
Will the contractor be required to report on progress of the delivery of the contract?		

If the contract manager has answered 'yes' any of these questions, the Welsh language requirements **must be** specified in the scope of the specification, discussed with the Welsh Language Lead through this email: ABB.WelshLanguageUnit@wales.nhs.uk in the organisation to fully outline the legal requirements of the third party contractor to provide services or associated goods through the medium of Welsh on behalf of the Health Board.

Questions to ascertain if the Tender needs to be published in Welsh	Yes	No
Does the subject matter of the contract relate to an issue of wide importance and affects a large number of people (e.g. patients)?		
Does the subject matter of the contract deal with issues relating to the Welsh language or a Welsh language service?		
Does the subject matter of the contract relate to an area of particular interest in relation to the Welsh language?		
Is the subject matter of the contract of great importance to Welsh speakers?		
Is the subject matter of the contract similar to the subject matter of a previous tender where tenders were received in Welsh?		
Is the subject matter of the contract one where it is likely that the persons submitting the tender will be Welsh speakers?		

If it is determined that the tender needs to be published in Welsh, the final signed off documents provided to the procurement team by the Health Board must be provided in Welsh and English prior to publication to satisfy Standard 57 of the Welsh language standards.

All Health Board / Trust / Specialist Health Authority owned documents must be translated by the organisation to be submitted to the procurement team for publication. Please discuss this with your local Welsh Language Lead or team. Failure to do this will impact on timescales to publish. You can request translation of text through the Aneurin Bevan UHB Sharepoint page: [Translation Requests](#)

NWSSP's procurement documents from the DMS have been translated in advance to be able to meet publication requirements.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Undergraduate Educational Commissioning 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Cathy Brooks, Head of Workforce Planning; Craig Roberts, Assistant Director of Allied Health Professions and Health Science; Kelly Downes, Deputy Director of Nursing

PWRPAS YR ADRODDIAD (DEWISWCH FEL YN ADDAS) PURPOSE OF THE REPORT (SELECT AS APPROPRIATE)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>Each NHS Wales organisation is required to outline its commissioning needs for Undergraduate Education, Postgraduate Education, and Healthcare Support Worker development. For medical and dental training, Health Education and Improvement Wales (HEIW) draws on a broad range of intelligence, including workforce needs and challenges identified through organisational plans, to inform national recommendations.</p> <p>A comprehensive assessment of commissioning requirements has been undertaken by Divisional Clinical Leads and validated by the Nursing Directorate; Allied Health Professions and Health Science Division; Head of Pharmacy; Head of Orthotics; Lead for Physician Associates; and senior Workforce and Organisational Development representatives.</p> <p>The commissioning numbers set out in this report relate to learners commencing programmes in 2027, who will complete training predominantly in 2029/2030. Following submission, HEIW will undertake a national review before making</p>

recommendations to Welsh Government. These decisions will inform the final Education and Training Plan and determine confirmed placement numbers.

The Executive Committee is asked to approve the HEIW undergraduate educational commissioning numbers for inclusion within the 2026–2027 Integrated Medium-Term Plan (IMTP). Educational commissioning is a core requirement of the Health Board’s IMTP and will be submitted directly to HEIW, the strategic workforce and education body for NHS Wales.

Cefndir / Background

Through the assessment of education commissioning requirements, services consider their future workforce needs and current workforce demographics to ensure an adequate pipeline of new graduates, using a defined set of workforce planning assumptions. While this provides an informed estimate of future demand, the process cannot act as a precise predictor of workforce requirements. This is primarily due to the mismatch between IMTP planning timeframes and the 4–5 year lead-in period required to train new graduate entrants. This report sets out the assumptions that underpin the commissioning recommendations and outlines the key risks associated with these projections.

The Health Board has sought to increase its education commissioning numbers where required each year, **Appendix 1** and HEIW and Welsh Government continue to invest in education and training which has seen an increase in recent years.

The total funding requirement for Education Commissioning and Training in Wales continues to increase each year and is calculated as £370M increasing to £381M by 2027/28 enabling more people to be educated and trained in Healthcare Support Worker roles, post registration training, prescribing and genomics.

Asesiad / Assessment

This year’s education commissioning is based on maintaining a training pipeline that can reasonably replace expected turnover and retirements, while allowing for a small number of agreed service expansions. Most of the proposed numbers follow established trends from previous years **Appendix 2**, and only a limited number of IMTP service improvement schemes are indicating marginal increases to the registered workforce. However, if these schemes are approved in future, failing to plan early for the necessary training capacity could place strain on the workforce.

The recommendations have been informed by divisional workforce needs, including those identified by Nursing Homes and the Primary Care Academy. The recommendations have also been informed by broader workforce intelligence such as age profiles, turnover trends, retirement behaviour and participation rates. They also take into account our practical capacity to host and support students and trainees, recognising that supervision, placement quality and training infrastructure must be maintained without destabilising day-to-day service delivery.

There are a number of complexities which impact the variability of the workforce supply position for 2029/2030 outside the Health Board's control:

Commissioning constraints and variability

- HEIW commissions do not match Health Board requests **Appendix 3**. This constraint is most visible in adult nursing, where only around 60% of IMTP requested places have been approved despite increased commissioning requests by Health Boards. Over four years, commissioning numbers have shown minimal variation, reflecting contract-driven limitations between HEIW and Higher Education Institutes (HEI's) rather than demand-led planning. Even when commissions are agreed, HEIs do not always fill the places, with Mental Health nursing showing declining fill rates.
- Completion rates vary significantly, 87% in nursing and 97% in midwifery adding further unpredictability to supply.
- Some therapies programmes commissioned by HEIW have been above the numbers requested by the Health Board, highlighting inconsistencies of across professions with 82% of graduates securing local posts on graduation.
- Some services face training capacity limits, restricting the number of students they can host each year. With up to three cohorts to support, staff capacity is stretched, and maintaining high-quality placements is essential for future recruitment.

Volatility and uncertainty in future workforce supply (to 2029/2030)

There are a number of factors impacting the ability to precisely predict workforce supply:

- Geographic origin and employment preferences of students.
- Uncertainty around bursary models.
- Shifting attrition rates.
- Cardiff University's proposed reduction in intake.
- Variable completion and retention patterns across HEIs

These variables mean the number of graduates available in 2029/30 may diverge significantly from national HEIW commissioning levels. Positive vacancy positions in some professions risk driving down commissioning, increasing long-term fragility in the pipeline.

Legislative and policy drivers adding workforce risk

- Potential expansion or phased implementation of the Nurse Staffing Levels (Wales) Act 2016 could significantly increase staffing requirements.
- Introduction of the Registered Nursing Associate (RNA) role (training from 2027/28) adds uncertainty until legislation and scope of practice are finalised.
- Retirement behaviour remains unpredictable due to pension regulation changes, with retirement age increasing but still variable.

Training route complexity, workforce preferences, and geographic distribution

- Multiple training pathways including full-time, part-time, diplomas, Open University programmes, and return-to-practice create multiple entry points throughout the year, complicating modelling of supply and availability.
- Generational expectations for flexible working, work–life balance, and preferred geographic locations influence employment patterns and can limit deployment flexibility.
- Persistent vacancies in specific sites (e.g., YAB and NHH) despite low overall vacancy levels suggest that some locations are less attractive to newly qualified staff.
- Internationally educated nurse recruitment adds further uncertainty, with variable suitability of placements and unknown long-term retention outcomes.

Demographic and work participation rate pressures

- The ageing workforce approximately 80% female is increasingly affected by age-related health inequalities, raising the likelihood of health-related absence and part-time working.
- Part-time working rates range from 33% to 45% depending on staff group and age, with part time rates increasing steadily after age 55. Higher levels of part-time participation reduce effective workforce capacity, meaning training numbers must account for head count rather than wte.
- Emerging technologies, including digital innovations and automation, will reshape roles and skill requirements, but their pace and scale remain uncertain.

Significant issues that arise from workforce supply and volatility and commissioning approach and Health Board considerations must consider:

Boom–Bust workforce risk and need for cautious commissioning

The lower vacancy position being reported may lead to consider inappropriately lower commissioning, despite long-term needs remaining unclear. This creates a boom-and-bust pattern: oversupply now followed by sudden shortages later This is due to:

- Current low vacancy levels and changing turnover rates could either increase or reduce the need for streamlining, making workforce requirements unpredictable.
- The Health Board routinely receives only ~60% of commissioned adult nursing places, so any national reduction is magnified locally.
- A cautious approach offers resilience against unpredictable HEIW–HEI contractual arrangements and variations in HEI fill rates.
- Commissioning decisions must often be made before long-term service demand projections are clear.

- If we under-commission now, we cannot “quickly increase” numbers later because universities, placements and pipelines take years to scale up. There is a significant risk of boom-and-bust workforce cycles, where periods of oversupply are followed by sudden shortages
- New models of care, evolving service configurations, and potential service expansions are often unconfirmed at the commissioning stage. Caution also preserves flexibility to support new service models such as place-based care, which may change workforce demand more rapidly than training pipelines can respond.

The Health Board acknowledges that it does not and cannot depend solely on the graduate pipeline, as vacancies arise throughout the year and not in line with student completion timelines, For these reasons, commissioning numbers have been intentionally cautious to avoid destabilising workforce supply and maintain flexibility. Reducing commissioning numbers because vacancies look healthy right now creates serious risks for the medium-term workforce pipeline. Education commissioning decisions made today determine the supply of staff three to four years from now, not this year. For that reason, commissioning must be based on potential future need, not today’s temporary position. Reducing commissioning in response to short-term conditions creates a gap that we may not be able to recover from for several years.

Taken together, these factors illustrate the inherent instability in workforce planning and education commissioning predictions and the need for continuous monitoring, flexible approaches to recruitment and training, and robust strategic workforce planning capabilities to anticipate, understand and respond to changes in supply, demand, and the broader policy and technological landscape.

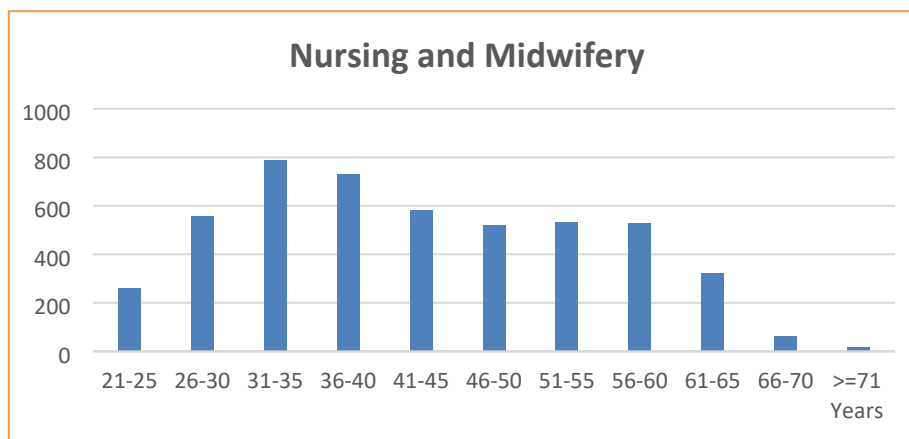
1. Nursing and Midwifery

The key assumptions underpinning the Nursing and Midwifery figures are:

- The average retirement age for adult nursing remains variable. Many registered nurses retain historic pension provisions that allow retirement at 55 with no detriment, creating a peak at that age. Retirements then continue steadily into the early sixties, with the mean retirement age now rising to around 62 years.
- Around 55% of nurses work full time and this decreases to 33% after age 56 years therefore needs to be based on head count and participation rate recognising that hours worked reduce significantly with age.
- Current reported vacancies of 45 wte across Nursing and Midwifery across all bands a reduction from last year by 100wte and another 100wte for the year before.
- Currently successful local external recruitment generally meets turnover needs.
- Turnover has reduced over the past year from 6.8% to 5.95%. Mental Health nursing has a lower rate of 4.75% and adult nursing is higher at 6.19%. To support this variation, turn over assumptions have been based on the previous 3 year trends for each field of nursing and midwifery and assessment of predictions of retirements.

- The numbers of Health Board staff undertaking part-time Registered Nursing training each year as part of a “grow our own” approach (which is detailed in the Nursing and Midwifery and SCPHN Strategy) this year with an expected yearly output of 35 flexi route nurses graduating through USW programmes and distance learning programmes.
- Nursing has become a less ageing workforce, driven by overseas and higher numbers of streamliners entering the workforce, *Figure 1*. The numbers of nurses now over the age of 55 years is 15% compared the Health Board clinical staff average of 20%. There are areas of higher age profile including health visiting and district nursing with 21% over the age of 55 years which has been factored into the commissioning numbers.
- There is a risk against the proposal to increase study time in line with collective agreement which will increase the demand for nurses and has not been factored into the commissioning numbers at this point.

Figure 1 - Nursing and Midwifery Age Profile



The Health Board education commissioning requirements for students for each respective year of graduation are shown in *Table 1*. The annual nursing placement plans developed by HEIW provide healthcare student allocation to the Health Board as shown in **Appendix 3**. Assessment of education commissioning versus student placements produced by HEIW demonstrates a differential negative gap in placement numbers.

Adult Nursing

Reduced turnover rates, limited service expansion, a gradually lowering age profile, and sustained low vacancy levels indicate that the future demand for newly trained nurses is likely to be lower than in previous periods. As a result, fewer nurses will be required through graduate commissioning routes but with a sustained increase in flexible training pathways. Local recruitment continues to remain strong throughout the year, providing a stable and reliable supply into the workforce with vacancies for adult trained nurses at 52wte.

The current commissioning number of 250 reflects nursing participation rates, the contribution of flexible training pathways, internal movements to support continuous supply of enhanced and advanced practitioners and broader system requirements. with additional intelligence gathered from surveys completed directly with nursing home providers to ensure independent sector and Primary

Care requirements are accurately captured. This approach supports a balanced commissioning position that meets local need without contributing to future oversupply.

Mental Health and Learning Disabilities

Vacancies in Mental Health are surplus of 16.11wte. There are no proposals to materially change the workforce profile at this stage. The Division is reviewing nursing establishments to align with new models of care.

Overall supply risk is currently low as there are no vacancies, given that education commissioning has nearly doubled (~39wte) in previous years to support anticipated developments (e.g., SISU), alongside increased flexi-route. However, there is a counter-risk of oversupply in mental health nursing due to recent over-recruitment. The figures presented reflect turnover, age profile, and participation rates (FT/PT), and assume continued local recruitment outside of streamlining and for specialist roles.

Children's Nursing and Health Visiting/School Nursing

Vacancies in Paediatric nursing are 6.57wte. There are no known changes to service plans requiring any large changes in workforce for Children's Nursing. There are currently only 5 vacancies in HV services.

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

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

Midwifery

Vacancies in midwifery are 2.63wte. The evaluation of midwifery requests has considered gaps between demand and the available workforce with consideration of case acuity and the fluctuation of birth rates. Numbers are reflective of turnover, potential retirements with 8 relating to growth and service expansion as a result.

Community Nursing

Nurse graduate numbers in district nursing and primary care already reflected within the adult nursing assessments. This year, additional information has also been included to capture the nurses required to support community service provision, as well as the training capacity needed for the Specialist Practice Qualification (SPQ).

The SPQ in NHS Wales is a post-registration, NMC-recordable qualification available to registered nurses and midwives, and is often funded by HEIW. The qualification equips practitioners with advanced skills to manage complex and long-term conditions autonomously within community settings including district nursing, general practice nursing, and learning disabilities. This enhanced training pipeline is essential to sustaining a competent community workforce and supporting future service transformation.

The public health nursing numbers are based on provision requirements within the Health Child Wales Programme (HCWP) and given the positive vacancy position is based on expected turnover and 20% of HV over 55 years.

Table 1 - Nursing Undergraduate Commissioning Numbers

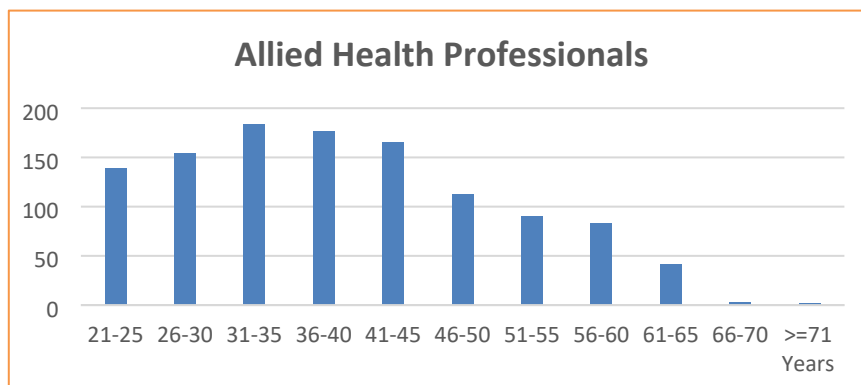
Course Title	New Graduates Required Headcount	Expected Turnover (external leavers) in 1 year (all grades)	Reason for Commissions
Adult Nursing			
Bachelor of Nursing (B.N.) Adult (All training programmes)	250	220	With an increased organisational supply chain via overseas, flexi-route and streamlining, the Health Board is beginning to see an overall reduction in Adult nursing vacancies (67wte) and lower turnover rates. The proposal is to reduce the numbers from previous year (345) to support turnover only acknowledging the Health Board successfully recruits outside of streamlining. The numbers include an assessment for Primary care and nursing homes. 15% of nurses over 55 years (764wte). (Likely to achieve 60% of commissioned numbers 162 graduates plus 34 flexi route nurses 2029/2030)
Level 4 Access to Year 2 Nursing	45	As above	With lower course attrition rates and the organisational retention benefits of local training provision with USW, there is a shift in the requirement for training via Flexi-Routes with greater numbers required and predicted output via this route.
Midwifery			
B.Sc. Midwifery	24	28	General Turnover = 6, 10= retirements & 8 service expansion. This is a reduction in previous years (30) numbers and reflect the current positive vacancy position and current numbers in training.
Children's Nursing			
Bachelor of Nursing (B.N.) Child (Full-Time)	15	26	Reduction in 15 requirement due to positive change in vacancies and change in skill mix (increase in HCSW) based on service need. Including predicted turnover and retirements
Bachelor of Nursing (B.N.) Child (Part-Time)	1	As above	
Mental Health & LD Nursing			
Bachelor of Nursing (B.N.) Learning Disability (Full-Time)	5	5	MDT approach and change in skill mix (increase in HCSW) based on service need and current vacancy position
Bachelor of Nursing (B.N.) Mental Health (Full-Time)	45	37	Retain previous level of numbers due to turnover and retirements positive vacancy position and Mental

			Health Officer Status which supports earlier retirement
Bachelor of Nursing (B.N.) Mental Health (Part-Time)	3	As above	Reduce from previous level (5) of numbers due to turnover and retirements and Mental Health Officer Status which supports earlier retirement
Community Nursing			
Health Visiting (Full-time)	15	25	To support HCWP – retain at previous year figures. 20% of HV over 55 years
Health Visiting (Part-Time)	11	As above	To reduce part time training of 17 last year which was an exception to previous years due to age profile and vacancies. Figures reflect requirements to support HCWP,
School Nursing (Full-time)	2	6	Requests In line with last year’s submissions however, service limitation due to absence of additional funding for school nursing services and limited resources available to appoint to additional posts.
School Nursing (Part-time)	3	As above	
SPQ General Practice Nursing (Part-Time)	8		General Turnover – in line with last year’s submission
SPQ Community Children’s Nursing (Part-Time)	2		No increased requirement - in line with last year’s submission. The service currently has high numbers of Band 4 staff with plans to focus review of roles and responsibilities.
SPQ Community Children’s Nursing (Modules)	3		
SPQ District Nursing (Part-Time)	20		Small increase in training requirements- ageing profiles of staff 55+ and increasing clinical services to meet the changing needs of populations
SPQ District Nursing (Modules)	5		

2. Allied Health Professionals (AHPs) and Health Care Scientists

The age profile of AHP is lower than the average peak age profile of nursing, *Figure 2*. The mean peak age is between 31-35 years and has been relatively stable but is higher in Dietetics and Physiotherapy and Occupational therapy at circa 20-26% staff over 55 years.

Figure 2 - AHP Age Profile



The key assumptions underpinning the figures in *Table 2* are:

- The average age of retirement for staff appears to have moved upwards to 62 years
- Turnover assumed at 11.6% for AHP's but has been assessed per speciality. This higher turnover is associated with rotational posts which have been excluded from the assessments.
- Education commissioning numbers assume current levels of part time ratios of 36% and based on head count.
- The age profile of each speciality to accommodate variation between specialities.
- Possible implications of service developments (Diabetes Business Care and population health requirements).
- Assessment of primary care requirements have undertaken through Heads of Service through engagement with the Primary Care Academy.
- HEIW have recommended previous higher commissioning numbers for Physiotherapy than requested by Health Boards which supports a good supply pipeline until 2030.
- Numbers have been submitted for Clinical Associates in Applied Psychology (CAAPs) training, even though it is unlikely this course will not be commissioning next year pending a further review.

The education commissioning assessments undertaken by the respective services, *Table 2*, remain similar to previous years for graduate courses. HEIW report that there are good fill rates for most therapy courses other than Human Nutrition and Dietetics and Podiatry.

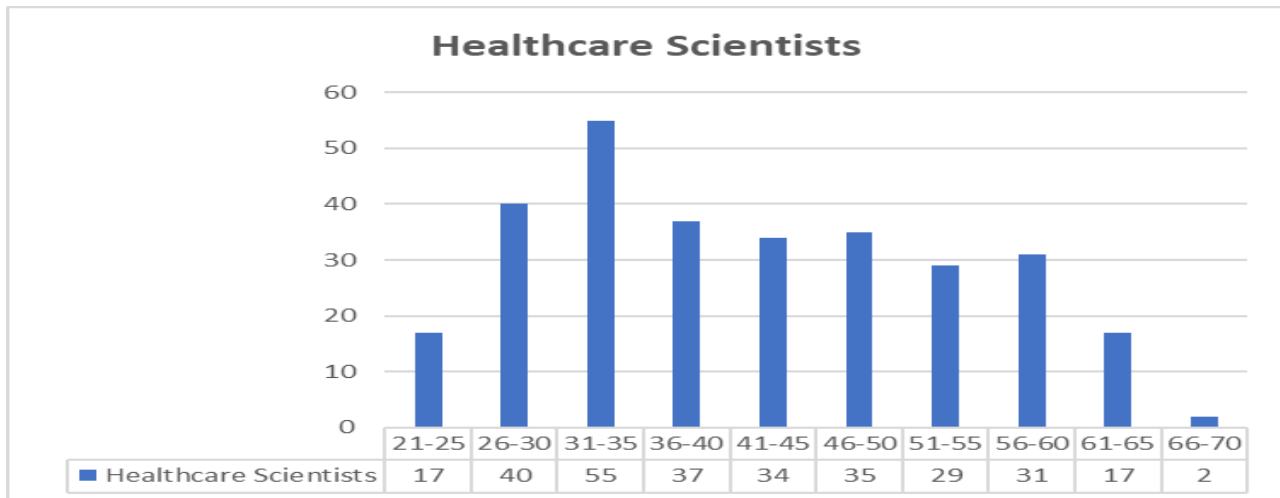
Table 2 - Allied Health Profession Undergraduate Training Numbers

Course Title	New Graduates Required-Headcount	Expected yearly external turnover (all grades)	Reason for Commissions
BSc Human Nutrition and Dietetics	10	15	Retain previous year's figures. Turnover 14 & 3 60 + = 17.
Human Nutrition and Dietetics (MSc/PG Dip)	5	As above	However, 60+ may not fully retire or retire and retiring and due to financial pressures posts vacancies may not be filled. Also not all graduates within Wales have been recruited to dietetic posts this year. Therefore, request for 15 in total.
Occupational Therapy (Full Time)	9	29 (includes rotation posts)	Retain previous year's figures. 6 General Turnover, 3 Retirements
Occupational Therapy (Part Time)	3	As above	Reduction from last year (11) Max number UHB can support per cohort. Previous years' numbers included commissioning for all LAs which is being undertaken outside of the Health Board this year

Occupational Therapy (MSc/PG Dip)	5	As above	4 General Turnover, 1 Retirement
Physiotherapy (BSc Full Time)	25	44 (includes rotation posts)	Retain previous year's figures. 20 General Turnover, 5 Retirements, no change from last year. 22% over 55 years.
Physiotherapy (BSc Part Time)	2	As above	Retain previous year's figures. 1 General Turnover, 1 Retirement, no change from last year
Physiotherapy (MSc/PG Dip)	4	As above	Retain previous year's figures, 2 General Turnover, 2 Retirements, no change from last year
Podiatry	6	7	Slight increase in numbers from previous year figure (5) 4 General Turnover, 2 Retirements,
Operating Department Practice	10	12	Retain previous year's figures. General Turnover, no service expansion plans and no change in numbers from previous year. Restrictions on capacity to train more. Cwm Taff have including additional training requirements for the LHP in their education commissioning plan.
Speech and Language Therapy	9	7	Retain previous year's figures Based on retirement and turnover and increase in flexible working patterns and reduced participation rates 2 Neonates (HB business case aligned to BAPM in 26/27 IMTP).
Speech and Language Therapy (Welsh)	1	As above	General Turnover
PhD Clinical Psychology Doctorate	18	21	Decrease in previous years figures although yearly HEIW commissioning numbers are often >50% to numbers requested. 7 General Turnover, 8 Retirements, 3 Service Expansion, low level of vacancies. This is not the only access to new workforce supply as can employ from university doctoral training programmes.
Clinical Associates in Applied Psychology (CAAPs)	6 (course unlikely to be commissioned)	2	Funding for CAAPs remains an unresolved issue between HEIW, HBs and WG. We would anticipate 2 of our current CAAPs applying for DClinPsy training. Numbers increasing service workforce demands and changing workforce skill mix.

3. Healthcare Scientists

Figure 3 - Healthcare Scientists Age Profile



The key assumptions underpinning the figures in *Table 3*, are:

- 17% of Healthcare Scientist staff are over the age of 55 years, *Figure 3*, with Cardiology Physiology having the highest age profile then Pathology and Audiology with 17% of staff over the age of 55 years.
- Turnover for Healthcare Scientists is 7.6% which has been stable over previous years.
- Where courses are available there has been an increase in the requests for flexible routes of training.
- The average age of retirement for Healthcare Scientists is 61 years.
- No expectations of workforce expansion in the IMTP.

Table 3 - Health Care Science Undergraduate Commissioning Numbers

Course Title	New Graduates Required-Headcount	Expected yearly external turnover (all grades)	Reason for Commissions
Audiology - Healthcare Science PTP	1	2	Retain at previous year's numbers. 1 General Turnover. A conservative estimate, based on previous demand and capacity modelling, indicates that additional workforce will be required to meet current and projected service needs.
Audiological Practice	2	As above	2 General Turnover. Improved recruitment and retention via this training route, candidates can progress, via Part Time PTP, to band 5+
Audiology (Part time employed) - Healthcare Science PTP	1	As above	1 General Turnover. Provides a general grow your own approach and will continue
Biomedical Science (Blood Sciences) - Healthcare Science PTP	2	20	Retain at previous year's figures. 2 General Turnover, no service expansion. Able to recruit direct from university through portfolio route which supports recruitment.

Biomedical Science (Cellular Sciences) - Healthcare Science PTP	1	Included in above	1 General Turnover, no service expansion Able to recruit direct from university through portfolio route
Biomedical Science (Blood Sciences, Part time employed) - Healthcare Science PTP	4	Included in above	General Turnover, no service expansion Able to recruit direct from university through portfolio route
Cardiac Physiology - Healthcare Science PTP	3	3	2 Retirement, 1 Service Expansion. Expected increase in demands and retirement
Neurophysiology - Healthcare Science PTP	2	Small workforce turnover (0-2)	Retirement – Succession Planning
Respiratory and Sleep Physiology - Healthcare Science PTP	1	Small workforce turnover (0-2)	General Turnover, no service expansion
Diagnostic Radiography and Imaging	12	12	8 General Turnover, 4 Retirements. Does not include any coverage for possible increase in demand.

Orthotists

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

Physician Associates (PA)

The Health Board has seen growth in the Physicians' Associate (PA) workforce nationally; however, local commissioning requests have remained consistent and reduced over recent years. There are no new PA roles identified within the current IMTP and no plans to introduce Anaesthetic Associates (AAs).

Turnover in the existing PA workforce is low, typically 1–2 posts annually, and there is already a significant training pipeline resulting from previous over-commissioning across Wales. Based on this stability and the absence of service expansion, the assessment indicates no requirement to commission additional PA training places for the forthcoming cycle. The 2025 review led by Professor Gillian Leng has been considered in the planning process and provides assurance regarding future governance and role development.

4. Additional Professional Technical Staff

Orthoptics

Undergraduate placements are currently not commissioned via HEIW due to lack of available for training provision in Wales. However, Changes to regulation (Education, training review GOC 2021) demonstrates changes to education and training both in Under and Post Graduate to facilitate new ways of working clinically which are being supported through HEIW.

Pharmacy

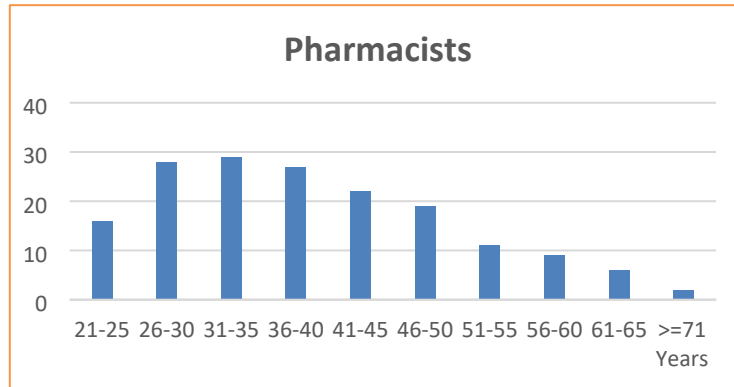
Assumptions underpinning this plan include:

- Turnover for pharmacists is typically 8% and for technicians it is 5.36%

- Service expansion plans in the IMTP (subject to final approval).

The age profile in *Figure 4* shows the whole of the pharmacy workforce including technicians where 16% are over the age of 55 years.

Figure 4 - Pharmacy Workforce Age Profile



Pharmacy commissioning for 2026–2029 reflects strong engagement across ABUHB and national partners and takes place during a period of significant workforce transformation. There are notable challenges, but also considerable progress, innovation and opportunities to strengthen the workforce pipeline.

Strategic Progress and Positive Developments

- Pharmacy workforce planning is well-aligned with *Pharmacy: Delivering a Healthier Wales*, the Clinical Futures Workforce Plan and national review recommendations.
- The directorate has successfully modernised and advanced roles across pharmacists, pharmacy technicians and pharmacy assistants, improving workforce flexibility and capability.
- The HEIW Funded Pharmacy Undergraduate Placement Programme (FPUPP) has been implemented at scale with strong feedback, and expansion plans will further strengthen the future pipeline.
- Investment in the PRPT Level 4 programme and technician development pathways is building resilience in a critical part of the workforce.
- The move towards all newly qualified pharmacists becoming independent prescribers from 2026 will significantly enhance MDT working and clinical capacity.

Challenges and Risks

- Recruitment, retention and training capacity pressures continue to impact delivery of high-quality education and supervision.
- Significant reforms to initial and post-qualification training for pharmacists and pharmacy technicians create uncertainty and require adaptation.
- Reduction in HEIW funding for Band 6 pharmacist training posts (moving to 10% in 2026) poses a material risk to early-career development and specialist skill-building.

- Digital and national transformation programmes Electronic Prescribing and Medicines Administration (EPMA) and Transforming Access to Medicine (TRAMS) will reshape service models and reduce availability of some specialist roles, requiring further workforce adaptation.
- Imminent retirement pressures within the pharmacy technician workforce add further fragility, despite strong mitigation efforts.
- Financial pressures from apprenticeship funding models (Annex 21 at 70–75%) limit the scale at which training expansion can occur.

The Pharmacy workforce is experiencing substantial change, but ABUHB has already taken proactive and positive steps to strengthen its pipeline, modernise roles, and respond to new workforce expectations. Continued investment in training capacity, technical workforce development, and post-qualification education will be essential to sustain services and support delivery of Clinical Futures and national priorities.

The education commissioning numbers proposed for academic intake year 2026/27 are summarised in *Table 4* and remain similar to previous year figures with inclusion for some service expansion and business cases being processed.

Table 4 - Pharmacy Education Commissioning Numbers

Course Title	New Graduates Required-Headcount	Reason for Commissions
Pre-registration Pharmacy Technician	15	Retain previous year's figures 15 General Turnover, no increase from last year
Post-registration Foundation Pharmacists (novice IPs)	8	7 General Turnover, 1 Service Expansion
Foundation Training Programme (trainee pharmacists)	24	Increase from previous year's figure (21) 21 General Turnover, 3 Service Expansion

Summary

The commissioning numbers have been agreed by Service Leads and Assistant Clinical Directors and align with the available workforce intelligence. They are expected to meet anticipated turnover and retirement requirements through to 2029/2030. However, modelling based on turnover across all bands inevitably carries the risk of oversupply, particularly as newly qualified graduates can only enter the workforce at entry level and many vacancies are filled by candidates from outside the Health Board. Retirement behaviour also remains difficult to predict due to ongoing changes to pension regulations, adding further uncertainty.

Service improvement assumptions remain modest, with no current indication from NCNs of significant workforce model changes. Longer-term risks stem from shifting population demographics, including a notable decline in the number of young people likely to enter higher education, which could reduce future graduate supply. Although the Health Board has reduced some commissioning numbers especially within nursing to support a more sustainable pipeline, it is

clear that education commissioning alone cannot meet the future clinical workforce needs. Broader workforce transformation, changes in skill-mix, and greater use of flexible and alternative training routes will be essential to maintaining a resilient workforce.

In addition to these demographic and supply-side risks, there is an increasing need to strengthen and embed strategic workforce planning capability across the organisation. As workforce models evolve and digital programmes such as ePMA, TRAMS, AI-enabled systems, and new clinical pathways reshape roles and required skills, the Health Board must have the analytical, forecasting and scenario-modelling capacity to anticipate impacts early and respond proactively. Building these capabilities will be crucial to safely managing future workforce pressures, supporting service redesign, and ensuring the organisation can adapt quickly to both technological change and continued uncertainty in workforce supply.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the opportunities and risks and to approve the HEIW undergraduate educational commissioning numbers for the 2026-27 annual IMTP submission and acknowledge the risks.

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	<p>AHP's – Allied Health Professionals CAAPs - Clinical Associates in Applied Psychology EPMA - Electronic Prescribing and Medicines Administration FPUPP - Funded Pharmacy Undergraduate Placement Programme HEI – Higher Education Institutes HEIW - Health Education and Improvement Wales HV – Health Visiting IMTP - Integrated Medium-Term Plan NCN – Neighbourhood Care Network PRPT - Pre-Registration Pharmacy Technician RN – Registered Nurse SCHPN – School Health Nursing and Public Nursing SISU - Specialist Inpatient Services Unit TRAMS - Transforming Access to Medicine wte – whole time equivalent</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Service Clinical Leads and educational supervisors, have been involved in the submission of educational commissioning numbers along with Assistant Director of Therapies and Assistant Director of Nursing, Head of Pharmacy, Lead Physician Associate.

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	Not Applicable
• 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/>

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

Appendix 2 - ABUHB Educational Trends

ABUHB IMTP commissioning - BSc courses from 2018 - 2026								
Course	IMTP year							
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Nursing & Midwifery								
Bachelor of Nursing (B.N.) Adult	238	275	294	262	285	320	310	345
Bachelor of Nursing (B.N.) Adult (Part-time)	0	20	0	2	0	25	37	0
Bachelor of Nursing (B.N.) Child	21	32	35	23	31	37	30	32
Bachelor of Nursing (B.N.) Mental Health	40	45	65	60	79	65	35	40
Bachelor of Nursing (B.N.) Mental Health (Part-time)	0	0	0	10	4	9	14	8
Bachelor of Nursing (B.N.) Learning Disability	5	4	15	10	5	5	5	5
Bachelor of Nursing (B.N.) Learning Disability – Part time	0	0	0	2	2	0	0	5
BSc Midwifery Direct Entry	25	26	29	19	24	30	30	30
Health Visiting (Full-time)	20	12	6	12	14	11	24	14
Health Nursing (Part-time)	0	8	14	2	6	6	4	17
School Nursing (Full-time)	2	2	6	2	1	2	2	2
School Nursing (Part-time)	1	1	0	0	2	3	2	3
Return to Practice	20	20	25	20	2	4	1	2
Flexible (Access to Nursing) He Cert	N/A	N/A	N/A	N/A	10	19	25	35

ABUHB IMTP commissioning - BSc courses from 2018 - 2026								
Course	IMTP year							
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Healthcare Scientist								
BSc (Hons) Healthcare Science - Audiology	2	2	2	2	2	3	1	5
BSC – Healthcare Science – Audiology part time								2
BSc (Hons) Healthcare Science - Respiratory and Sleep Science		1		0	1	1	0	0
BSc (Hons) Healthcare Science - Neurophysiology		1		0	2	0	0	0
BSc (Hons) Healthcare Science - Biomedical Science - Blood	2	2	4	2	2	2	2	2
BSc (Hons) Healthcare Science - Biomedical Science - Infection	1	1		0	1	1	1	2
Allied Health Professions								
BSc Diagnostic Radiography	25	27	25	13	10	10	10	12
BSc Human Nutrition - Dietician	11	4	9	6	6	8	8	10
PG Diploma Dietetics	3	4		4	4	3	3	5
BSc Occupational Therapy	15	15	14	8	6	14	8	9
BSc Occupational Therapy (Part time)	4	4	7	2	4	3	3	11
PG Diploma Occupational Therapy	8	8	7	4	2	4	5	5
BSc Physiotherapy	27	30	25	20	31	23	25	25
B.Sc. Physiotherapy (Part time)		0	0	0	3	0	1	2

ABUHB IMTP commissioning - BSc courses from 2018 - 2026

Course	IMTP year								
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
PG Diploma Physiotherapy		0	0	0	2		4	4	
BSc Podiatry	3	5	4	4	2	4	3	5	
BSc Orthoptist	1	1	1			0	N/A	N/A	
BSc Speech & Language Therapy	9	10	9	6	8	7	8	9	
BSc ODP	8	7	8	8	20	10	10	10	
Physicians Associates	6	4	4	2	4	4	1	1	
PhD Clinical Psychology Doctorate	8	8	7	8	20	14	27	21	
Clinical Associates Applied Psychology						11	0	0	
Pharmacy (figures only from 2020 due to changes in training programmes)									
Pre – Registration Pharmacists		8	10	8	8	10	6	9	15
Trainee Pharmacist – Foundation Programme	Changes to training programme			6	9	9	15	21	
GP Pharmacist Transition Programme	Changes to training programme			6	5	3	5	4	
Pharmacy Technicians		10	10	10	6	10	7	9	15

Appendix 3– Education Commissioning requests compared to final Education Placement Plan

Nursing and Midwifery

Commissioned Course IMTP 2024/2025	University	Requested (all courses)	AB Placement Plan	Allocation %	AB Placement Plan: Part Time/Graduate & Level 5 Entry Placements (Included in Column D total)
Adult Nursing	Cardiff	415 (20 Nursing Home, 45 GP, 3 WAST, 37 P/T)	93	43%	10 P/T 5 MSc PG DIP
Adult Nursing	USW		87		
Adult Total			180		
Child Nursing	Cardiff	30	19	94%	2 MSc PG DIP
Child Nursing	USW		13		
Child Nursing Total			32		
MH Nursing	Cardiff	49 (14 P/T)	26	94%	2 P/T 2 MSc PG DIP
MH Nursing	USW		20		
MH Nursing Total			46		
Learning Disability Nursing	USW	9 (4 MSc/PG DIP)	11	100%	0
Learning Disability Nursing Total			11		
Midwifery	Cardiff	30	25	100%	0
Midwifery	USW		18		
Midwifery Total			43		

Commissioned Course	University	Requested	AB Placement Plan	Allocation %
BSc Occupational Therapy	Cardiff	8	14	100%
PG Dip /MSc Occupational Therapy	Cardiff	5	6	
BSc Occupational Therapy (p/t)	USW	6	7	
Occupational Therapy Total		19	27	
PG Dip/MSc Physiotherapy	Cardiff	4	5	90%
BSc Physiotherapy (f/t)	Cardiff	25	17	
BSc Physiotherapy (p/t)	USW	1	5	
Physiotherapy Total		30	27	
Diagnostic Radiography	Cardiff	10	15	100%
Radiography Total		10	15	
BSc Podiatry	Cardiff Met	4	5	100%
Podiatry Total		4	5	
BSc Speech and Language Therapy	Cardiff Met	10 (2 Welsh Lang)	9	90%
Speech and Language Total		10	9	
BSc Human Nutrition and Dietetics	Cardiff Met	8	8	100%
PG Dip Dietetics	Cardiff Met	3	3	
Dietetics Total		11	11	

Commissioned Course	University	Requested	AB Placement Plan	Allocation %
ODP	USW	10	10	100%
ODP Total		10	11	
HCS - Healthcare Science - Blood	Cardiff Met	2	2	100%
HCS - Healthcare Science - Infection	Cardiff Met	1	1	
HCS - Healthcare Science - Cellular	Cardiff Met	0	1	
Blood/Infection/Cellular Total		3	4	100%
HCS - Cardiac Physiology	Swansea	4	4	
Cardiac Physiology Total		4	4	100%
HCS - Audiology	Swansea	1	1	
Audiology Total		1	1	100%
HCS - Respiratory and Sleep	Swansea	0	1	
Respiratory and Sleep Total		0	1	100%
HCS - Neurophysiology	Swansea	0	1	
Neurophysiology Total		0	1	100%
Physicians Associates	Swansea	1	2	
Physicians Associates Total		1	2	100%

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

Recommendations Summary Table

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

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

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

*Subject to confirmation in Welsh Govt Remit / Funding Letter

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

Primary and Community Care

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

*Subject to confirmation in Welsh Govt Remit / Funding Letter



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People & Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Performance Dashboard – April 2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Shelley Williams, Deputy Director of Workforce and Organisational Development; Jo Gubbings Assistant Director of Workforce; Peter Brown Assistant Director of Workforce; and Organisational Development; and Kate Davies, Workforce Performance Manager.

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

To provide the Performance Oversight Committee with the April 2026 Workforce Performance Dashboard, **Appendix 1** which incorporates the workforce key performance indicators for information and assurance. The dashboard covers a four-week period from 01 – 30 April 2026.

The paper also contains an update for the Mental Health and Learning Disabilities culture change programme undertaken by Organisational Development Team over the last 6 months.

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

Cefndir / Background

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

Asesiad / Assessment

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

The key highlights from the April 2026 Workforce Performance Dashboard, **Appendix 1**, include:

- In April 2026, sickness absence decreased to 6.25%, a 0.06% decrease compared to March 2026 (6.31%). The 3 main reasons for sickness were Anxiety/Stress/Depression/other Psychiatric illness 31.8%, Other musculoskeletal problems 9.4% and Gastrointestinal problems 8.6%.
- The 12-month cumulative sickness absence of 6.58% remained consistent compared with the previous month (6.55%). The 3 highest sickness groups were, Additional Clinical Services 10.29%, Estates and Facilities 9.22%, and Nursing and Midwifery 6.43%.
- Short-term sickness increased in April 2026 to 2.19% compared to March 2026 (2.15%). Long term sickness decreased in April 2026 to 4.07% compared to March 2026 (4.16%).
- The number of staff not in work due to sickness absence in April 2026 was 858.81wte, a decrease of 7.19wte when compared to 866wte in March 2026.
- The 12-month total % for turnover was 9.10% compared to 8.71% at the same time last year, an increase of 0.39%. Nursing & Midwifery have the lowest turnover rate of 6.12% whilst Estates and Ancillary have the highest turnover rate of 12.18%.
- PADR remained below the target of 85%, with compliance for April 2026 at 76.52%, a decrease of 0.43% from last month (76.95%). PADR compliance has improved by 1.43% when compared to 75.09% in April 2025.
- Statutory and Mandatory training increased from 81.18% in March 2026 to 81.47% in April 2026. Compared to April 2025 (78.36%), there is an increase of 3.11%.
- The All-Wales Anti-racism e-learning training was added on ESR in February 2025 as a mandatory module for all staff. A deadline of December 2025 was established to achieve 100% compliance. The Health Board have had a good response and the overall compliance at the end of April 2026 was 87.25%, a slight increase of 0.72% since March 2026 (86.53%).
- Staff in post in April 2026 was 13,741wte (17,340 people) compared to 13,460wte (17,060 people) in April 2025. The top staff group increases since April 2025 were in Nursing and Midwifery by 158.99wte, Administrative and Clerical by 72.50wte and Medical & Dental by 48.88wte.
- Variable pay bank and agency usage decreased in April 2026 to 868.57wte in comparison to 1,019.76wte in March 2026, a reduction of 151.11wte. The main reason for usage was vacancies and sickness absence.
- Medical bank and agency usage in April 2026 was 102.53wte, a decrease of 6.71wte compared to 109.24wte in March 2026. The current usage split is 75% Locum and 25% Agency, which has been used to cover vacancies (53%), Sickness (17%) and Additional Activity/Extra capacity (Excluding WLI) (10%),

the highest usage for sickness has been used in Medicine 4.90wte and Surgery 3.25wte.

- Medical Agency usage remains fairly consistent however, in April 2026 usage was 25.72wte, a decrease of 6.7wte when compared to 32.42wte in March 2026.
- Reducing time to hire remained below the target of 71 days at 55.5 days. Work continues to focus on improvements to reduce other measures, higher than the required target such as, time to shortlist. This target is 3 days, currently the Health Board has an average of 5.9 days.

JOB PLANNING UPDATE

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

- The Medical Workforce E-System Team continue to work with Divisions to complete job plans via the L2P Job Planning E-System. Currently, overall job planning compliance is 52.8%, decreasing by 0.8% from 53.6% in March 2026. Consultant's job planning compliance is at 54.3%, a decrease of 0.8% from 55.1% in March 2026 and SAS Doctors is at 47.5%, a decrease of 0.9% from 48.4%, in March 2026.
- 307 Consultant job plans are compliant in the e-Job Planning System. However, there are 103 job plans that are work in progress and 60 job plans awaiting signatures. 75 SAS job plans are compliant in the e-Job Planning System, 40 job plans are work in progress and 17 job plans are awaiting signatures
- A Medical Assurance Meeting was initiated in April, providing a forum for the Medical Director and Divisional Directors to review job plan compliance and address any issues that may affect future compliance improvements.
- The Medical Workforce E-Systems Team commenced meetings with directorates in November 2025, presenting job plan data to highlight areas of improvement and identify workforce efficiencies which will continue throughout 2026.

OCCUPATIONAL HEALTH (OH) UPDATE – March 2026 - extracted in May 2026 (2 months in arrears) to enable clinic bookings to take place.

- Performance against the KPI target of 80% which measures the percentage of first offered appointment dates within 29 calendar days of the management referral date was 77.05% in February 2026 and has decreased to 58.4% in March 2026. Unfortunately, three members of clinical staff continue to be off sick during this period effecting capacity in the team. However, two Registered Occupational Health Nurse Band 5 x 2wte, have recently joined the team which will support an improved position.
- Performance against the KPI target of 80%, measuring the percentage of cases where consent is agreed during the consultation and the report is sent to the manager on the same day, was 98.6% in February 2026 and has seen a further increase to 99.5% in March 2026.

- Performance against the 80% KPI target for completing pre-placement health assessments within 7 calendar days, was 93.8% in February 2026 and has increased to 98.5% in March 2026.

MENTAL HEALTH AND LEARNING DISABILITIES (MHL) CULTURE CHANGE PROGRAMME UPDATE, 6-MONTHLY UPDATE.

The Mental Health and Learning Disabilities (MHL) Culture Change Programme continues to progress well, with a current focus on strengthening the culture between the Divisional Management Team (DMT) and Directorate Management Teams (Directs), alongside targeted work within teams identified by the Divisional Triumphant as priority areas.

A comprehensive cultural diagnostic has been completed with Senior leaders across the division. This included the collection of staff narratives, assessment of current and desired cultural states, and structured interviews with all Directorate Management Teams and DMT members. In addition, both groups have undertaken analysis to identify underlying patterns, root causes, and hypotheses, alongside the development of actions to address current cultural dynamics which will be implemented over the next 6 months.

A consolidated report is in development, bringing together insights from the cultural diagnostic, Staff Survey results, and Divisional Performance data. This is scheduled for publication in June 2026. Furthermore, external funding has been secured to support senior leaders in undertaking voluntary 360° leadership assessments through Korn Ferry. This programme is now underway, with over 25 senior leaders participating.

At team level, significant engagement is ongoing, including work with Newport CMHT (East and West), Talygarn, Ty Cyfannol, Caerphilly Learning Disabilities (CDLT), and Aneurin Bevan Specialist Drug and Alcohol Service (ABSAS). Cultural diagnostics within these teams are being progressed, with tailored actions being developed to support local cultural improvement.

Over the next six months, focus will include:

- Continued engagement with champion groups, including senior managers, patient-facing staff, and individuals with lived and living experience (patients, families, and carers)
- Strengthening managerial capability, particularly in areas such as managing difficult conversations, sickness absence, and team behavioural dynamics
- Supporting staff and managers to raise concerns confidently and fostering compassionate, psychologically safe team environments

The Triumvirate continues to receive weekly updates through structured face to face review meetings, enabling visibility of progress, identification of barriers, and alignment on priorities, while also supporting two-way feedback and ongoing strategic alignment.

The Project Team is also undertaking targeted development to enhance delivery capability, including training in psychological safety, public sector organisational agility, and supporting leaders through 360° feedback processes.

Argymhelliad / Recommendation

The 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:	ABSDAS - Aneurin Bevan Specialist Drug and Alcohol Service CDLT - Caerphilly Learning Disabilities Team DMT - Divisional Management Team ESR - Electronic Staff Record KPI - Key Performance Indicator MHLD - Mental Health and Learning Disabilities OH - Occupational Health WTE - Whole Time Equivalent
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

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

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



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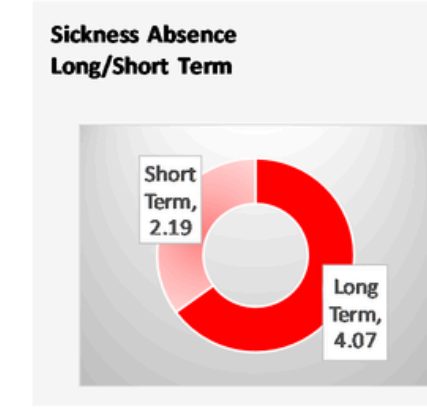
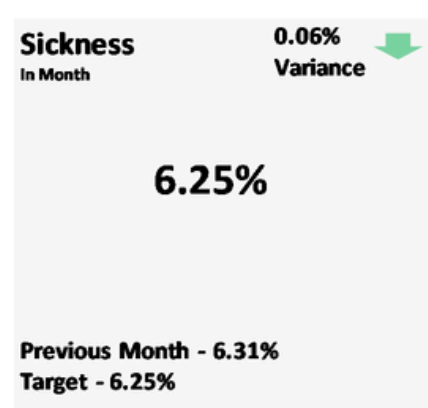
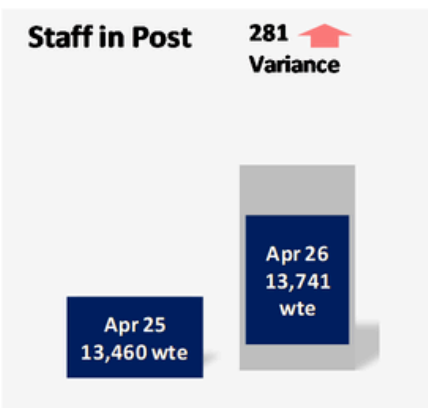
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ABUHB Workforce Performance April 2026

Top 3 reasons for absence by FTE days lost

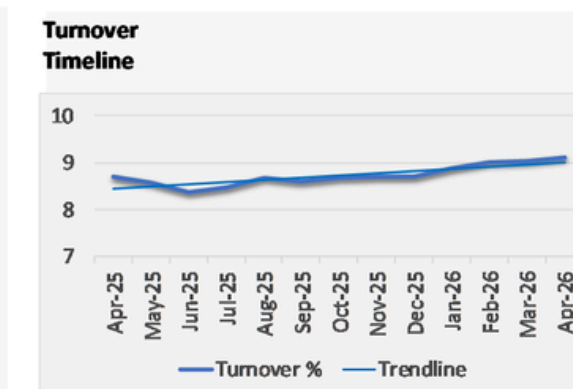
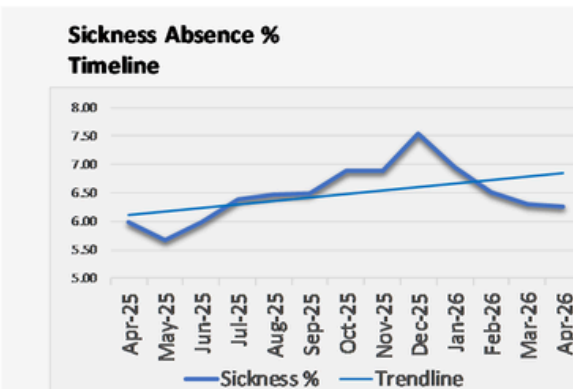
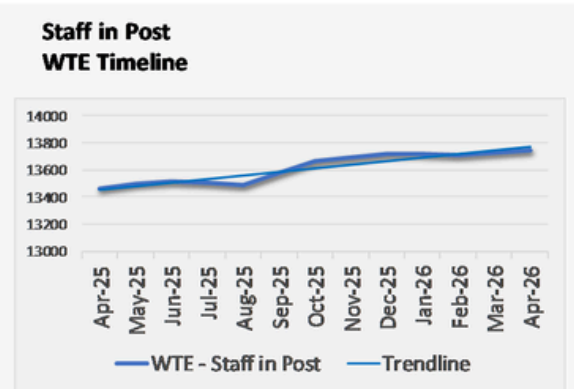
1. Anxiety/Stress/Depression/Other Psychiatric illness - 31.8%
2. Other musculoskeletal problems - 9.4%
3. Gastrointestinal problems - 8.6%

Staff in Post has increased from 13,460 wte in Apr 25 to 13,741 wte in Apr 26. The biggest increase is within Nursing & Midwifery 159 wte.

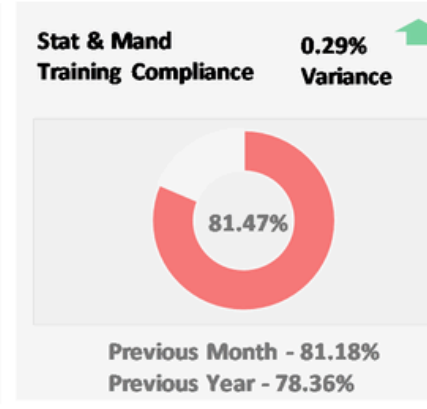
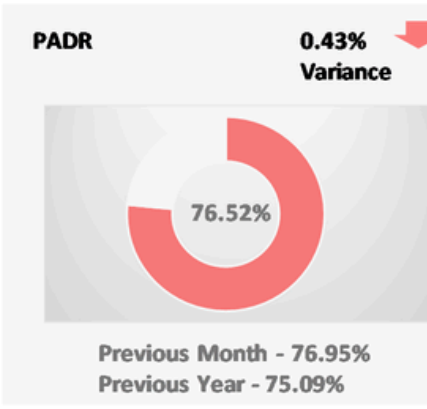


Top 3 highest sickness by staff group

1. Additional Clinical Services - 10.29%
2. Estates & Ancillary - 9.22%
3. Nursing & Midwifery - 6.43%



Turnover rate is 9.10% a increase of 0.39% compared to last year rate of 8.71%. Nursing & Midwifery have the lowest turnover rate of 6.12% whilst Estates & Ancillary have the highest turnover rate of 12.18%. The Stability Rate is 91.61%, the Health Board has retained 14,389 staff.

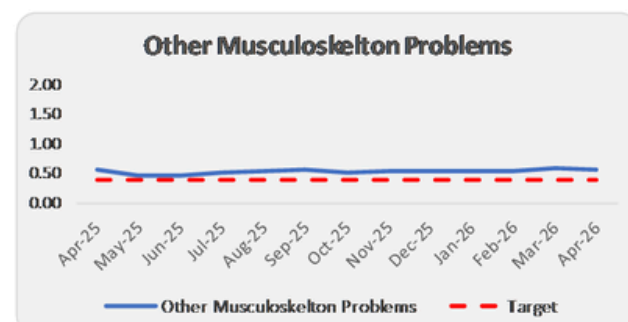
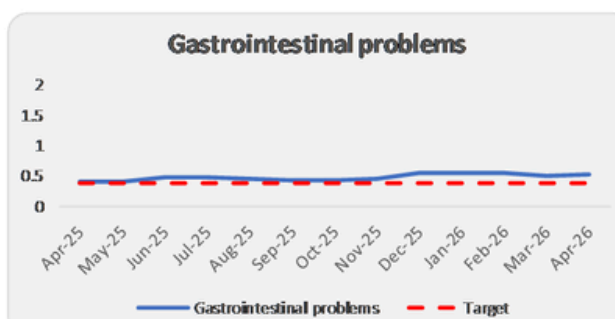
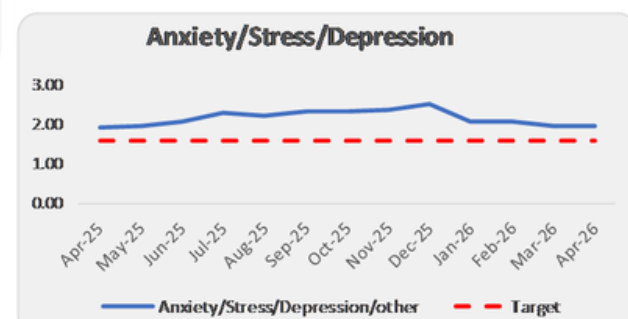
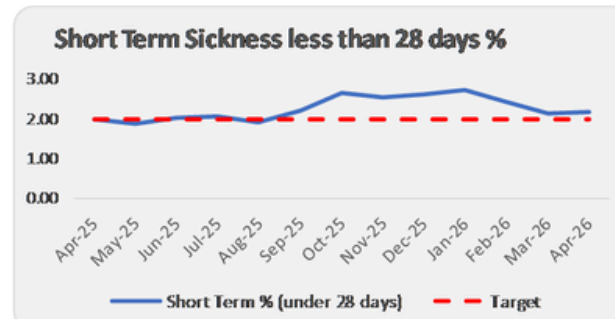
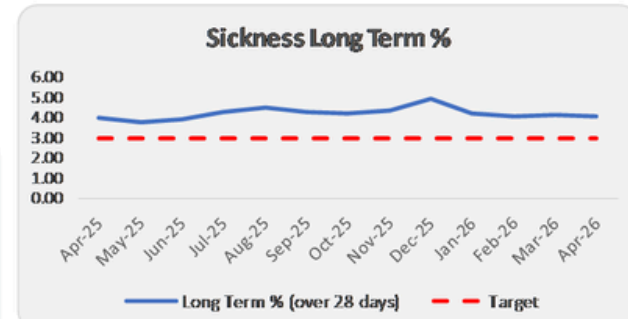
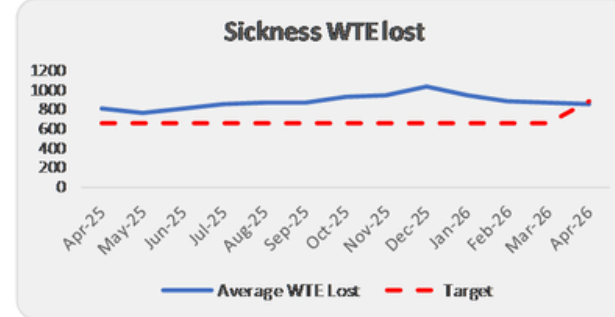
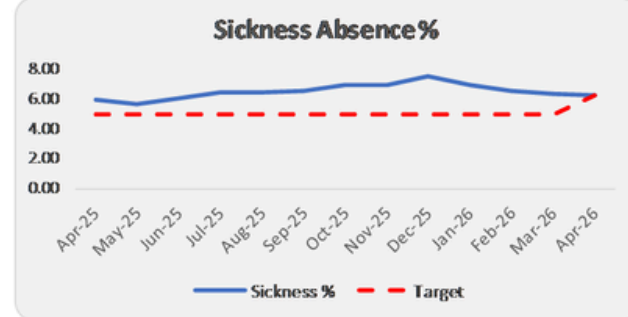


Data Source: ESR/Health Roster/Bank Staff. The targets set within this report are derived from various sources: IMTP Process/Statutory Targets/Assessment of trends

Sickness Absence	Current Value	Deviation from Target	Monthly Change	Target - March 27
Sickness %	6.25	0.00	-0.06	6.25
Average WTE Lost	858.81	-21.19	-7.19	880.00
Long Term % (over 28 days)	4.07	1.07	-0.09	3.00
Short Term % (under 28 days)	2.19	0.19	0.04	2.00
Anxiety/Stress/Depression/other	1.97	0.37	-0.02	1.60
Other Musculoskelton Problems	0.56	0.16	-0.02	0.40
Gastrointestinal problems	0.54	0.14	0.03	0.40

Sickness Absence in April 26 is 6.25% (859 wte lost) which has decreased by 0.06% (7.19 wte) compared to March 26.

65% of sickness is long term which has decreased from 4.16% to 4.07% in April 26. Short Term sickness has increased from 2.15% to 2.19% in April 26.



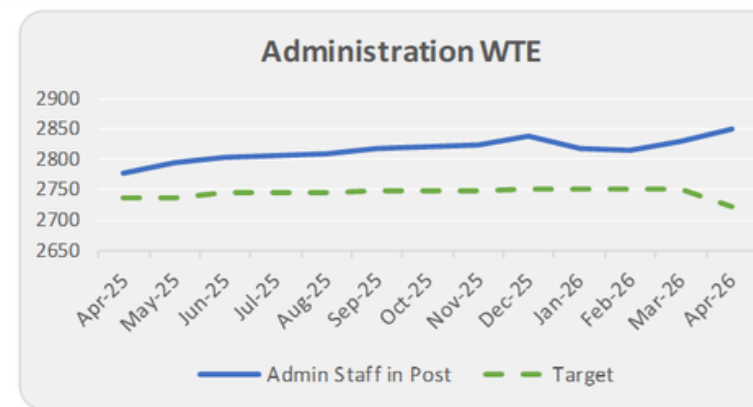
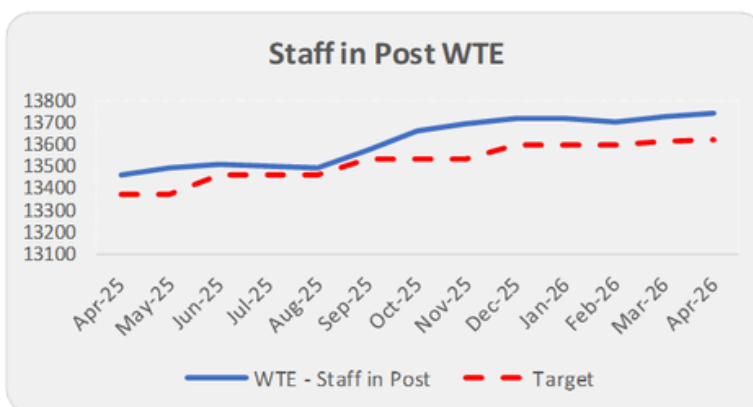
In month sickness absence percentage by division

Division	Mar-26	Apr-26	Change
040 CLINICAL SUPPORT SERVICES	6.98	6.03	-0.95
040 CONTINUING HEALTH & FUNDED NURSING CARE	6.51	9.93	3.42
040 CORPORATE SERVICES	3.86	3.71	-0.15
040 ESTATES AND FACILITIES DIVISION	8.90	8.81	-0.09
040 FAMILY & THERAPIES DIVISION	6.23	5.40	-0.83
040 MEDICINE	5.32	6.11	0.79
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	7.69	8.45	0.76
040 PRIMARY CARE & COMMUNITY SERVICES	6.76	6.66	-0.10
040 SURGERY	5.19	5.36	0.17
040 URGENT CARE	6.49	4.96	-1.53
Total	6.31	6.25	-0.06

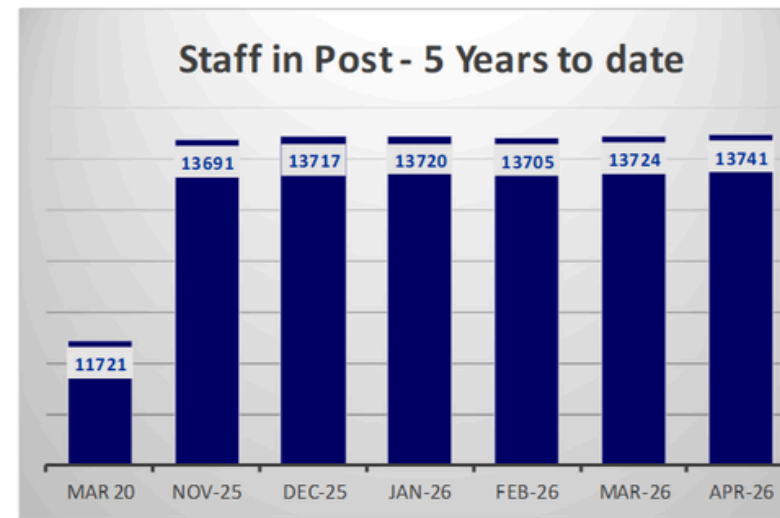
6 Divisions/Corporate Services reduced sickness in April 26.

Staff in post has increased by 16.73 wte. Admin & Clerical has increased by 19.68 wte, Nursing & Midwifery has increased by 12.75 wte and Medical & Dental has increased by 11.21 wte.

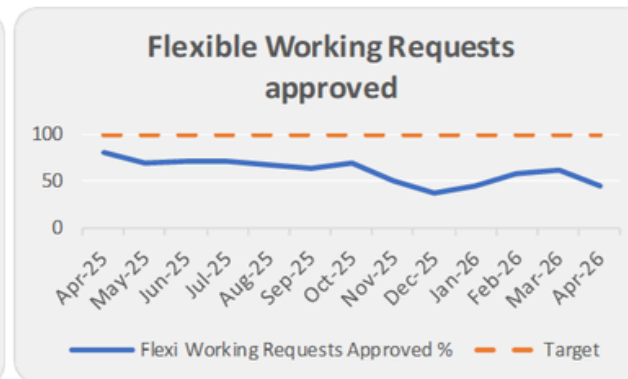
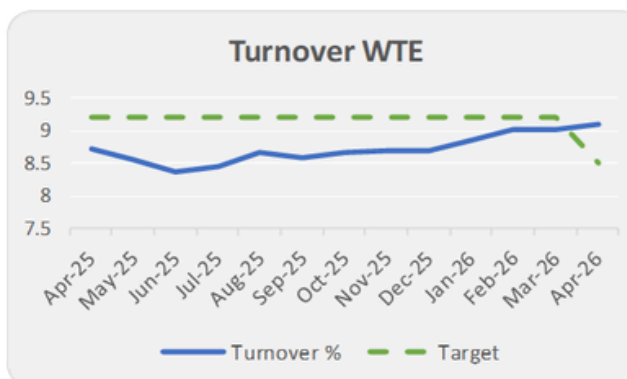
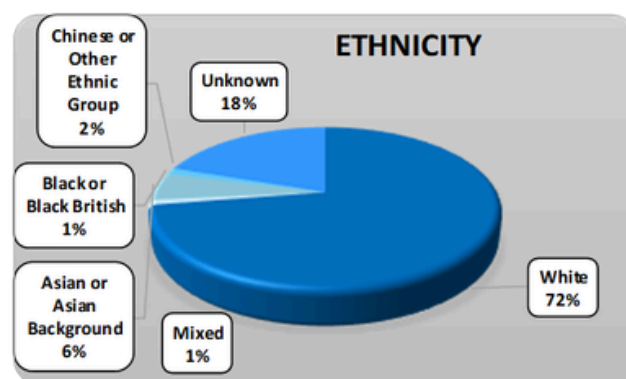
Staff in Post	Current Value	Deviation from Target	Monthly Change	Target - March 27
WTE - Staff in Post	13741.00	117.00	16.73	13624.00
Admin Staff in Post	2850.20	129.20	19.68	2721.00
Turnover %	9.10	0.60	0.08	8.50
Flexi Working Requests Approved %	44.16	-55.84	-17.02	100.00



Staff Group	Mar-26	Apr-26	Change
Add Prof Scientific and Technic	461.80	458.67	↓ -3.13
Additional Clinical Services	834.52	832.98	↓ -1.54
Healthcare Support Workers	2058.12	2043.71	↓ -14.41
Administrative and Clerical	2830.52	2850.20	↑ 19.68
Allied Health Professionals	992.03	983.95	↓ -8.08
Estates and Ancillary	1104.11	1099.84	↓ -4.27
Healthcare Scientists	254.39	254.91	↑ 0.52
Medical and Dental	942.49	953.70	↑ 11.21
Nursing and Midwifery Registered	4243.79	4256.54	↑ 12.75
Students	2.50	6.50	↑ 4.00
Total	13724.27	13741.00	↑ 16.73



Over the last five years to date staff in post has increased by 1,420 wte (11.53%). The main increases are within Nursing & Midwifery 449 wte, Admin & Clerical 407 wte, and Allied Health Professionals 204 wte.



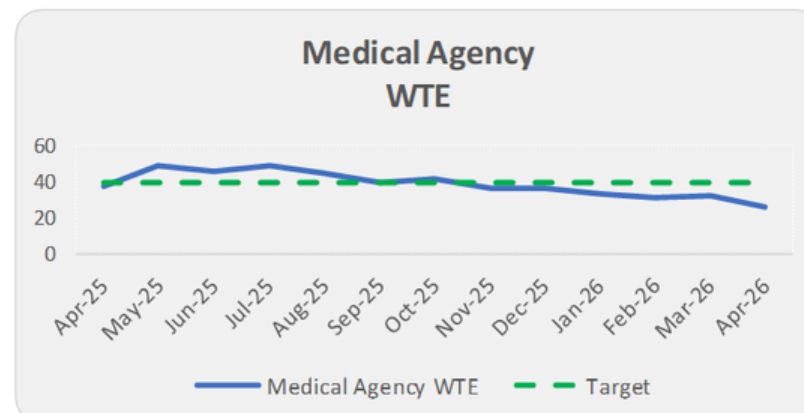
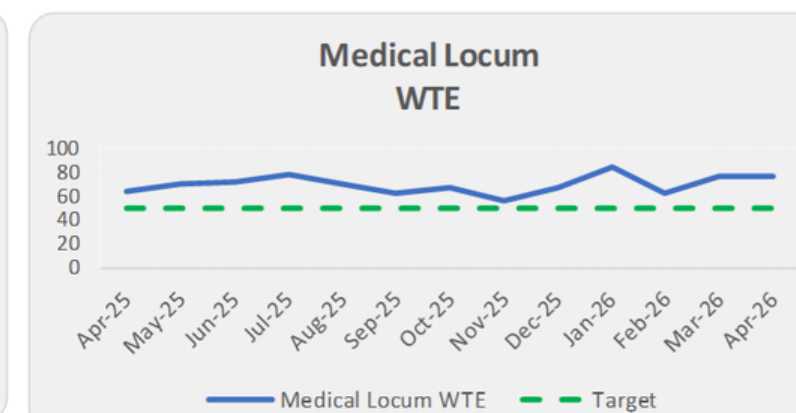
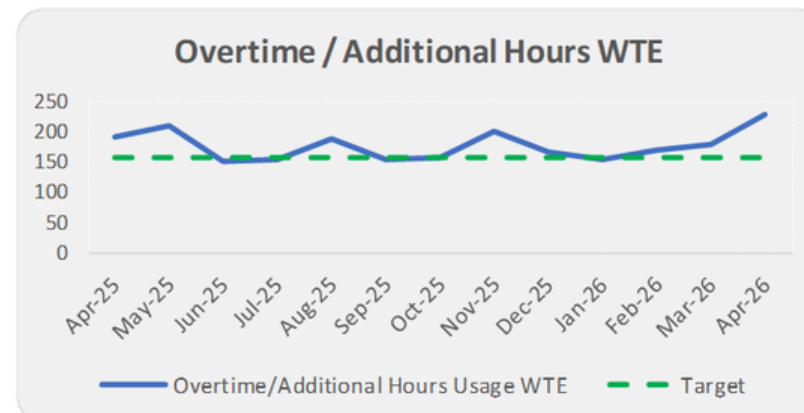
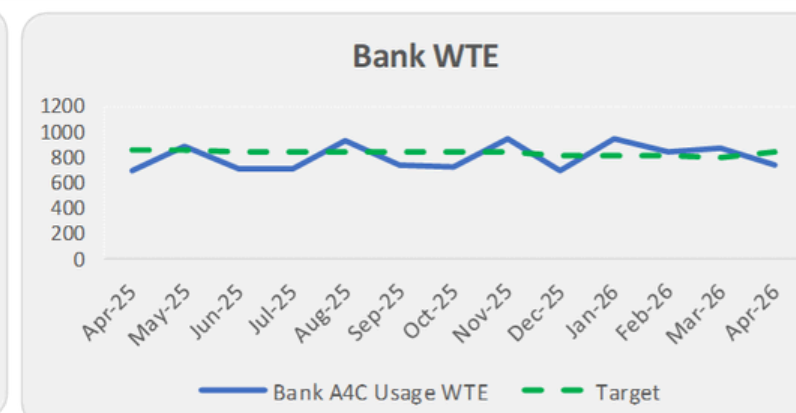
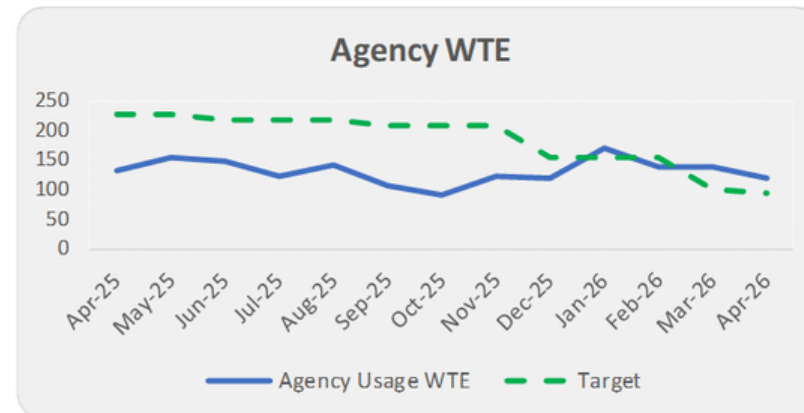
Flexible working requests approved has decreased from 61.18% in March 26 to 44.16% in April 26 (NB the data is sourced from ESR - new process)

Variable Pay	Current Value	Deviation from Target	Monthly Change	Target - March 27
Bank A4C Usage WTE	749.02	-99.98	-131.87	849.00
Agency Usage WTE	119.55	25.55	-19.32	94.00
Overtime/Additional Hours Usage WTE	228.95	69.71	50.21	159.24
Medical Locum WTE	76.81	26.81	0.00	50.00
Medical Agency WTE	25.72	-14.28	-6.70	40.00

Agency usage has decreased by 19.32 wte and is currently 25.55 wte higher than the year end target. In April 26 20.02 wte (17%) were used for HCSW and 119.55 wte (83%) for Nursing and Midwifery. The top three reasons for Agency usage are Enhanced Care 29.44 wte (25%), Sickness 26.62 wte (22%) and Vacancies 18.37 wte (15%)

Overtime/Additional Hours usage remains fairly static. In April 26 228.95 wte we used a increased of 50.21 wte compared to March 26

Bank usage has decreased by 131.87 wte and is currently 99.98 wte lower than the year end target. In April 26 the three highest users were HCSW 410.85 wte (55%), Nursing & Midwifery 235.09 wte (31%) and Facilities 77.21 wte (10%). Highest reason for usage is Vacancies 224.12 wte (30%)



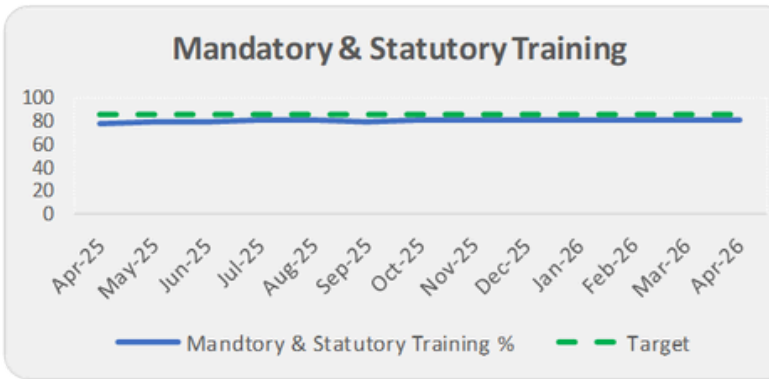
Medical Locum and Agency Usage total has decreased in April 26 to 102.53 wte. Locum usage has stayed the same in April 26 as March 26 76.81 wte and Agency usage has decreased by 6.70 wte. The highest reason for usage is Vacancies 54.33 wte (53%).

Mandatory & Statutory Data By Division/Corporate Services	Mar-26	Apr-26	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	51.17	51.24	↑ 0.07
040 CHIEF OPERATING OFFICER	72.48	71.07	↓ -1.41
040 CLINICAL SUPPORT SERVICES	81.15	81.73	↑ 0.58
040 CONTINUING HEALTH & FUNDED NURSING CARE	82.28	83.20	↑ 0.92
040 DIGITAL, DATA & TECHNOLOGY	93.21	94.14	↑ 0.93
040 DIRECTOR OF CORPORATE GOVERNANCE	89.44	91.30	↑ 1.86
040 DIRECTOR OF PLANNING	75.88	79.77	↑ 3.89
040 DIRECTOR OF PUBLIC HEALTH	85.38	86.39	↑ 1.01
040 ESTATES AND FACILITIES DIVISION	70.50	71.24	↑ 0.74
040 FAMILY & THERAPIES DIVISION	84.39	84.98	↑ 0.59
040 FINANCE DIRECTOR	86.36	85.80	↓ -0.56
040 MEDICAL DIRECTOR	79.14	80.42	↑ 1.28
040 MEDICINE	79.24	79.70	↑ 0.46
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	83.67	83.96	↑ 0.29
040 NURSE DIRECTOR	83.49	83.69	↑ 0.20
040 PRIMARY CARE & COMMUNITY SERVICES	85.44	83.89	↓ -1.55
040 REGIONAL PARTNERSHIP BOARD	68.52	71.03	↑ 2.51
040 SURGERY	75.58	76.16	↑ 0.58
040 THERAPIES & HEALTH SCIENCES DIRECTOR	86.34	89.56	↑ 3.22
040 URGENT CARE	80.46	81.12	↑ 0.66
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	85.45	84.57	↓ -0.88
Total	81.18	81.47	↑ 0.29

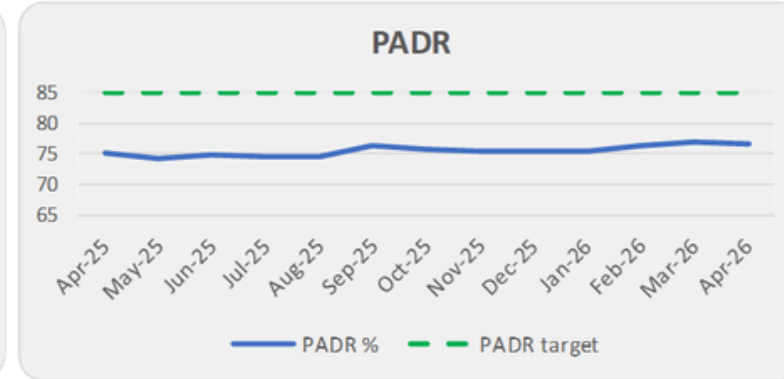
Vacancy creation to unconditional offer is 55.5 days which is 15.5 days lower than the target of 71 days. Conditional offer letter to completed PECS is 18 days which is 7 days lower than target.

Training	Current Value	Deviation from Target	Monthly Change	Target - March 27
Mandatory & Statutory Training %	81.47	-3.53	0.29	85.00
PADR %	76.52	-8.48	-0.43	85.00

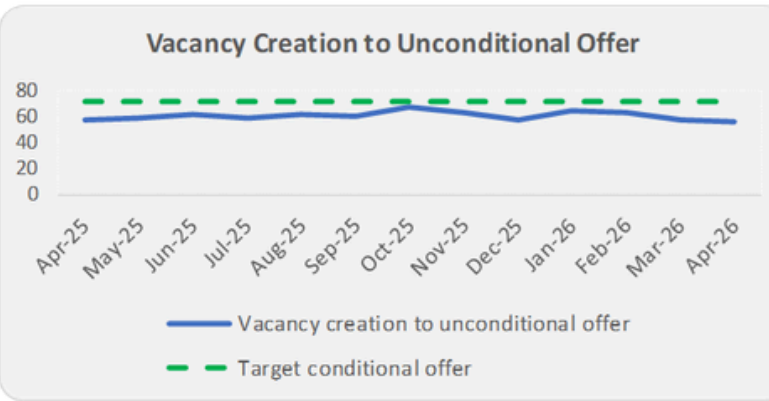
Recruitment	Current Value	Deviation from Target	Monthly Change	Target - March 27
Vacancy creation to unconditional offer	55.50	-15.50	-1.30	71.00
Conditional offer letter to completed PECS	18.00	-7.00	-0.40	25.00



Mandatory & Statutory Training has increased to 81.47% which is 3.53% off the target. There are 5 Divisions/Corporate Services that have reached/higher than the target of 85%.



PADR has decreased to 76.52% which is 8.48% lower than the target. 1 Division/Corporate Service have reached/higher than the target of 85%.

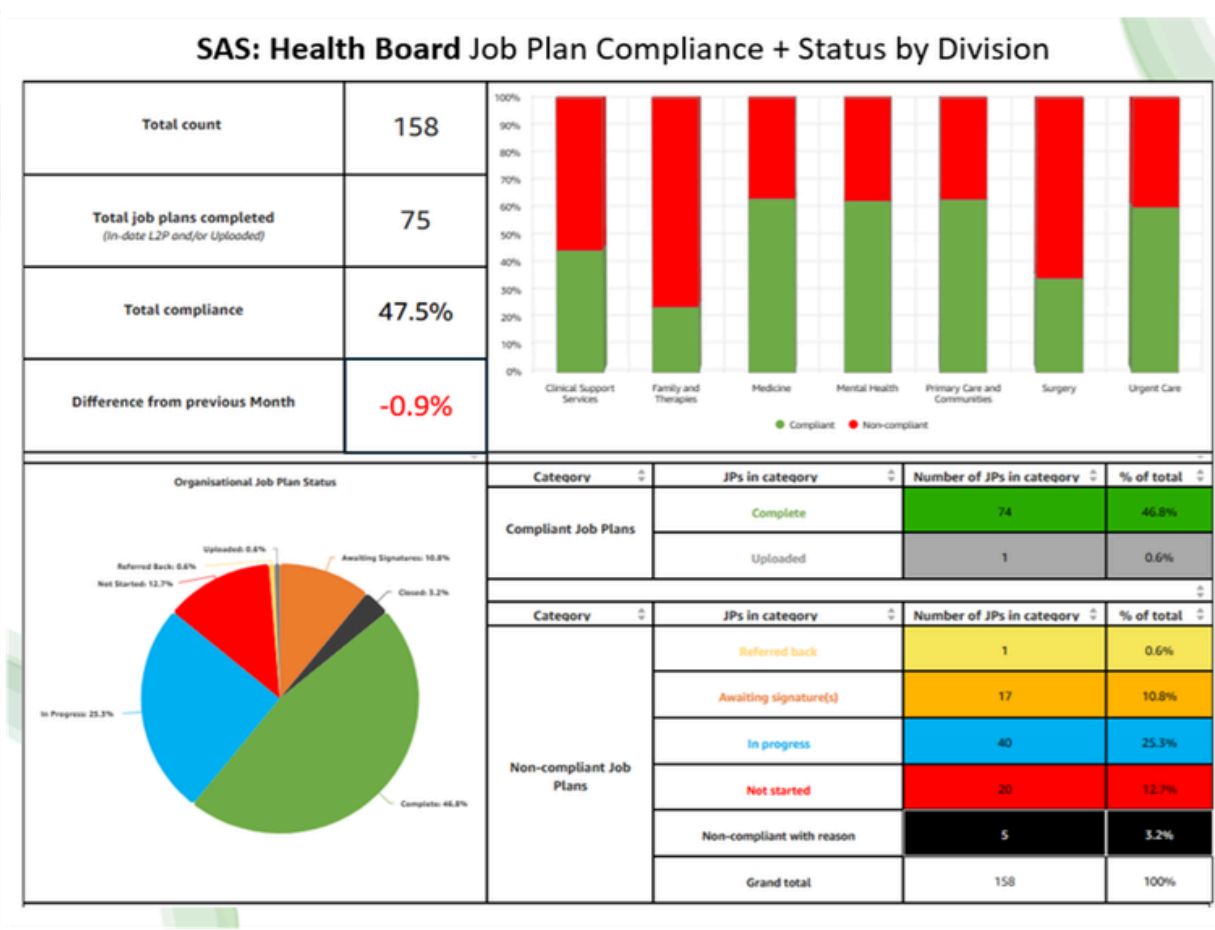
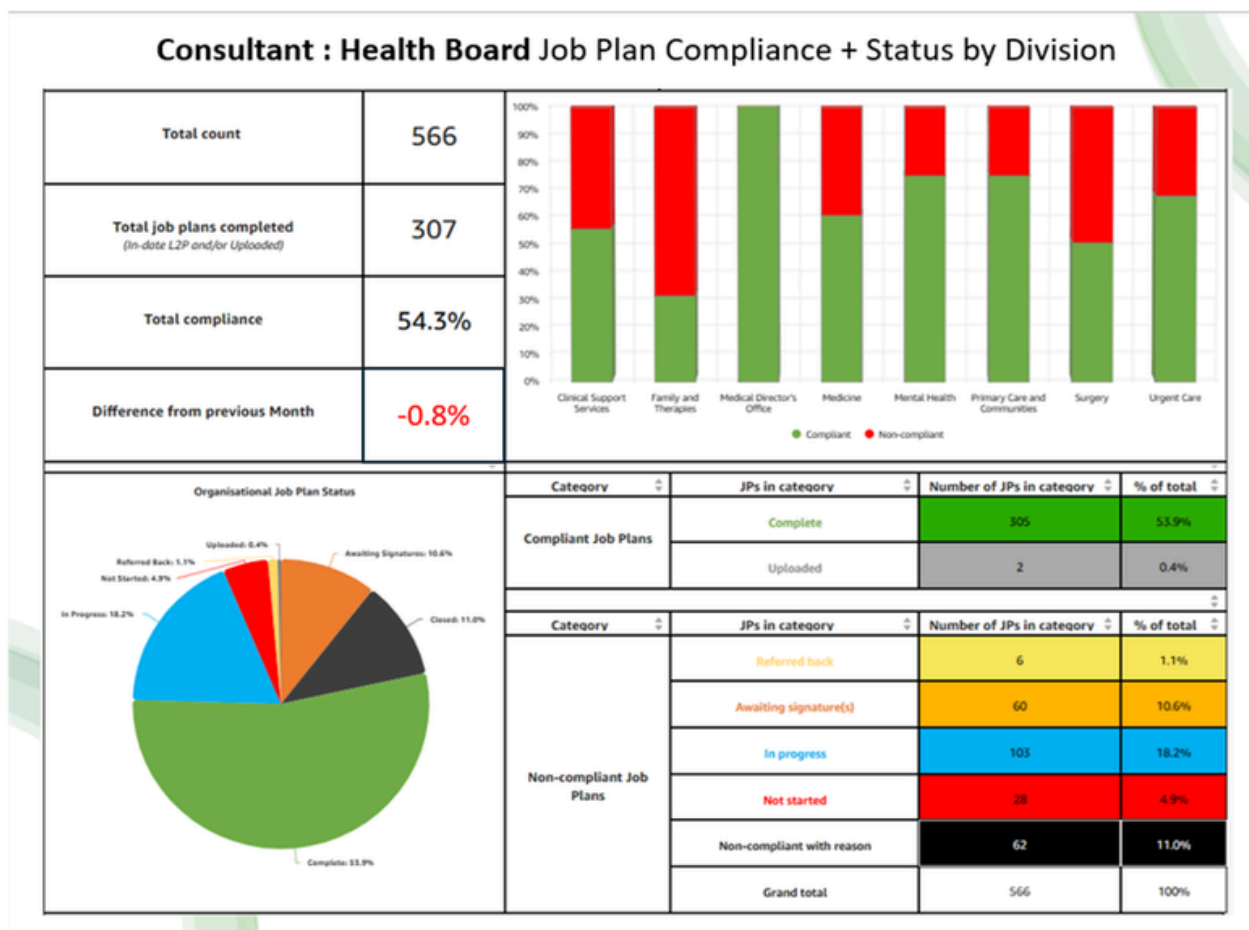


PADR Data By Division/Corporate Services	Mar-26	Apr-26	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	56.76	60.00	↑ 3.24
040 CHIEF OPERATING OFFICER	58.82	60.00	↑ 1.18
040 CLINICAL SUPPORT SERVICES	73.12	73.10	↓ -0.02
040 CONTINUING HEALTH & FUNDED NURSING CARE	78.69	84.83	↑ 6.14
040 DIGITAL, DATA & TECHNOLOGY	84.81	84.65	↓ -0.16
040 DIRECTOR OF CORPORATE GOVERNANCE	65.00	65.00	↑ 0.00
040 DIRECTOR OF PLANNING	76.74	73.81	↓ -2.93
040 DIRECTOR OF PUBLIC HEALTH	59.02	55.74	↓ -3.28
040 ESTATES AND FACILITIES DIVISION	82.55	80.04	↓ -2.51
040 FAMILY & THERAPIES DIVISION	78.59	77.65	↓ -0.94
040 FINANCE DIRECTOR	64.80	64.57	↓ -0.23
040 MEDICAL DIRECTOR	61.17	63.37	↑ 2.20
040 MEDICINE	76.32	75.38	↓ -0.94
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	75.90	77.31	↑ 1.41
040 NURSE DIRECTOR	79.35	75.00	↓ -4.35
040 PRIMARY CARE & COMMUNITY SERVICES	76.15	75.78	↓ -0.37
040 REGIONAL PARTNERSHIP BOARD	86.67	86.67	↑ 0.00
040 SURGERY	77.62	75.41	↓ -2.21
040 THERAPIES & HEALTH SCIENCES DIRECTOR	57.69	66.67	↑ 8.98
040 URGENT CARE	70.40	75.10	↑ 4.70
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	73.03	74.19	↑ 1.16
Total	76.95	76.52	↓ -0.43

Job Planning	Current Value	Deviation from Target	Monthly Change	Target - March 27
Job Planning - Consultants	54.30	-30.70	-0.80	85.00
Job Planning - SAS	47.50	-37.50	-0.90	85.00



Consultant Job Planning has decreased this month by 0.8% to 54.3% and is off target by 30.7%. SAS Job Planning has decreased this month by 0.90% to 47.5% and is off target by 37.5%.





DYDDIAD Y CYFARFOD:	15 June 2026
DATE OF MEETING:	
CYFARFOD O:	People and Culture Committee
MEETING OF:	
TEITL YR ADRODDIAD:	People Plan 2025 – 2030:
TITLE OF REPORT:	<i>Better Health and Wellbeing</i>
CYFARWYDDWR ARWEINIOL:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
LEAD DIRECTOR:	
SWYDDOG ADRODD:	Ruth Badham, Head of Organisational Development
REPORTING OFFICER:	

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Health Board People Plan (2025–2030) was agreed by Board and the People and Culture Committee in the Autumn of 2025. The Plan sets out the strategic workforce objectives aligned with the Health Board’s Long-Term Strategy, Gwent 2035.

At each committee, there will be a focus on one of the strategic pillars contained within the plan as follows:

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

This report provides an early progress update on the first pillar:

Better Health and Wellbeing.

As this is the Committee’s first report, it also sets out the governance and delivery arrangements needed to ensure the effective implementation of the People Plan.

Cefndir / Background

The People Plan 2025–2030 builds on the achievements and progress from the previous People Plan (2022-2025) and recognises the current and predicted future workforce context, challenges and opportunities. The People Plan is underpinned by a suite of *Success Measures* to ensure effective delivery and provide a performance management framework to monitor and evaluate progress.

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

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

Asesiad / Assessment

Governance arrangements, approach to delivery, monitoring and reporting

The governance structure is demonstrated below, with the Programme Delivery Group overseeing progress, pace and performance, supported by a series of Delivery Groups responsible for progressing priority areas. Together, these arrangements ensure clear accountability, timely escalation of risks, and alignment between strategic priorities and operational delivery:



*WOD- Workforce and Organisational Development

Delivery is driven through the workstream delivery groups, each translating the strategic ambitions of the People Plan into actionable operational plans and measurable improvements. This approach is designed to maintain focus on priority outcomes while enabling flexibility to respond to emerging organisational needs.

Better Health and Wellbeing- Update

This report introduces the first in a series of strategic deep dives, focusing on the **Better Health and Wellbeing** pillar. This approach will provide the Committee with more detailed insight into progress, priorities and impact across each of the key areas of the People Plan on a rotational basis.

Key Action	Progress
<p>1. Sustaining the number of staff exposed to wellbeing related system activity.</p> <p>2. Maintain clinical outcomes and satisfaction levels of staff accessing the Employee Wellbeing Service.</p>	<p>The Employee Wellbeing Service directly and indirectly supports a diverse range of system-based wellbeing resources for employees including: Leading People, Schwartz Rounds (transitioning to Hafan Llewelyn), post incident debriefs, training and education, steering group membership, team / management consultations and direct work with teams. This has led to direct contact with approx. 200 employees since April. Importantly current strategic work with Maternity and CAMHS services increases this number to near a 1000.</p> <p>Since January 2026 59% of staff undergoing treatment report reliable improvement in their clinical symptoms. Those who have returned their post discharge feedback surveys 93% stated they strongly agree with the statement "The Employee Wellbeing Service support overall has been valuable to me".</p>
<p>3. Using Scrum methodology to address sickness absence data trends and sickness absence rolling rate.</p>	<p>A refreshed Terms of Reference has been agreed with the Managing Attendance in Partnership Group. SCRUM principles, which are aligned to quality improvement methodologies, have been applied by breaking down priority actions into four key subgroups, focusing on data and analytics, management training, stress, anxiety and depression, and research and engagement. This group is a key enabler in driving a reduction in absence and is also a priority for the Health Board's Value and Sustainability programme. A comprehensive report on sickness absence will be presented to a future committee meeting.</p>

<p>4. Develop an invest to save bid to support reduction in absence.</p>	<p>An invest to save bid is in development, using intelligence from deep dive activity to demonstrate how additional resource to improve the management of absence could support a reduction in sickness absence.</p>
<p>5. Improved attendance in high-absence areas know as hot spot areas.</p>	<p>Regular deep-dive audits are conducted in hotspot areas to inform tailored action plans aimed at reducing absence. This proven approach ensures effective application of policy, while balancing attendance promotion with support for staff to remain in work. In one service, absence levels peaked at 18% but have since reduced to 5.5% following the implementation of a targeted action plan. Oversight of deep-dive activity sits with the Managing Attendance in Partnership Group. Challenges exist in maintaining reductions and capacity to provide support consistently across areas.</p>
<p>6. Occupational Health Service KPI's and performance metrics. 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</p>	<p>The Occupational Health service continues to demonstrate strong demand and consistent performance, with April 2026 activity including 322 pre-placement questionnaires processed, 225 staff referrals, and 493 attended appointments across phone and face-to-face provision. The service is supporting a high volume of clinical and advisory activity, including immunisations and wellbeing support, with psychological health and musculoskeletal conditions remaining the primary drivers of referral. While overall performance is positive, the level of missed appointments (41 April 2026) indicates an opportunity to improve utilisation and efficiency, which will be addressed as part of ongoing service development. Performance to KPIs are within the Workforce and OD Performance Report with the Committee agenda.</p>
<p>7. Achieve SEQOHS accreditation.</p>	<p>The Occupational Health service has recently undergone external assessment against Safe Effective Quality Occupational Health Service (SEQOHS) standards, confirming a strong overall position with the majority of domains fully meeting accreditation requirements, including governance, clinical outcomes and information governance. Accreditation has been provisionally deferred for three months to enable completion of two specific</p>

	actions relating to equipment calibration and strengthening clinical audit arrangements for outsourced provision; both actions are in progress with confidence that full accreditation will be achieved within the required timeframe.
8. Development and implementation of organisational and divisional staff survey action plans.	A comprehensive update on this action is included in the separate Staff Survey Paper for the attention of the Committee.
9. Regular monitoring and review of the number of staff who speak up through SUS framework.	<p>Since the launch of Speaking up Safely in December 2024 there have been 60 concerns raised. The image below shows the category distribution.</p> <p>The implementation of the Speaking Up Safely work was subject to an internal re-audit in December 2025 which resulted in several management actions which is referenced in the Workforce Director's report within the Committee agenda.</p>
10. Encourage early resolution through delivery of avoidable, employee harm improvement programme.	The principles of Avoidable Employee Harm have been applied to Respect and Resolution (R&R) processes (e.g. grievances), in response to the significant increase in cases over the past 2-3 years. A series of engagement events have been held with managers, trade unions, and the HR team to promote a different approach, encouraging the use of informal resolution methods, which are proven to be more effective and less detrimental to all involved. We are also working with Prof. Richard Saundry (Westminster University), a respected academic researcher and author, to support this work, with the aim of sustained reduction in the number of formal R&R cases as well as piloting and evaluating innovative alternative resources.
11. Identify factors that influence employee experience and review current framework.	Initial work has commenced to better understand the factors influencing employee experience across the organisation. A foundational workshop has been delivered with the Organisational Development team, designed to build a shared understanding of employee experience, reflect on current challenges and begin to adopt a more insight-led and practical approach including people-centred design. The session focused on identifying the key moments and underlying drivers that shape how staff experience

work, moving beyond traditional engagement measures to develop a more holistic understanding. This represents the first step in strengthening how workforce insight is gathered and applied, with further activity planned to deepen understanding, engage wider stakeholders and translate learning into meaningful improvements aligned to People Plan priorities.

Risks

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

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

Summary

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

Argymhelliad / Recommendation

The Committee is asked to take assurance on:

- The programme arrangements established to support delivery of the People Plan 2025–2030
- The initial progress and planned approach under the Better Health and Wellbeing pillar.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce 2.1 Managing Risk and Promoting Health and Safety Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

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

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Employment Rights Act 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Shelley Williams, Deputy Director of Workforce and Organisational Development

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 Labour Government's plan to 'Make Work Pay' ([Make Work Pay - GOV.UK](https://www.gov.uk/government/consultations/make-work-pay)) was set out to grow the economy, raise living standards across the country and create opportunities. It aims to tackle low pay, poor working conditions and poor job security.

To deliver the plan there has been recent and forthcoming changes to employment law, underpinned by changes to the Employment Rights Act (ERA) 2025.

This paper (and associated presentation) provides the committee with an overview of the changes and outlines the associated risks and benefits for the Health Board.

Cefndir / Background

The ERA underpins employment protections across the UK, covering areas such as dismissal, redundancy, parental leave, and worker rights.

Legislative reforms introduced over recent years, alongside upcoming changes, aim to:

- Support more people to stay in work
- Improve living standards and strengthen employee protections
- Promote fairness and flexibility in the workplace
- Support workforce wellbeing and inclusion

A bill was introduced in Parliament in October 2024 which received Royal Assent in December 2025. Some of the changes to the regulations are known, whilst others remain in development. It was agreed that a suite of reforms will be implemented in a phased way, between April 2026 – 2027 and beyond.

Asesiad / Assessment

The key milestones and anticipated changes to the ERA are:

Already Implemented:

- Repeal of Minimum Service Levels during strike action (not applicable to Wales).
- New protections for preventing dismissal during industrial action.
- Collective redundancy protective award.
- Day 1 Paternity Leave and Unpaid Parental Leave.
- Increased Whistleblowing Protections.
- Establishment of Fair Work Agency.
- Removal of lower earnings limit and waiting period for statutory sick pay.
- Simplified Trade Union recognition and balloting systems.

October 2026:

- Prevention of Sexual Harassment.
- Protection from third party harassment.
- Review of Transfer of Undertakings (Protection of Employment) Regulations to provide strengthened protection for public sector employees.
- Extending the time limit to bring an employment tribunal claim.

2027 onwards:

- Reduced qualifying period for unfair dismissal and removal of compensatory award cap.
- Removal (or severe restrictions) to 'fire and rehire' to impose change
- Further protections for trade unions.
- A right to guaranteed hours and reasonable notice for shifts (e.g., changes to zero-hour contracts).
- Reform of flexible working rights.
- Gender equality and menopause action plans.
- Bereavement leave.

Whilst the full detail of some changes is still emerging, it is likely that existing NHS (and Health Board) policies and Terms and Conditions (T&Cs) will require review. However, it is noted that the general approach (with existing T&Cs) is to adopt best practice that goes beyond minimum statutory requirements. A summary of the main implications for the Health Board is included in the attached presentation.

Argymhelliad / Recommendation

- Note** the significance and changes to the Employment Rights Act 2025.
- Note** key risks and anticipated challenges facing the Health Board.
- Approve** the required continued review of policies and procedures.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:

Datix Risk Register Reference and Score:

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

Blaenoriaethau CTCI

IMTP Priorities

[Link to IMTP](#)

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

<p>Galluogwyr allweddol o fewn y CTCI</p> <p>Key Enablers within the IMTP</p>	<p>Choose an item.</p>
<p>Amcanion cydraddoldeb strategol</p> <p>Strategic Equality Objectives</p> <p>Strategic Equality Objectives 2020-24</p>	<p>Choose an item.</p> <p>Choose an item.</p> <p>Choose an item.</p> <p>Choose an item.</p>

<p>Gwybodaeth Ychwanegol:</p> <p>Further Information:</p>	
<p>Ar sail tystiolaeth:</p> <p>Evidence Base:</p>	
<p>Rhestr Termau:</p> <p>Glossary of Terms:</p>	
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:</p> <p>Parties / Committees consulted prior to University Health Board:</p>	

<p>Effaith: (rhaid cwblhau)</p> <p>Impact: (must be completed)</p>	
	<p>Is EIA Required and included with this paper</p>

<p>Asesiad Effaith Cydraddoldeb</p> <p>Equality Impact Assessment (EIA) completed</p>	<p>Choose an item.</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio</p> <p>Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item.</p> <p>Choose an item.</p>

Employment Rights Act 2025

People and Culture Committee
June 2026

Update on the Legislation

Bill received Royal Assent on 18 December 2025 with provisions to be introduced gradually thereafter throughout 2026/2027

Cornerstone of the UK government's "Plan to Make Work Pay"
"Most significant shake-up of workers' rights in a generation"

The Act has received Royal Assent but still awaiting Regulations...

Recent timeline update - [Plan to Make Work Pay and Employment Rights Act: timeline update - GOV.UK](#)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

6 April 2026 changes



- **Collective Redundancy** – Consultation Periods and increased penalties
- **Whistleblowing** – strengthened protection and inc. sexual harassment
- **Family Rights** – unpaid parental leave entitlement and changes to paternity leave
- **Fair Work Agency** – enforcement of employment rules
- **Annual Leave and Holiday Pay Records** – changes to retention of records
- **Gender Pay Gap and Menopause** – published actions plans
- **Trade Unions** – Changes to recognition and code of practice

October 2026 changes



- **Sexual Harassment** – Employer liability for failing to prevent sexual harassment
- **Tribunal Claims** – Extension of current time limits
- **TUPE** – Levelling up protections



2027 onwards



- **Unfair Dismissal** – Reduced qualifying period and removal of cap
- **Removal of ‘fire and rehire’** – Unable to impose contractual changes
- **Zero Hours** – Guaranteed hours and reasonable notice of work
- **Flexible Working** – enables reform
- **Collective Redundancy** – Thresholds and duty to notify Gov

What does this mean for ABUHB?

Sexual Harassment
Prevention

Expected increase in
tribunal claims

TUPE transfers to
Independent
Contractors (e.g. GP's)

Review of Bank
Arrangements

Changes to Paternity
Policy – Statutory Pay
from Day 1

Infosys Spec
Development (Annual
Leave)

Further Reading

[Employment Rights Act 2025](#)

[Employment Rights Act 2025: overview factsheet](#)

[Employment Rights Act 2025 - Acas](#)

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Director of Workforce and Organisational Development Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Workforce and Organisational Development Senior Team

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

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

This report covers the period since the last Committee meeting on 10 February 2026 and includes a specific progress update on:

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

- Sickness Absence
- Temporary Injury Allowance and Sick Pay Extension
- Flexible Working
- Employment Tribunals
- Organisational Change
- Disclosure and Barring Service (DBS) Update
- Speaking up Safely Update
- Kings Trust
- Resident Doctor Contract
- GMC Escalation – Medicine

Asesiad / Assessment

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

EMPLOYEE RELATIONS

The table below outlines the employee relations activity undertaken or initiated for the period October 2025 - March 2026 (NB: six months activity).

Disciplinary Investigations	Fast Tracks	Disciplinary Appeals	Informal Respect & Resolutions	Formal Respect & Resolution	Respect & Resolution Appeals	Capability	Raising Concerns	Sickness Meetings	Mutual Ill Health Termination	Final Formal Hearings	Extension to Sick Pay (ETSP)	Temporary Injury Benefit (TIA)	Employment Tribunal
22	11	0	5	23	3	13	2	423	17	10	4	5	5

Disciplinary

During this reporting period, the Health Board commissioned 22 new disciplinary investigations relating to the following allegations:

Allegations	Investigations
Performance and/or behaviour	17
Bullying and/or harassment	2
Information Governance Breaches	2
Unauthorised Absence	1

This is a consistent trend with the previous reporting period (with 11 commissioned in a three-month period). Each investigation was subject to a robust initial assessment in accordance with the Disciplinary Policy and Procedure to determine the appropriate action and ensure that the potential for alternative, informal resolution was considered.

The fast-track Disciplinary procedure was utilised for an additional 11 Disciplinary 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 and where prima facie evidence exists. Fast tracks do not require a full investigation, and as a result are concluded in a shorter timeframe and are considered less harmful to employees and those involved.

Disciplinary Policy and Process

A new All Wales Disciplinary Policy and Process was introduced across NHS Wales from 1st April 2026. The policy has been developed nationally in partnership with Trade Union colleagues and reflects learning from staff, managers, professional bodies and emerging good practice. Its purpose is to ensure that concerns about behaviour or conduct are addressed in a way that is fair, consistent, legally compliant and supportive of everyone involved, while continuing to support the behaviours expected of us all in line with our codes of conduct, the Health Board's values and behaviours framework, and our commitment to working respectfully and effectively together.

Importantly, the updated policy places greater emphasis on early, informal and restorative approaches, wherever appropriate, reflecting our shared commitment to promoting a positive, respectful and psychologically safe working environment. Whilst it is recognised that in some instances, formal disciplinary processes will continue to be necessary, the policy enhances and supports the avoidable employee harm focus within the Health Board.

Training sessions have been scheduled for managers to ensure compliance with the revised policy and to support the Health Board's focus on early resolution, fair decision-making, and handling concerns compassionately and consistently.

The revised policy strengthens the focus on the initial assessment (referred to as fact finding) to ensure proportionate, timely and transparent decision making with all Disciplinary matters. Initial assessments are completed by appropriate line managers, who may not be involved in further stages of the Disciplinary process and may not therefore attend Disciplinary Policy training. As such, additional development workshops have been scheduled specifically for managers who will be responsible for completing initial assessments, to ensure they are confident in undertaking this role.

The introduction of the revised All Wales Policy has provided a welcomed opportunity to reinvigorate the Health Board's partnership with Trade Union colleagues and our avoidable employee harm programme. A Trade Union Development session focusing on Disciplinaries will be held later in the year, and subject to availability, policy training and workshops will be delivered in partnership with Trade Unions.

Respect and Resolution (Grievance)

There were 23 new formal Respect and Resolution requests received; 10 related to policy application or terms and conditions, with the remaining 13 relating to relationship and bullying and harassment concerns, with 3 appeals.

This has increased since the last reporting period (3 formal concerns in a three-month period), however this was considered much lower than previous reports. The Health Board continues to work in partnership with Trade Union colleagues to transfer and embed the avoidable employee harm principles into the management of Respect and Resolution concerns, identifying opportunities to resolve matters informally where appropriate.

Suspension/Exclusion from the Workplace

Suspension from duty is a last resort and only occurs if there are serious risks associated with the employee remaining in work. There are currently 14 employees currently suspended from duty representing 0.08% of the workforce with 6 of these being suspended for over 4 months.

All suspensions are linked to patient safety concerns or police investigations. 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.

Following the last People and Culture Committee, a positive multi-agency meeting was held with Gwent Police and Safeguarding and Workforce and OD colleagues to discuss the impact of prolonged police/criminal investigations and to consider how we could work more closely where individuals are subject to suspensions or simultaneous internal disciplinary processes. A number of improvement actions were agreed, including the development of a joint approach to Professional Strategy Meetings (PSM's), an escalation process, and a recognition that the Health Board remains the employer, with the associated costs and employment liability. This will continue to be monitored and escalated where appropriate, although there may be cases where lengthy suspension is unavoidable, particularly if cases are subject to the Crown Prosecution Service (CPS).

Improving Performance (Capability Management)

There were 13 new cases of capability management in this reporting period, with all cases currently at the first or second stage of the Improving Performance Policy.

The Health Board continues to offer Capability Management Training sessions, with 96 managers attending training during this period.

Improving Performance Policy

A new All Wales Improving Performance Policy was introduced across NHS Wales from 1st April 2026, providing a streamlined framework to support managers and staff where opportunities to enhance performance are identified. The Health Board's training has been revised to reflect the changes to the All Wales Policy.

Sickness Absence

In this reporting period, the workforce team supported 423 sickness meetings, demonstrating a significant increase to previous reporting (136 meetings in a three-month period), to provide managers with increased support wherever possible. There were 10 final formal hearings which resulted in 4 dismissals on the grounds of ill health as well as 17 mutual ill health terminations. Mutual ill health

terminations are a joint decision to mutually end the employment relationship, in circumstances where medical advice indicates that the employee would be unable to return to work in the foreseeable future. This compassionate approach provides the opportunity for staff to exit the organisation in a considered and supportive way.

The Health Board's Sickness Absence Focus Group continues to deliver actions through four subgroups in the following areas: data analysis, communications and engagement, training and development and stress anxiety and depression. The subgroups oversee and implement action plans, drawing in expert knowledge from occupational health, employee wellbeing, workforce, public health and staff side. There will be further updates on this work in accordance with our People Plan Success Measures.

Temporary Injury Allowance and Sick Pay Extension

There were 5 temporary injury allowance applications received during the reporting period, however none of the applications were considered to have met the eligibility criteria and were therefore declined. There were also 2 appeals received, however both remain unsupported for the same reason.

There were 4 extensions to sick pay applications; 2 were approved and full pay of the employees were reinstated for 8 weeks, with 2 declined due to the circumstances and unmet criteria.

Flexible Working

Significant progress has been achieved in recording Flexible Working requests on ESR, to enable effective and reliable reporting and evaluation. Previously, flexible working requests were not recorded centrally and therefore it was difficult to determine whether requests were being supported across the Health Board. For the period October 2025 – March 2026, 375 flexible working requests were recorded on ESR following engagement, promotion and guidance to staff and managers on how to utilise this process. Of the 375 that were submitted, 270 (72%) were fully approved. A further 14 requests (4%) were agreed following the proposal of an alternative option, and 7 applications were withdrawn.

There are currently 41 requests (11%) awaiting a final decision, while 5 requests (1%) were declined due to business/service reasons.

Employment Tribunal

There were 5 new employment tribunal claims were received in this period. At the time of writing this report, the total number of active employment tribunal cases was 8 (inclusive of the 5 new cases).

Organisational Change

There were 2 organisational change programmes commenced during the reporting period; 1 related to a roster change to enable efficient and effective staff deployment, with the other related to the integration of the Acute Frailty and Torfaen Rapid Frailty Response teams. This particular change intends to reduce inefficiencies, eliminate duplication, and better utilise existing cancer

pathways, while maintaining diagnostic capacity and improving alignment with GP practice—ultimately delivering better value and a more streamlined patient journey.

Disclosure and Barring Service (DBS) Update

An update was provided to People and Culture Committee in February 2026 on the DBS review undertaken across the Health Board. Extensive engagement took place with the staff effected to obtain DBS confirmation and/or undertake new checks where required.

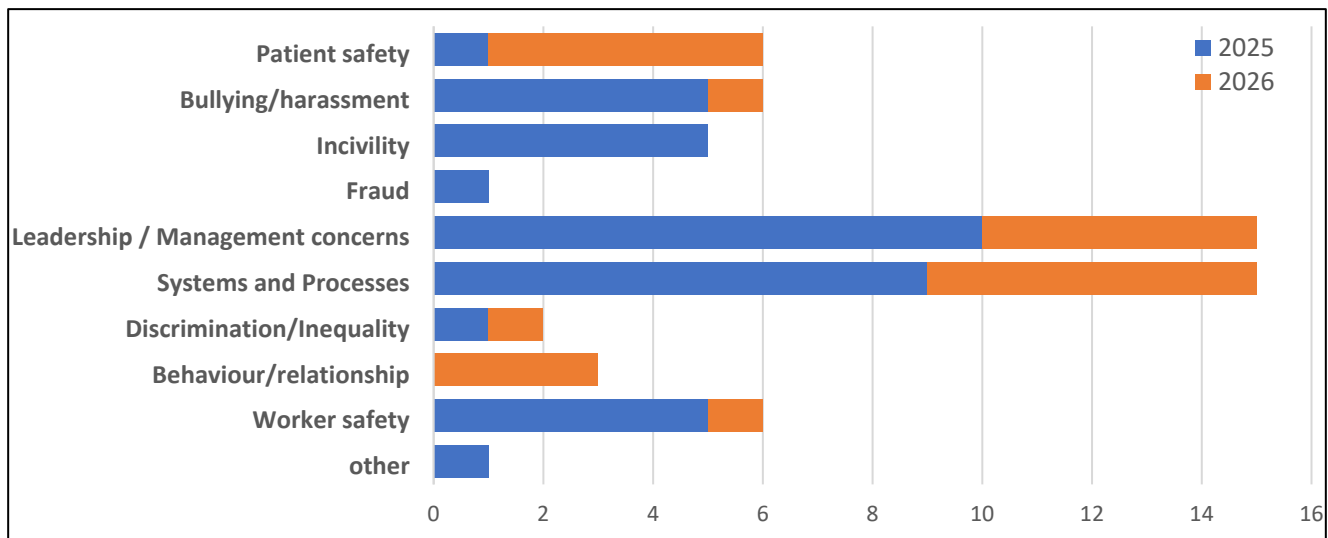
Positive progress has been made improving our position by circa 570 records positively identifying an updated position.

Further work continues to:

- Updating position numbers to reflect the correct DBS level required.
- Monthly review of new starters reports

Speaking up Safely Update

Since the launch of Speaking up Safely in December 2024 there have been 60 concerns raised. The image below shows the category distribution.



The implementation of the Speaking Up Safely work was subject to an internal re-audit in December 2025 which resulted in several management actions.

Recommendation	Action
Adequate resources and organisational socialisation: Band 7 (FT 12 months).	Band 7 appointed to start in June 2026 1 day per week, transition to 2 days per week in July and August and full time from September. This phased arrangement is to support the individuals current operational and service requirements

Appointing a new Independent Member with responsibility for Speaking up Safely	Penny Jones appointed
Quality of data collection: Case management system secured with HR	New Case management system procured and implemented end of June 2026
Clarity around closing cases and opportunities to learn through the development of a SOP	SOP in development due to be finalised end June 2026.

Out multi-disciplinary Steering Group continues to meet and will support and inform the above actions with a Board development session relating to the application of the Framework planned for June 2026.

Supporting access to work with the King's Trust

A key pillar and objective in our People Plan is "Better Future Workforce", including the promotion of economic inclusion and widening access. Over recent months, we have worked closely with The King's Trust and Barnardo's to develop a work experience programme for unemployed local residents, with the aim of supporting pathways into work.

Working in partnership with recruiting managers, we have identified 20 placement opportunities across a range of administrative departments. Participants will undertake a one-week induction commencing on 8 June, followed by two weeks of supported on-the-job learning within their allocated placement areas. A structured programme has been developed to provide clarity on daily activities, support arrangements and designated points of contact throughout the placement period.

As the first public body in Wales to participate in this scheme, the programme has already generated significant external interest. A Member of the Senedd will attend the closing ceremony at the end of June to present participants with certificates and encourage and support future employment prospects.

The progress and outcome of this programme will be closely monitored, particularly in respect of onward employment opportunities within the Health Board, further education, and to ensure employability support including application writing and interview skills.

Resident Doctor Contract

The Resident Doctor Contract Reform, agreed nationally following a referendum in December 2025, represents a significant change to terms and conditions for resident doctors, including new requirements around rota design, working patterns, pay, training and compliance. Within NHS Wales implementation is scheduled to commence from August 2026, with a phased transition through to August 2028; however, all rotas are being designed to be compliant from the outset to support workforce planning and minimise future risk.

The reform is intended to improve safety, consistency and training quality by introducing tighter contractual safeguards on working hours and rest, alongside strengthened governance (e.g. safe and flexible working oversight and enhanced study leave arrangements). Locally, significant progress has been made, including comprehensive rota reviews, strengthened programme governance, and improved stakeholder engagement. However, delivering compliant rotas has required material redesign and highlights increased workforce demand, with modelling indicating up to 29 additional doctors required following mitigation, alongside wider financial, digital and organisational implications.

There are several key risks and challenges. These include workforce capacity and recruitment constraints, financial pressures with no confirmed funding for additional posts, and digital readiness issues, particularly dependencies on national systems and local implementation of medical e-rostering. There is also a compressed delivery timeframe, with national dependencies (e.g. final system settings) limiting the ability to fully assure compliance before August 2026. To manage these risks, the Health Board has established a formal programme structure overseen by the Medical Director with active risk management, ongoing rota review and scrutiny processes, engagement with national partners, and the development of contingency and transitional arrangements (including phased implementation and system workarounds). A controlled and managed approach is being adopted, including seeking approval for additional staffing where required and aligning implementation plans to mitigate the highest operational and patient safety risks.

The Executive Committee has reviewed the emerging position and has approved the recruitment of up to 29 additional doctors required to support the delivery of compliant rotas under the new contract. This reflects the minimum level of additionality following local mitigation. Notwithstanding this approval, the implementation of the contract is expected to result in a forecast cost pressure, taking into account workforce expansion and wider contractual changes which will impact service requirements. The workforce, service and financial impact will continue to be actively monitored and managed as part of the overall programme governance arrangements.

General Medical Council (GMC) De-escalation - Medicine

In 2021, following the opening of the Grange University Hospital and changes to the medical model at the Health Board, education and oversight meetings were instigated by Health Education and Improvement Wales (HEIW), following recent doctor trainee feedback and the impact on doctor training in medicine. This later resulted in GMC enhanced monitoring, recognising that HEIW are accountable to the GMC for the quality of postgraduate medical education and training.

A significant programme of work has been undertaken including:

- Improved supervision and support
- Changes to rotas and working patterns
- A safer medical staffing review and increased investment in locally employed doctor (LED) posts

- A review of clinical pathways
- Medical education forums and improved communication and access
- Regular trainee surveys and feedback

Positively, the GMC has confirmed that the Health Board is no longer subject to enhanced monitoring as a result of the improvements and actions taken and therefore will revert to routine monitoring processes via HEIW.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR 001A The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	BMA – British Medical Association ESR – Electronic Staff Record HCSW - Healthcare Support Worker WG – Welsh Government WPF - Welsh Partnership Forum
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y	Not Applicable

Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • 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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Strategic Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

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 February 2026, there have been no changes in the risk score or exposure for the four delegated risks.

Asesiad / Assessment

The Committee has oversight of risks associated with the 'People' theme and operates within a defined risk appetite threshold of 17 or below. In line with best practice, all risks have been reviewed within the appropriate timeframes according to their respective risk ratings.

The review has focused on the effectiveness of the control environment, providing assurance that existing controls remain robust and proportionate in 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

While all current risks sit within the Health Board’s risk appetite, it is recognised that the workforce remains the organisation’s most critical asset. The delivery of safe, high-quality and sustainable services is dependent on the successful recruitment, retention and ongoing support of staff across all disciplines and specialties. Risks continue to be reviewed within their scheduled timeframes and are reassessed where changes in the operating environment require further consideration.

Over the coming months, the strategic and underpinning corporate risk assessments will be further refined and presented to the Committee to provide greater assurance that the Health Board is maturing its risk management approach, and that internal and external intelligence is effectively guiding executive and Board focus to the areas of greatest organisational impact.

In addition, a deep-dive review of the four strategic workforce risks will be undertaken to enhance the quality of the risk assessments, ensuring that controls, actions and sources of assurance are clearly aligned. This will confirm that appropriate assurance exists across each line of defence and provide the Committee with confidence in the effectiveness of risk management arrangements.

This enhanced approach will strengthen the Committee’s overall assurance by ensuring that workforce planning, staff wellbeing and organisational culture risks are systematically identified, evaluated and mitigated. In turn, this will support the Health Board in fostering a positive working environment and in delivering safer, higher-quality care.

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 ID and Description				IMTP Link	Risk Score												
					2	3	4	5	6	8	9	10	12	15	16	20	25
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities.	Workforce & Culture					X				•		◊		
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff							X		•		◊			
			c) Due to insufficient and ineffective leadership levels throughout the organisation.						X			•		◊			
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level						X					◊ •			

Key	Current Score	•
	Target Score	×
	Appetite Threshold	◊

RISK THEME	PEOPLE					
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE					
Strategic - SRR 001 A	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 (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			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.
	<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 			
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	01 June 2023		Impact	4 (Major)	2 (Minor)	
Last Reviewed	April 2026		Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	July 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 2025-2030 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 and will be launching dashboard in April 2026 Value and Sustainability Board. Implementation of the Collective Agreement (Non-Pay Deal) 2022/24. Real Living Wage Employer. Workforce Supply Oversight Group (WSOG) established led by HEIW with HB executive membership 	<p>Recruitment</p> <ul style="list-style-type: none"> Approval to overrecruit to newly qualified nurses in September 2025, March 2026 and September 2026 resulting in zero forecasted RN vacancies in rostered areas. Flexible RN training routes circa 35 predicted to complete training each year 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. Expand talent pools into areas with high turnover such as Facilities and Health Records. <p>Retention</p> <ul style="list-style-type: none"> 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. Introduction of new starter surveys in collaboration with Nursing and Midwifery directorate Over 50 positive retention stories across all divisions collated and on the intranet. Organisational turnover and exit reviewed and analysed leading to an initial deeper dive into estates and facilities.

- **Recruitment**
- Engagement with national recruitment campaigns such as BAPIC, 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 Resident Doctor.
- Annual programme of Apprentice and RCN Connect 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.
- 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 November 2024.
- Recruitment & Selection Policy published September 2025.
- Introduced centralised HCSW talent pools from September 2023.
- Future Nurse Academy introduced in January 2024.
- Fixed term Rotational posts for Registered Nurses to be introduced March 2026
- Internal Lateral Transfer Scheme for B5 Registered Nurses introduced January 2026

Retention

- Retention lead appointed with programme action plan in place for the next two years.
- 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 flexile 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.
- Medical E-Rostering roll out is still not fully rolled out due to some development delays with the provider, but the first areas should be live by Summer of 2026

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.
- 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.

Variable Pay Reduction

- Development of action plan based on WHC to support the reduction in bank and agency usage.

E- Systems

- Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.
- Roll out of medical rostering 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 remained static, and February's compliance was 54%. A Revised trajectory has been commissioned by the Medical Director for improvement to 80% in 26/27.
- 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.
- Due to delays in development to allow for roll out of live rosters for Medical and Dental, a contract improvement notice has been issued to Patchwork.

Development of alternative and new roles

- Continued implementation and increase in new roles such as Physician Associates, CAAPs, Enhanced and Advanced, consultant roles to support workforce skills gaps in line with IMTP.
- 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 with dates for 2026.
- 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.

- 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.
- Flexible routes to RN training in place through USW and Open University
- Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active.
- K102 bridging model now being offered to support HCSW pathways into registered nursing.
- Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year.
- Delivery of workforce planning training.

Vacancy Numbers and establishment control

- Quarterly reporting of vacancy numbers have improved from 442wte to 330wte vacancies as of September 25 (all staff groups)
- 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. Dashboard to be launched late April 2026 A bespoke model will be developed to support medical staffing.

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.

Band 2/3

- Implementation of the national Health Care Support Worker Job Description Framework has commenced and 98% completed for staff in post as 1st January 2026. This will re-band many Band 2 staff in nursing, maternity, and theatres to Band 3, improving engagement, retention, and recruitment.

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 • Resident Doctor Contract Reform Steering Group 	<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 • Resident Doctor Contract Reform – element still in negotiation with BMA • 1000 new trainee posts in NHS England to commence in August 2026 which may impact on NHS Wales and the additional capacity required as a result of the new Resident Doctor Contract Reform 	
Assurance Rating <i>(Overall Assessment of controls and assurances) <u>Guidance</u></i>			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	POSITIVE

RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 B	There is a risk 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 a deterioration in, and a failure to improve, the well-being of staff.				
Impact <i>(Consequences of the threat)</i>	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"> High absence levels, with some sustained long periods Non-compliance with safe staffing principles and standards 	<ul style="list-style-type: none"> Reputational damage to the health board as an employer Work-related claims Financial Implications 		
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	April 2026	Risk rating	= 12 (High)	= 9 (High)	
Next Review <i>(Quarterly based on risk score)</i>	July 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>
General <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 outcomes 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 	General <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. Occupational Health. <ul style="list-style-type: none"> Regional occupational health partnership working being explored with Cardiff and Vale and also Cwm Taff, Phase 1 collaborative physician procurement process completed and implemented

- Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management.
 - 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
 - SEQUASH accreditation applied for QTR 4 2025/2026.
- Other**
- Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC

- Support equality and diversity of workforce
 - Review of staff diversity networks
 - 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 has been developed to address staff engagement, work related stress and to improve retention of staff
 - Planning for 2026 staff survey underway to improve compliance and value of outcomes

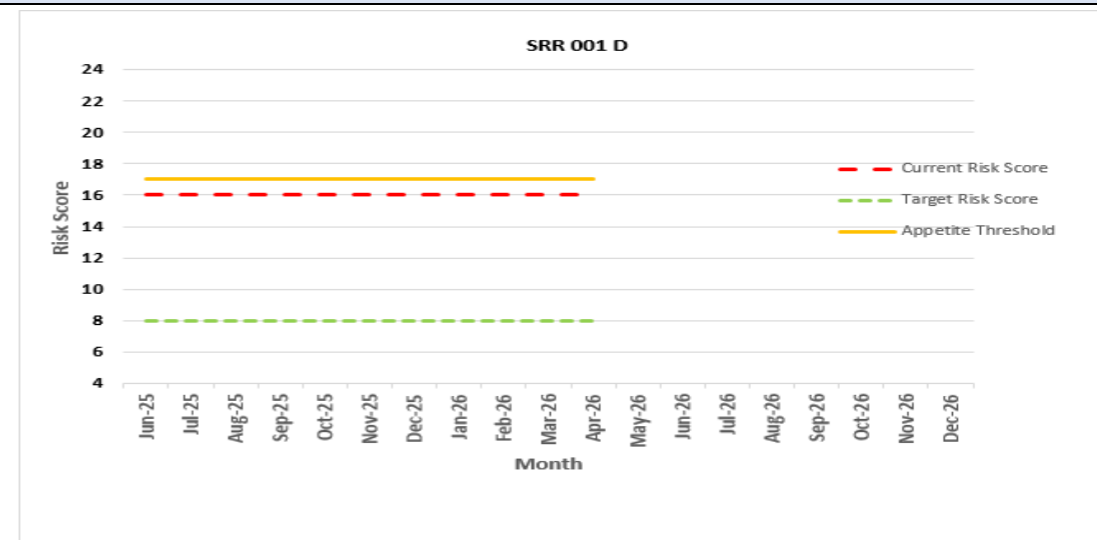
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the 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 (As a result of)	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 (Consequences of the threat)	<p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings; 	<p>Staff</p> <ul style="list-style-type: none"> Adverse impacts on staff recruitment and retention 	<p>Organisation</p> <ul style="list-style-type: none"> Failure to deliver health board priorities, required improvements and achieve sustainability; Poor levels of accountability and delivery; Reputational damage to the health board as an employer; 	<p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible)	3 (Possible)	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	April 2026	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	July 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"> 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 HEIW leadership programmes including for aspiring Directors and CEOs Leadership journey and programmes mapped, variety of programmes and resources available ranging from aspiring to senior leaders. Including bespoke for Leading people and staff groups including Clinical Directors, Directorate Managers and Administrative Network. Nursing Leadership Academy well established Learning masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing team and having courageous conversations. OD and training available for local management levels as well as corporate organisational wide programmes. 	<p>Talent and Succession Planning</p> <ul style="list-style-type: none"> Development workshops being rolled across the Health Board, open for all leaders to attend. Ongoing and planned throughout 2026/27 Designated Talent and Management succession planning resources available on ABUHB intranet and updated regularly. <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 2026/27 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 (As a result of)	Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings 	<p>Staff</p> <ul style="list-style-type: none"> Non-compliance with safe staffing principles and standards 	<p>Organisation</p> <ul style="list-style-type: none"> Litigation & Financial Penalties Reputational damage to the health board and loss of public confidence 	<p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	People & Culture Committee	Likelihood	4 (Likely)	2 (unlikely)
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	June 2026	Risk rating	= 16 (Extreme)	= 8 (Moderate)
Next Review (Monthly based on risk score)	July 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"> 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 Plans 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) and Trade Union Partnership Forum (TUPF) Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. All Wales training sessions provide by legal and risk to support industrial action. Picketing guidance supported and agreed. Workforce Peer Networks – WOD's and DEWOD's. Resident Doctor Contract agreed and implementation plan issued Living Wage uplift to be applied from April 2026 as per WHC Band 2/Band 3 assessments initiated AFC pay award for 2026/27 announced for Agenda for change and Medical and Dental staff. 	<ul style="list-style-type: none"> Issue of WHC AFC non pay elements of collective agreement 2022-24. 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. 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. CPD/Statutory and Mandatory training review in progress with TU colleagues. Review of Health Visitor Job Description in partnership with Tus Contribution to national Health Visitor working group Resident Doctor contract implementation readiness assessment Contractual reviews/disputes supported with guidance from NHS Wales Employers

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 as required Business Continuity groups as required 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 Working with national partnerships groups including Welsh Partnership Forum and Business Committee 			
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 June 2026
CYFARFOD O: MEETING OF:	People & Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Evaluation of the Nursing and Midwifery Strategy (2023-2026)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade – Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Kelly Downes – Deputy Director of Nursing

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Nursing & Midwifery Strategy (2023–2026) set five ambitions to deliver safe, effective and compassionate care across Aneurin Bevan University Health Board. As the strategy period concludes, this report provides assurance on delivery, highlights key impacts, and identifies priorities to inform the refreshed 2026–2030 Nursing & Midwifery Professional Plan.

The report provides full details of the progress and key achievements across each strategic ambition.

Cefndir / Background

The strategy was developed collaboratively in response to national and local policy drivers, as well as the evolving needs of both patients and staff. Its overarching purpose was to:

- Build a skilled and compassionate workforce
- Promote effective leadership and inclusivity
- Embed quality improvement and innovation
- Strengthen a culture of research
- Enhance professional identity and influence



To achieve these aims, five Strategic Ambitions were identified:

1. Staff Development and Career Progression
2. Excellence in Leadership at All Levels
3. Quality Improvement, Innovation and Learning
4. Research and Innovation
5. Professional Identity and Influence

Delivery of the strategy has been overseen by the Executive Director of Nursing and driven locally by Divisional Nurses.

Since implementation, further national drivers have shaped and strengthened the direction of the strategy. These include:

- The National Position Statement on Nursing Preceptorship and Restorative Clinical Supervision (2024)
- The HEIW Professional Framework for Enhanced, Advanced and Consultant Practice (2024)
- The NMC Principles for Advanced Practice (2025)

These developments have continued to inform priorities and ensure alignment with national expectations, regulatory requirements and the ongoing evolution of professional nursing practice.

The strategy period also coincided with wider recognition of the contribution of internationally educated nurses to the NHS workforce, who have been part of the NHS since its inception in 1948. Locally, the Health Board continued to value and celebrate the nursing workforce through internal communications (including International Nurses Day), alongside delivery of international nurse recruitment activity that has supported workforce sustainability and integration of internationally educated nurses during the strategy period.

Asesiad / Assessment

Overall Delivery

There is strong evidence that the strategy has been successfully delivered, with consistent progress across all five ambitions. Divisional nurse priorities — workforce capability, leadership, equity and quality care — remain embedded and continue to guide professional leadership and service development.

Key Strategic Achievements

- **Workforce development and wellbeing:**
A standardised, values-based induction and preceptorship offer is now embedded across nursing, midwifery and support staff. Appraisal quality has improved through a revised PADR aligned to the four pillars of practice. Reflective Clinical Supervision capacity has expanded significantly, strengthening wellbeing, retention and professional support.



- **Leadership capability and culture:**
A clear, end-to-end leadership pipeline is established, supported by JOE, LEAD6, the Leadership Academy and Alumni. Compassionate, inclusive leadership behaviours are increasingly evident, with demonstrable progression into senior roles and national recognition.
- **Quality improvement and innovation:**
Nursing and midwifery now sit at the centre of organisational improvement. Quality improvement capability has grown substantially, with measurable patient safety benefits, widespread frontline engagement, and strong assurance through Team Accreditation from ward to board.
- **Enhanced, advanced and consultant practice:**
Governance and standardisation have strengthened in line with national frameworks. Advanced practice roles have expanded across multiple specialties, alongside growth in consultant nurse roles, supporting service transformation and workforce sustainability.
- **Research, digital maturity and professional influence:**
Nursing and midwifery now have increased research leadership, visibility and output. Digital enablement has progressed through nurse-led dashboards, digital accreditation assurance, maternity digital records and preparation for EPMA. Professional identity and voice have been strengthened through conferences, awards, publications and expanded leadership forums.

Ongoing Challenges

- Workforce pressures and service demand have at times affect consistency of care delivery.
- Further work is required to embed equity consistently at scale.
- Sustainability and standardisation are critical to avoid variation as initiatives mature.

Recommendation

The Committee is asked to:

1. Note the successful delivery of the 2023–2026 Nursing, Midwifery and SCHPN Strategy, with clear evidence of strengthened leadership, workforce development, quality improvement capability and professional voice.
2. Agree that the next phase should focus on consolidation, sustainability and consistency of delivery across leadership, supervision, accreditation, digital reporting and professional forums.
3. Support the development of a refreshed Nursing & Midwifery Professional Plan (2026–2030) aligned to national priorities, workforce need and future service and digital transformation.



4. Support continued emphasis on workforce wellbeing, equity of access to development and strong ward-to-board assurance.



Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.



	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
<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>	Choose an item. Choose an item.



A Profession of Excellence



A Lifetime of Compassion

Nursing & Midwifery Strategy 2023-2026 Evaluation Report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Background

The Nursing & Midwifery Strategy (2023–2026) set out five strategic ambitions to deliver excellence through safe, effective and compassionate care across Aneurin Bevan University Health Board (ABUHB). As the three-year period concludes this paper sets out a comprehensive review of progress which is needed to build on achievements, address remaining gaps, and respond to evolving patient and workforce needs for the 2026–2030 Nursing, Midwifery & SPCHN Plan.

The strategy was developed collaboratively in response to national and local policy drivers, as well as the evolving needs of both patients and staff. Its overarching purpose was to:

- Build a skilled and compassionate workforce
- Promote effective leadership and inclusivity
- Embed quality improvement and innovation
- Strengthen a culture of research
- Enhance professional identity and influence

To achieve these aims, five Strategic Ambitions were identified:

1. Staff Development and Career Progression
2. Excellence in Leadership at All Levels
3. Quality Improvement, Innovation and Learning
4. Research and Innovation
5. Professional Identity and Influence

Delivery of the strategy has been overseen by the Executive Director of Nursing and driven locally by Divisional Nurses. Since implementation, further national drivers have shaped and strengthened the direction of the strategy. These include:

- The National Position Statement on Nursing Preceptorship and Restorative Clinical Supervision (2024)
- The HEIW Professional Framework for Enhanced, Advanced and Consultant Practice (2024)
- The NMC Principles for Advanced Practice (2025)

These developments have continued to inform priorities and ensure alignment with national expectations, regulatory requirements and the ongoing evolution of professional nursing practice.

The strategy period aligned with wider recognition of internationally educated nurses' contribution to the NHS (in place since 1948) and ABUHB's ongoing international recruitment activity supporting workforce sustainability

Divisional Nursing Priorities

The Nursing & Midwifery Strategy included clear divisional priorities which aimed to provide focused, consistent professional leadership that strengthened the workforce and ensured the delivery of high-quality, compassionate care. The four core Divisional Nurse priorities identified are:

Priority 1

To create and develop a kind, compassionate, competent and skilled workforce within a supportive and learning environment.

Priority 2

To promote the profession of nursing and midwifery to future generations by exploring new initiatives and exemplary practice within the framework of the Nursing Strategy.

Priority 3

To provide equity for Nursing & Midwifery amongst peer professions.

Priority 4

To deliver outstanding, quality care with kindness and compassion where and when our patients/clients need it.

Divisional Nursing Priorities

Priority 1

To create and develop a kind, compassionate, competent and skilled workforce within a supportive and learning environment.

Divisions consistently described the creation of supportive learning environments, underpinned by:

- Psychologically safe spaces
- Reflective practice and civility initiatives
- Structured training and continuous learning
- Leadership development and multi-skilling
- Learning from incidents and service feedback

These interventions collectively strengthened workforce competence, confidence, and compassion.

Divisional Nursing Priorities

Priority 2

To promote the profession of nursing and midwifery to future generations by exploring new initiatives and exemplary practice within the framework of the Nursing Strategy.

Divisions actively championed nursing and midwifery through:

- Engagement with schools, colleges and universities
- Attendance at career fairs and recruitment events
- Intergenerational workstreams
- Showcasing clinical roles and innovative practice

This work helped raise the profile of the professions and support future workforce pipelines.

Divisional Nursing Priorities

Priority 3

To provide equity for Nursing & Midwifery amongst peer professions.

While progress is being made, divisions recognised that work remains to fully achieve equity. Key developments included:

- Increased awareness of diversity and inclusion needs
- More equitable recruitment practices
- Diversifying the workforce

However, some challenges persist, particularly around limited senior leadership capacity and inconsistent structures to drive equity at scale.

Divisional Nursing Priorities

Priority 4

To deliver outstanding, quality care with kindness and compassion where and when our patients/clients need it.

The divisions have demonstrated clear examples of compassionate, personalised care through:

- Bereavement and spiritual support services
- PALS and patient-feedback systems
- Robust patient experience feedback

However, despite these strengths, divisions recognised that workforce pressures, demand, and flow issues have at times made it difficult to consistently deliver timely care.

Strategic Ambition

#1

Staff Development & Career Progression

We will offer high quality lifelong learning, development & educational opportunities with a focus on support and career pathways, so our nursing and midwifery workforce can be empowered in their development and deliver excellent, compassionate care.



#2

Excellence in Leadership at all Levels

We will lead and manage in a professional and consistent way, supporting staff and promoting their wellbeing, building a strong and positive leadership culture at all levels.



#3

Quality Improvement, Innovation and Learning in pursuit of excellence in patient safety, outcomes and experience

We will seek to innovate and continuously improve. Our nursing and midwifery workforce will be involved in quality improvement.

We will ensure patient participation and engagement is central in all we do and will promote population health and wellbeing.



#4

Research & Innovation

We will demonstrate a commitment to sharing knowledge and expertise, increasing research and quality improvement embedding a culture of inter-professional evidenced based practice. We will raise the profile and contribution of the profession to advancements in care, and improving outcomes for our patients.



#5

Professional Identity & Influence

We will be proud of our professional identity, empowering all to flourish in an environment of inclusivity which reflects the diversity of the communities we serve, championing compassionate patient care and providing a strong nursing and midwifery voice to influence service delivery.



A Profession of Excellence, a Lifetime of Compassion

Ambition 1: Staff Development & Career Progression

#1

Staff Development & Career Progression

We will offer high quality lifelong learning, development & educational opportunities with a focus on support and career pathways, so our nursing and midwifery workforce can be empowered in their development and deliver excellent, compassionate care.



Overall, significant and wide-ranging progress has been made in strengthening the nursing and midwifery workforce across ABUHB. With stable appraisal completion rates supported by improved quality through a new PADR addendum aligned to the four pillars of practice, providing clearer development planning and career visibility for advanced and consultant practice. Leadership and professional development pathways have expanded through JOE, LEAD6, the Leadership Academy and Alumni networks, supported by coaching, mentoring, secondments and structured advanced and consultant practice governance.

Standardised, compassionate induction and preceptorship offers are now embedded across staff groups, with strong evidence of positive experience, confidence-building and retention. Reflective Clinical Supervision and advocacy infrastructures have been significantly strengthened, improving access to wellbeing and professional support.

Opportunities for networking, research engagement, quality improvement, and talent development have increased, alongside visible investment in wellbeing, recognition and education. Collectively, these developments demonstrate a maturing, integrated approach to workforce development that is improving consistency, capability, engagement and sustainability, while providing a strong foundation for future succession planning and service transformation.

Spotlight on Key Achievements: Induction

Significant progress has been made in developing and delivering a standardised and compassionate induction experience across professional groups. Collaborative student welcome days are now established across all three years of training, including Year 1 welcome events, Year 2 simulation and clinical skills updates, and Year 3 leadership and reflective practice sessions, delivered in partnership with the PEF Team.

The Nursing Core Induction launched in October 2025 now runs four times per year, aligned with the streamlining output. A mop-up induction has also been introduced to ensure all new starters, including new registrants across surgery, medicine, MH/LD, community/primary care, paediatrics (day 1 only) and clinical support services, receive a consistent welcome linked to the Journey of Excellence (JOE) preceptorship programme.

Induction schedules have been standardised and extended across more staff groups. Preceptor midwives complete a dedicated two-week induction aligned to the All Wales PROMPT and Once for Wales preceptorship pathway, supported by full rotational posts enabling development and progression to Band 6. Healthcare Support Workers similarly benefit from a standardised induction programme.

Overall, there is clear evidence of a more consistent, values-based and career-focused induction approach across the nursing and midwifery workforce, with strengthened collaboration and alignment to professional development pathways.



Spotlight on Key Achievements: Enhanced, Advanced & Consultant Practice

The Nurse Consultant Forum has been re-established, with a key aim of providing strategic oversight for the implementation of the HEIW Framework for Enhanced, Advanced and Consultant Practice. A comprehensive action plan is being rapidly progressed to address the recommendations of the framework, with strong progress evident. As part of this work, the action plan has strengthened governance arrangements and improved standardisation across enhanced, advanced and consultant-level practice, ensuring consistent approaches to role development, deployment and assurance.

Most recently, the Health Board has been selected as one of three Welsh Health Boards to test the NMC's emerging principles of advanced practice, contributing valuable feedback to support the development of future NMC standards in this area.

There has been a notable expansion in advanced practice roles, with an increase of 25.8 WTE across a range of specialties, including:

- Trauma & Orthopaedics
- CAMHS
- Paediatrics
- Respiratory
- Acute Medicine
- Frailty

In addition, the number of Consultant Nurse posts has increased from **6.5 WTE to 10 WTE**, with new roles established in:

- Dermatology
- Frailty
- Mental Health
- Primary Care Measures

This growth demonstrates a strengthened commitment to advanced and consultant-level practice, supporting service transformation, improved patient pathways, enhanced governance and workforce sustainability across the Health Board.

Spotlight on key achievements: Restorative Clinical Supervision

Significant progress has been made in embedding Reflective Clinical Supervision (RCS) across nursing and midwifery, with a clear ABUHB model, governance arrangements and SOP now in place. Supervisory capacity has expanded substantially, including over 100 trained RCS supervisors, 15 Train-the-Trainer educators enabling local divisional delivery, 35 Professional Nurse Advocates, and 280 nurses completing ESR RESTORE training.

Collectively, these developments demonstrate a marked increase in accessibility, sustainability and organisational capability for reflective supervision compared to the start of the strategy period, providing a strong platform for consistent embedment across services.

I'm grateful to my mentors for shaping both my personal and professional growth. ABUHB embodies supportive and inclusive environment, and this is essential for nurses to thrive. When colleagues treat each other with compassion, respect, and kindness, it fosters a culture of trust and continuous learning.



#2

Excellence in Leadership at all Levels

We will lead and manage in a professional and consistent way, supporting staff and promoting their wellbeing, building a strong and positive leadership culture at all levels.



Ambition 2: Excellence in Leadership at all Levels

A clear and structured leadership development pathway is now established across nursing and midwifery, spanning early career through to senior leadership. Programmes including JOE, LEAD6, the Leadership Academy (Bands 7–8), bespoke Band 8b development and a strengthened Alumni network provide a stepwise route supported by individualised learning, coaching and action learning. The Academy and Alumni have been repositioned as a visible leadership movement, creating a sustainable leadership supply, role-model ambassadors and a strong culture of inclusive, values-based leadership, with national recognition at the CNO Conference 2025. Wellbeing and psychological safety are embedded throughout all leadership activity, alongside expanded access to Reflective Clinical Supervision, flexible working, compassionate leadership practices, and debrief support. Collectively, these developments demonstrate a maturing, integrated approach to leadership and wellbeing that is strengthening capability, confidence and sustainability across the workforce.

Spotlight on Key Achievements

Leadership Academy

The Leadership Academy currently has its 8th cohort with 93 graduates to date. The graduates are invited to join a community of practice through the Alumni with 9 meetings held to date including sessions on Psychological safety, leadership through Lego, Leadership Journey of Divisional Nurse, Recruitment & Retention in Nursing in Wales, Coaching masterclass, HEIW Nurse Leadership opportunities within Wales, EDON Leadership Journey.

Feedback describes a real shift towards compassion and inclusivity in leadership behaviours, with exceptional highly recommend scores indicating an environment where people feel safe, included and supported. The Academy is for rising stars and such has supported career progression for 30% of graduates to date.

Ambition 3: Quality Improvement, Innovation and Learning

#3

Quality Improvement, Innovation and Learning in pursuit of excellence in patient safety, outcomes and experience

We will seek to innovate and continuously improve. Our nursing and midwifery workforce will be involved in quality improvement.

We will ensure patient participation and engagement is central in all we do and will promote population health and well being.



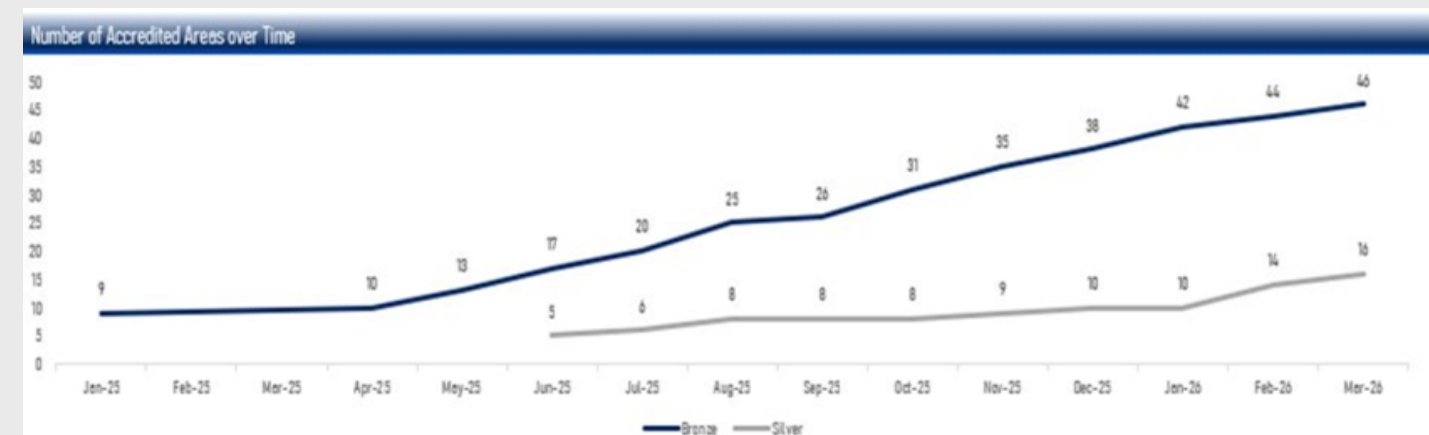
Quality improvement and innovation are now firmly embedded within nursing and midwifery practice at ABUHB. The relocation of ABCi into the Nursing Directorate has positioned nursing leadership at the centre of organisational improvement activity, directly shaping QI culture and priorities. The Quality Improvement Capability Strategic approach (2025–2028) establishes a clear vision of ABUHB as a learning organisation, aligning strongly with the Nursing & Midwifery ambition to lead improvement and innovation. Nurses and midwives are central to this work, with 47 trained QI Coaches (including 22 nurses/midwives), QI embedded within leadership development programmes, and over 700 staff trained in improvement methodology. Nursing-led QI has delivered measurable patient benefits, including an 80% reduction in avoidable cardiac arrests, reduced paediatric waiting times, and sustained elimination of theatre Never Events. Hundreds of ward-level Bronze and Silver projects demonstrate frontline teams improving what matters locally.

National award recognition, participation in national collaboratives, and system-wide structures such as the QI Faculty, divisional QI Leads, Ward Accreditation and Human Factors integration further evidence that nursing and midwifery are actively promoting and leading improvement, directly contributing to excellence in patient safety, outcomes and experience.

Spotlight on Key Achievements: Team Accreditation Quality Improvement Impact

During the 2023–2026 Nursing Strategy period, the Team Accreditation programme has provided a structured, evidence-based framework to improve quality, safety and patient experience while building local improvement capability and nursing leadership. Introduced in August 2023 as a pilot at Ysbyty Aneurin Bevan, the programme was refined and subsequently expanded through three phased roll-out stages, engaging 162 clinical areas and teams across the organisation, with 46 achieving Bronze accreditation and 16 achieving Silver recognition to date.

Teams have delivered a wide range of nurse-led quality improvement initiatives focused on patient flow and efficiency, communication and patient experience, patient safety and reliability of care, and workforce development. Collectively, these improvements demonstrate that accreditation has moved beyond individual projects to embed continuous improvement into everyday practice, reduce unwarranted variation, strengthen accountability for quality and safety at team level and provide assurance from ward to board, contributing directly to the Nursing Strategy ambition of delivering safe, high-quality, patient-centred and efficient care.



Ambition 4: Research and Innovation

#4

Research & Innovation

We will demonstrate a commitment to sharing knowledge and expertise, increasing research and quality improvement embedding a culture of inter-professional evidenced based practice. We will raise the profile and contribution of the profession to advancements in care, and improving outcomes for our patients.



Strong progress has been made in establishing the leadership, governance and cultural foundations to advance nursing and midwifery research across ABUHB. Nursing now has formal representation on the Health Board Research Strategy Group, supported by strengthened executive oversight, improved visibility of research pathways and a growing Research Champions Programme that is helping normalise research as part of everyday clinical practice. Senior nurses are increasingly engaged in research governance and appraisal discussions, while advanced nurse networks are supporting the translation of evidence into practice. Nurses and midwives are contributing to an expanding portfolio of publications, professional outputs and national and international conference presentations, demonstrating practice leadership across a range of clinical specialties. Collectively, this has increased awareness of research opportunities, participation in training and research activity, and progress toward embedding a sustainable, research-active culture within the professions.

Nurses and midwives have made progressive strides in leading digital enablement, with early foundations now in place to support more data-driven, transparent and efficient models of care. Nursing leadership has driven the development of nurse-led digital audits aligned to accreditation standards, bringing these together within a Ward Accreditation Dashboard to support improved visibility of quality, compliance and emerging risks from ward to board. While still in its early stages, this work has begun to strengthen consistency of reporting, encourage engagement with digital systems at ward level and reduce reliance on manual processes. In parallel, midwifery leadership has been strengthened through the establishment of a Digital Lead Midwife role, supporting the implementation of end-to-end electronic maternity records and contributing to national digitisation work across Wales. Nursing leaders are also playing a central role in the preparation for Trust-wide implementation of Electronic Prescribing and Medicines Administration (EPMA), planned for 2026. Underpinning this progress, the commissioning of the Qlik analytics platform through nursing leadership provides a single, reliable digital environment for quality and patient safety data, enhancing ward-to-board communication and laying clear foundations for nurses and midwives to increasingly lead, influence and embed digital maturity across services.

Spotlight on Key Achievements: Digital Enablement in Practice

The introduction of nurse-led dashboards has improved visibility of quality and safety, supporting clearer ward-to-board conversations and more informed clinical oversight. Accreditation dashboards provide a concise, consistent view of compliance and improvement activity, enabling teams to monitor progress and identify issues earlier. Within midwifery, the implementation of BadgerNet has strengthened continuity of care through a single digital maternity record, supporting safer information sharing, improved documentation and a better experience for women and families.

Ambition 5: Professional Identity

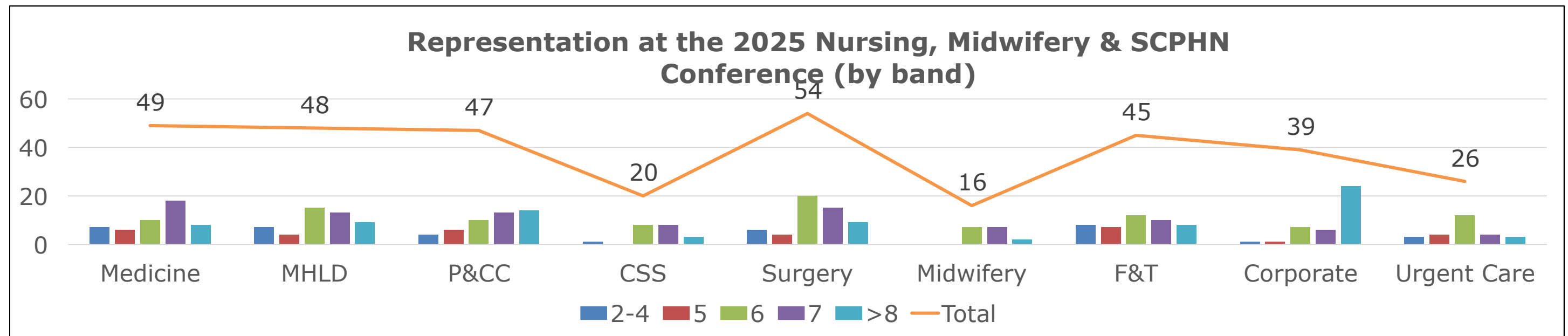
Spotlight on Key Achievements: Nursing, Midwifery & SCPHN Conferences

Over the three-year strategy period, three Annual Nursing & Midwifery Conferences were delivered, becoming a cornerstone for professional development, networking and celebration across ABUHB. The conferences evolved in focus from professional values and compassionate care (2023), to innovation and creativity in practice (2024), and co-production and patient autonomy (2025), with the latter expanding access to include Healthcare Support Workers and introducing a dedicated award. Attendance remained strong, with 270 delegates in 2023, 250 in 2024 (supported by a hybrid model due to venue constraints), and a significant increase to 348 delegates in 2025. Senior leadership presence was consistently visible, including attendance from the CNO, CEO and Executive Director of Nursing. In addition, two conferences were delivered to recognise and celebrate staff supporting student nurses and midwives, alongside the inaugural Assistant Practitioner Conference, further broadening representation, recognition and networking opportunities.

Delegate feedback was exceptionally positive, with a mean recommendation score of 99.1% across all events. Collectively, the conferences strengthened professional pride, showcased innovation and research and increased visibility of nursing and midwifery contributions locally and nationally.

#5 Professional Identity & Influence

We will be proud of our professional identity, empowering all to flourish in an environment of inclusivity which reflects the diversity of the communities we serve, championing compassionate patient care and providing a strong nursing and midwifery voice to influence service delivery.



Spotlight on Key Achievements: Recognition Through Awards and Publications

Over the three-year strategy period, ABUHB nurses and midwives have achieved significant local, national and international recognition, reflecting a strong culture of excellence, innovation and leadership. Colleagues have been recognised through prestigious awards including the RCN Wales Nurse of the Year, Queen's and King's Honours Lists, CNO Excellence Awards, Queen's Nursing Institute Awards, Student Nursing Times Awards, Burdett Nursing Awards and Nursing Times Workforce Awards, highlighting excellence across clinical practice, education, leadership and workforce development. ABUHB has consistently performed strongly at the RCN Wales Nurse of the Year Awards, securing winners and multiple category runner-ups each year.

Nursing and midwifery staff have also demonstrated strong professional presence through publications and conference contributions, presenting at major national and international forums and authoring peer-reviewed articles and clinical guidance across specialties including continence, vascular health, cardiac rehabilitation and emergency care. Community engagement through public talks and webinars has further supported the translation of evidence into practice. Collectively, these achievements have raised the profile of ABUHB nursing and midwifery, strengthened professional pride, and reinforced the organisation's reputation as a national and international influencer in nursing innovation, quality improvement, recruitment and retention.

Spotlight on Key Achievements: Strong Nursing and Midwifery Voice in Shaping and Influencing Service Delivery

Strong progress has been made toward strengthening voice, pride and belonging across the nursing and midwifery workforce. The restructuring of the Senior Leadership Forums to formally include Band 8a nursing and midwifery leaders has broadened engagement significantly, with attendance now exceeding 65 senior leaders across professions. This expanded reach has strengthened visibility of the Corporate Nursing Directorate and improved direct access to the Executive Director of Nursing, creating a more connected and responsive leadership community. The structured format—featuring communication updates, shared learning, and workshop-based discussion—continues to support senior leaders to feel informed, engaged, and able to influence organisational direction.

Alongside the senior forums, Band 7 forums have been developed within Divisions and have naturally grown to become cross-divisional, enhancing leadership connectivity and shared learning at this key level. Plans are currently underway to establish a formal organisational Band 7 forum, which will provide a consistent platform for engagement, development and collective voice across the organisation.

Senior leaders are increasingly present at key professional events such as the ABUHB Nursing and Midwifery Conference and Celebrating Success events, reinforcing professional identity and visibility. Organisational celebrations—including International Nurses Day, International Day of the Midwife, and ABUHB-led recognition events—continue to foster pride and public celebration of the professions. In addition, the delivery of high-quality induction and preceptorship programmes supports new colleagues to feel welcomed and anchored within the organisation from day one. Collectively, these developments demonstrate sustained advancement toward a culture where nurses and midwives feel valued, heard, and proud to belong to ABUHB.

Feedback from senior clinical leaders indicates that increased visibility, engagement and inclusion are being experienced at ward level. One ward manager described this cultural change as transformative: *"I've truly loved being visible, heard and valued in spaces I once felt invisible"* (Selin Thomas, Ward Manager).

Conclusion

The Nursing, Midwifery & SCPHN Strategy 2023–2026 has delivered substantial and sustained progress against its ambitions. Leadership capability, workforce development, quality improvement, professional identity and innovation have all been strengthened, with many initiatives now embedded as core organisational practice.

Where objectives were not fully achieved, particularly around consistency of training needs analysis and formal succession planning, these gaps are clearly understood and provide a focused agenda for the next strategy period.

The organisation enters the 2026–2030 strategy cycle with strong foundations, mature leadership structures and a confident professional workforce, well placed to respond to future workforce, service and digital challenges.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People & Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nursing, Midwifery & SCHPN Professional Plan 2026-2030
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Kelly Downes Deputy Director of Nursing

**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 Nursing and Midwifery Professional Plan 2026–2030 sets out the Health Board’s strategic direction for the nursing and midwifery professions over the next five years.

The Plan has been developed to strengthen professional standards, workforce capability, leadership, governance and assurance, whilst supporting delivery of safe, compassionate, person-centred care aligned to organisational and national priorities.

The People and Culture Committee is asked to note and endorse the Plan prior to Board approval and official launch at the Nursing and Midwifery 2026 Conference.

Cefndir / Background

The Plan builds on the 2023–2026 Nursing & Midwifery Strategy and responds directly to extensive engagement with nurses, midwives and professional leaders across Aneurin Bevan University Health Board.



It is fully aligned with key national and local frameworks, including:

- Chief Nursing Officer for Wales Strategic Vision for Nursing & Midwifery 2025–2030
- HEIW Strategic Nursing Workforce Plan 2025–2030
- Gwent 35: Our Ten-Year Strategy
- ABUHB People Plan and Quality Strategy

The workforce voice highlighted a number of key consistent themes: feeling valued and heard; access to restorative professional support; leadership development and role clarity; equity of access to education and research; population-focused care; digital capability; and strong professional governance.

The Plan covers a workforce of approximately 4,500 registered nurses, 2,600 nursing support workers and 340 midwives, operating across acute, community and specialist services.

Asesiad / Assessment

The Plan articulates a clear vision and purpose, supported by eight interconnected priorities, delivering a coherent and deliverable framework for professional nursing and midwifery development from 2026–2030.

Each priority is supported by defined actions, measures, outcomes and timelines, enabling transparent monitoring and assurance.

A Professional Assurance Framework underpins delivery, strengthening line-of-sight from ward to Board through consistent divisional assurance reporting, RAG-rated oversight, and triangulation of quality, workforce, education, research and wellbeing indicators.

The Plan explicitly embeds statutory and professional obligations, including:

- NMC registration, revalidation and scope of practice
- Mandatory and statutory training
- Safeguarding, infection prevention, health and safety
- Information governance and data protection
- Equality, human rights, duty of candour and raising concerns

Delivery is phased from foundation (2026) through to maturity and sustainability (by 2029/30), aligned to national trajectories and organisational capacity.

Overall, the Plan provides credible assurance that professional standards, workforce sustainability and quality governance will be strengthened in parallel.

The Plan has benefited from contributions across Health Board specialities, including Digital, Public Health, Safeguarding, Infection Prevention and Control, Quality and Patient Experience, Workforce and Organisational Development, Divisional Nursing Teams, and Education and Development. It has also been shared for information, discussion and feedback through key Health Board forums,



including the Strategic Nursing and Midwifery Workforce Group, Nursing and Midwifery Professional Forum, Executive Committee, and Trade Union Partnership Forum.

Argymhelliad / Recommendation

The Committee is asked to:

1. Note the content and direction of the Professional Nursing and Midwifery Plan 2026–2030.
2. Support the Plan as the overarching professional framework for nursing and midwifery across the Health Board.
3. Note the extensive engagement that has shaped the Plan.
4. Support implementation through existing governance, quality and workforce assurance arrangements, with progress reported via agreed professional and divisional assurance mechanisms.
5. Approve the Plan ahead of submission to Board and official launch at the Nursing & Midwifery Conference 2026.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 3.1 Safe and Clinically Effective Care 7.1 Workforce 2. Safe Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol:



Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
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)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.





GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Nursing & Midwifery Professional Plan 2026-2030

Care in Our Leadership : Excellence in Our Delivery



Kindness, Integrity and Respect in Everything We Do

Foreword

As Executive Director of Nursing, I am proud to introduce the Nursing, Midwifery and Specialist Community Public Health Nurse (SCHPN) Professional Plan for Aneurin Bevan University Health Board. (ABUHB). Developed with and for our Nursing, Midwifery and SCPHN workforce, this Plan reflects the professionalism, compassion and unwavering commitment demonstrated by our teams every day across our services.

Building on the firm foundations of our 2023–2026 Strategy, this Plan responds directly to what our nurses and midwives have told us matters most: feeling valued and genuinely listened to; having a clear professional identity and role clarity; access to meaningful development opportunities; protected time to reflect, learn and grow; and confidence that their professional voice shapes decisions about care. These insights have been central to shaping our priorities and ambitions for the years ahead.

Our nursing and midwifery workforce is one of our greatest strengths. With approximately 4550 registered nurses, supported by approximately 2,600 nursing support workers and around 340 midwives, our teams deliver care across acute, community and specialist settings, serving the diverse communities of Gwent. The depth and breadth of professional expertise, combined with our workforce's cultural and linguistic diversity and strong commitment to bilingual practice, enables us to provide inclusive, person-centred and culturally competent care.

This Plan is closely aligned with key national and local priorities, including the Chief Nursing Officer for Wales Strategic Vision for Nursing and Midwifery 2025–2030. Together, these frameworks place education, restorative clinical supervision, research and lifelong learning at the heart of developing a resilient, adaptable and future-ready workforce. They support staff wellbeing, professional development and excellence in practice, and are underpinned by our Quality Strategy, which champions compassionate leadership, staff wellbeing and a culture of continuous improvement to deliver safe, high-quality care.

At its heart, this Plan is about strengthening the profile, reputation and collective voice of nursing and midwifery within ABUHB, upholding the highest professional standards, and ensuring our workforce feels supported, empowered and equipped to deliver safe, compassionate and forward-looking care. Through collective leadership and shared commitment, I am confident this Plan will make a meaningful difference for our staff and for the people and communities we serve.

Jennifer Winslade
Executive Director of Nursing

Executive Summary

From 2026 to 2030, ABUHB will deliver a clear and achievable plan to advance nursing and midwifery as safety-critical, research-informed professions.

Our ambition is to develop a highly skilled, compassionate, and confident workforce that leads innovation, improves outcomes and delivers consistently high-quality care for our population.

This Plan focuses on creating a professional environment in which staff feel valued, supported and empowered to maintain high standards and continuously improve. By working collectively and drawing on the strengths of our diverse workforce, we will deliver sustainable improvements for patients, families and communities across Gwent. It sets a clear direction for action, encouraging professionalism, integrity and collective responsibility, while strengthening professional pride and the quality of care across the organisation.

This Plan commits us to:

- Raising the profile, visibility and reputation of nursing and midwifery within ABUHB and our communities, ensuring our professions are recognised as central to the health system. We will promote the positive impact of our clinical teams and foster pride and confidence among staff, patients and the public.
- Clearly defining and valuing the full range of nursing and midwifery roles, from support roles to advanced and consultant practice. We will recognise the contribution of every role, support career progression, and enable all staff to develop and reach their potential.
- Strengthening professional standards, governance and the collective professional voice through clear leadership, accountability and engagement. Nurses and midwives will be central to decision-making and empowered to advocate effectively for patients, services and colleagues.
- Embedding research, digital capability and reflective practice at every level to drive evidence-based improvement and support continuous learning, equipping staff to adapt and excel in a rapidly changing healthcare landscape.
- Developing a future-focused, resilient and bilingual workforce that responds to changing population needs, ensuring services are accessible, inclusive and responsive while supporting staff wellbeing and adaptability.

Delivery will be driven through 8 interconnected priorities, underpinned by a strong Professional Assurance Framework, clear governance arrangements and measurable outcomes, with leadership embedded at every level. This is an ambitious but achievable Plan, shaped by workforce insight and aligned to national standards. It will enable nursing and midwifery professionals to develop confident, compassionate leadership, lead positive change, build a lasting legacy and inspire future generations.

Together, we will shape the next phase of healthcare in Gwent with professionalism, kindness, integrity and respect.

National, Professional and Local Alignment

National Direction and Strategic Vision

[HEIW Strategic Nursing Workforce Plan for Wales 2025-2030](#)

Focuses on a sustainable, skilled and supported workforce capable of meeting rising demand, population ageing, complexity and health inequalities.

[HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice \(2023\)](#)

Provides a consistent national approach to advanced practice capability, education and governance, supporting role clarity, quality and career progression.

[PRIORITY 11 - Improving research skills for nursing, midwifery and allied health professions](#)

Delivering a plan to strengthen capacity of nurses, midwives and AHPs for maximum impact on research, development and delivery

[Chief Nursing Officer for Wales: Strategic Vision for Nursing and Midwifery 2025-2030](#)

Together setting national direction for leadership, advanced practice, quality, equity and service transformation.

[Welsh Government: A Healthier Wales - Our Workforce Strategy for Health and Social Care](#)

[Quality Statement for Maternity and Neonatal Services](#)

Outlining standards for the delivery of safe, high-quality, equitable and compassionate care, ensuring women, babies and families receive the right care, at the right time, in the right place, every time.

[Community by Design - Primary Care One](#)

Delivers integrated, prevention-focused care closer to home, enabling people and communities to stay well through timely, coordinated and person-centred support.

Professional Regulation, Education and Leadership

[Nursing and Midwifery Council \(NMC\) Strategy 2025-2027 - Building a New NMC](#)

Sets expectations for regulation, public protection, equity, and professional leadership, underpinning safe and effective practice.

[RCN Education Strategy for Wales \(March 2026\)](#)

Prioritises high-quality pre-registration education, improved student support, protected learning time, equitable access to development, and expanded post-registration, advanced and specialist education to support retention and safe staffing.

[Nurse Staffing Levels \(Wales\) Act \(2016\)](#)

The Nurse Staffing Levels (Wales) Act 2016 places a legal duty on health boards to ensure there are enough registered nurses to deliver safe, effective and compassionate care, based on patient need and professional judgement.

[Royal College of Midwives](#)

Professional standards and workforce priorities for maternity services

Organisational

[Gwent 35: Our Ten Year Strategy - Aneurin Bevan University Health Board](#)

Focused on prevention, reducing inequalities and care closer to home, underpinned by *Better Health, Better Care, Better Lives*.

[ABUHB Values and Behaviours Framework](#)

Kindness, Integrity & Respect

[ABUHB People Plan 2025-2028](#)

Places staff at the heart of delivery through wellbeing, inclusive and compassionate leadership, being an employer of choice, and workforce sustainability and transformation.

[ABUHB Quality Strategy 2023-2026](#)

Focuses on delivering safe, compassionate and continuously improving care by strengthening quality governance, learning from experience, reducing unwarranted variation and putting people, safety and outcomes at the heart of everything we do.

Through extensive engagement with nurses and midwives across ABUHB, we captured a strong collective voice that shaped this Plan. Listening to workforce experiences, priorities and aspirations has informed our direction and reinforced the importance of keeping those closest to patient care at the heart of our decisions.

Welsh Language and Culture

There was recognition of the importance of Welsh language and cultural safety as part of professional identity and high-quality care.



Feeling Valued, Heard and Supported

There was a strong sense of professional pride described alongside the reality of increasing workload, acuity and administrative burden. There was a strong call for psychological safety, consistent access to Restorative Clinical Supervision, and equitable professional support.

Innovation and Future Models of Care

There was a clear desire to innovate but identified barriers including time, digital infrastructure and clarity around how ideas are progressed. There was support for nurse-led clinics, outreach models- and enhanced community services.



Leadership, Identity and Role Clarity

Variation in leadership development opportunities and a lack of clarity around some professional roles was highlighted. There was strong appetite for structured career pathways from Bands 2–8, supported by coaching, shadowing and meaningful appraisal. Some specialist and community roles were felt to be insufficiently understood or recognised.

Our Collective Voice

Prevention, Population Health and Community Impact

There was an expressed strong commitment to prevention and population focused care, particularly in early years, maternity & women's health, frailty and community services. Preventative work was often felt to be overshadowed by operational pressures.



Education, Research and Data

A clear desire to deliver evidence-based care was evident but limited protected time for learning, research and quality improvement noted. There was enthusiasm for becoming a research active workforce, with better access to data, dashboards- and research opportunities beyond academic roles.



"It is essential that nurses feel their ideas, expertise and lived clinical experience are actively sought, listened to and acted upon"

"I have loved my career and would like to use my knowledge and experience to support this new era of leadership"

"I have been very supported by ABUHB in my leadership development"

"I feel empowered within my role"

"I would like to be involved in shaping and implementing the nursing & Midwifery plan"

"Care closer to home with skilled, confident staff would improve outcomes and staff experience"

"Early intervention and prevention reduce crises, admissions and long-term harm"

"Let nurses have a voice at all levels, not just be told what is happening"

"Thank you for giving staff the opportunity to give their views"

"I am passionate about delivering the right care, to the right person, at the right time"

"Shadowing and development opportunities have been incredibly valuable"

"Digital systems should save time, not take nurses away from bedside care"

"Protected time for education and research is essential – without it, this work just cannot happen"

"Research needs to be embedded in everyday practice, not seen as an optional extra"

"The questionnaire for the nursing & midwifery plan has made me feel listened to"

"Psychological safety on wards – listening to what makes staff feel safe and what doesn't – is key to improving care"

"Great clinicians do not automatically become great leaders – we need proper preparation and development"

"Providing high-quality care is what motivates me"

"If we don't look after staff wellbeing, we cannot deliver great care"

"Dashboards and real-time data would help teams use information meaningfully to improve care"



Vision and Purpose

Our Vision

To deliver safe, compassionate, person-centred care, recognised for professional excellence and grounded in Kindness, Integrity and Respect, committed to delivering high-quality care in ways that support environmental sustainability and the wellbeing of future generations.

Our vision is underpinned by a resilient, reflective and research informed workforce, committed to continuous improvement and professional growth.

By intentionally creating supportive, enabling environments where people feel valued, challenged and supported, we will empower our teams to realise their potential, adapt, innovate and consistently provide the highest standards of care in a rapidly evolving population healthcare landscape.

Our Purpose

To lead, enable, and champion high-quality nursing and midwifery practice across all settings by ensuring the right skills, systems, and safety culture are in place.

This is achieved by promoting excellence, teamwork, continuous development and a compassionate environment, so nurses and midwives are prepared for evolving healthcare needs and can consistently deliver safe, person-centred care of the highest standards.

Our Eight Interconnected Priorities



Priority One:
Valued, Respected and
Empowered Workforce

Priority Two:
Empowered Leadership
and Professional Identity

Priority Three:
Education, Research and
Data Driven Excellence

Priority Four:
Population Focused and
Preventative Care

Priority Five:
Innovation and
Workforce Models

Priority Six:
Quality, Safety and
Professional Governance

Priority Seven:
Digital Transformation
and Intelligent Practice

Priority Eight:
Compassionate Person-
Centred and Culturally
Safe Care

Priority 1

Valued, Respected and Empowered Workforce

We will ensure every nurse and midwife feels valued, supported and safe to belong and grow. Restorative Clinical Supervision will be embedded as a core professional support, delivered at scale through Professional Nurse Advocates, Clinical Supervisors for Midwives and integrated into local supervision models.

WHAT WE ARE DOING

What are we doing to deliver this priority?

We are embedding psychological safety standards, regular wellbeing checks and early intervention approaches to reduce harm, burnout and preventable workforce absence.

Restorative Clinical Supervision will be embedded as core professional support for nurses and midwives, delivered at scale through Professional Nurse Advocates and integrated into local supervision models.

Neurodiversity-inclusive and EDI-aligned workforce practices will be strengthened, ensuring reasonable adjustments and inclusive leadership are embedded into everyday practice.

Support those that have communication challenges by providing accessible communication options (including BSL interpreters and captioning) and recording communication passports or individual preferences.

We will ensure quiet, visual-friendly environments where needed, and train managers in inclusive communication and reasonable adjustments.

Recognition, career navigation and professional identity will be strengthened to ensure nurses and midwives feel valued, visible and supported across all career stages.

MEASURES

How we know it's working

- Psychological safety standards implemented across teams
- Regular wellbeing and supervision checks embedded in practice
- RCS and PNA sessions delivered with equitable access (increased by 20% each year)
- Evidence of neurodiversity-inclusive and communication impairment reasonable adjustments
- EDI workforce metrics aligned to People Plan and E-learning compliance >90%

What we will monitor?

- Percentage of teams with RCS actively in place
- Uptake of leadership and wellbeing programmes
- Provision and use of career navigation and professional support resources
- Workforce indicators including sickness absence, turnover and incidents
- Evidence through appraisal, PADR and supervision documentation
- Local resources for inclusion and reasonable adjustments

OUTCOMES AND IMPACT

What will change as a result?

- Staff survey action plans will be produced with focus on 3 key areas for improvement
- Improved staff experience, engagement and sense of belonging
- Reduction in sickness absence and workforce turnover in line with People Plan targets
- Reduced preventable employee harm, burnout and workplace injury
- Improved workforce culture indicators and psychological safety
- Stronger assurance around EDI and neurodiversity-inclusive practice

TIMELINE

2026–2028 | Embed and scale

Psychological safety standards, restorative supervision and inclusive practices embedded consistently across services.

From 2029 | Sustain and mature

Sustained delivery with measurable impact on staff wellbeing, experience, retention and professional confidence.

Priority 2

Empowered Leadership and Professional Identity

We will strengthen leadership identity, role clarity and visibility through a structured leadership pathway aligned to personal development appraisals, competency frameworks and the Leadership Academy. Nursing and midwifery roles will be actively promoted to strengthen professional pride, public perception and professional reputation. Opportunities to engage in international leadership programmes, conferences, fellowships, exchanges and global networks will be supported, alongside participation in global health research collaborations.

WHAT WE ARE DOING

What are we doing to deliver this priority?

We are implementing a clear and structured leadership development pathway for nursing and midwifery, aligned to appraisal, revalidation, competency frameworks and the Leadership Academy, ensuring consistent leadership expectations and development across all roles and settings.

We are strengthening professional identity by improving role clarity, accountability and visibility, helping nurses and midwives understand their leadership responsibilities and professional contribution at every stage of their career.

Coaching, mentoring and reflective practice will be embedded into leadership development, supporting leaders to grow confidence, capability and emotional intelligence.

We will actively promote nursing and midwifery leadership locally, nationally and internationally, supporting participation in leadership programmes, fellowships, conferences and professional networks to strengthen professional pride, credibility and influence.

MEASURES

How we know it's working

- Leadership pathway participation and completion rates.
- PADR completion and quality, including reflective evidence.
- Revalidation evidence demonstrating leadership development.
- Increased leadership visibility and engagement activity.

What we will monitor?

- PADR completion >90%.
- Leadership development uptake by role and band.
- Evidence of reflective practice and coaching conversations.
- Evidence of equitable access to leadership opportunities
- 100% compliance with revalidation practice
- Professional assurance indicators.

OUTCOMES AND IMPACT

What will change as a result?

- Improved role clarity, confidence and accountability.
- Higher quality appraisal and professional development conversations.
- Stronger professional identity and leadership culture.
- Credible assurance on leadership effectiveness and readiness.

TIMELINE

2026–2027 | Launch and embed
Leadership pathway implemented and aligned to appraisal and revalidation.

2028–2029 | Impact
Demonstrable improvement in leadership capability and professional confidence.

Priority 3

Education, Research and Data Driven Excellence

In line with the RCN Education Plan and the Welsh Government Research PRIORITY Action Plan, we will embed lifelong learning, digital fluency and research informed practice across all career stages. This will be achieved through close collaboration with Higher Education Institutions (HEIs), professional bodies, and other education providers, ensuring that nurses and midwives have access to a diverse range of educational opportunities, from undergraduate and postgraduate programmes to continuing professional development and clinical placements. Research capability will be strengthened at all levels, with particular focus on advanced and consultant practice, clinical academic pathways and embedding research in everyday care, supported by partnerships with HEIs and specialist training organisations. We will also integrate global public health and global citizenship into CPD pathways, develop partnerships with international universities and health systems for shared curricula, research and digital simulation, and uphold ethical international recruitment with strong pastoral support.

WHAT WE ARE DOING

What are we doing to deliver this priority?

- We are embedding equitable access to education, learning and continuing professional development (CPD) across all roles, career stages and settings, ensuring opportunities are fair, transparent and aligned to service needs.
- We will strengthen research capability by embedding research and quality improvement activity into everyday practice, appraisal processes and professional objectives.
- Clinical academic pathways will be developed and promoted, including advanced and consultant practice roles, supporting nurses and midwives to lead innovation, evaluation and improvement.
- We are building strong partnerships with Higher Education Institutions (HEIs), professional bodies and specialist training providers to support high-quality education governance, digital fluency and research-informed practice.
- Increasing awareness of Research Training Programmes available for Nurses and Midwives
- Ensure opportunities to complete mandatory and statutory training

MEASURES

How we know it's working

- CPD uptake by role and band.
- Research activity embedded in appraisal and objectives.
- An increase in the number of Research Champions
- Diverse representation
- Education governance and quality assurance metrics.
- Data literacy and digital awareness sessions delivered.

What will we monitor?

- Education programme reviews and evaluations.
- Research and QI participation rates (>10% increase each year within each division).
- Increased clinical academic pathway uptake.
- Education and training assurance indicators.
- Increase Research Champions
- Increase uptake of Research modules and training courses.
- Mandatory & Statutory training compliance

OUTCOMES AND IMPACT

What will change as a result?

- Improved equity of access to learning and development.
- Increased confidence, capability and research engagement.
- Stronger education governance and assurance.
- Improved quality and safety of care.

TIMELINE

2026–2029 | Embed and strengthen
Sustained delivery of education, research and data-driven practice.

Priority 4

Population Focused and Preventative Care

We will strengthen prevention, make every contact count (MECC) and population health approaches across services, ensuring nursing and midwifery expertise shapes local and systemwide responses to health inequality. We will also draw on international evidence and global learning to inform work on inequality, prevention and early years.

WHAT WE ARE DOING

What are we doing to deliver this priority?

• We are embedding prevention, early intervention, and population health principles, ensuring nurses and midwives visibly lead in addressing health inequalities and make every contact count to support:

- Smoking reduction
- Promotion of Healthy Weight without stigma
- Positive emotional & mental health
- Reducing alcohol and substance misuse
- Increasing uptake of vaccination
- Taking a trauma informed approach to care

We will support the development of preventative and community-focused roles, enabling care to be delivered closer to home and earlier in the care pathway.

Leadership capability in population health will be strengthened, supporting nurses and midwives to influence service design, community engagement, and system-wide improvement.

MEASURES

How we know it's working

- Population health aims embedded in divisional plans, including where applicable:
- Increased smoking status, smoking advice and the offer of NRT recorded in clinical record
- Increased Help Me Quit referrals
- Increased Healthy Weight advice, Weight and BMI recorded in clinical record
- Increased Weight management referrals
- Increased Mental health, suicide prevention and self-harm training completion
- Increased Ask and Act training and routine enquiry compliance
- Increased Alcohol and drug screening
- Increased Vaccination recommendation and catch-up support
- Increased Trauma-informed practice training completion

What will we monitor?

- Preventative initiatives and outcomes.
- Evidence of nursing contribution to reducing inequalities
- Progress against divisional plans.

OUTCOMES AND IMPACT

What will change as a result?

- Increased preventative activity and impact evidence
- Reduced unmet need for smoking cessation support
- Reduced unmet need for weight management support
- Reduced missed opportunities for alcohol and drug intervention
- Increase vaccination uptake in eligible groups
- Increase early identification of mental health and safeguarding need

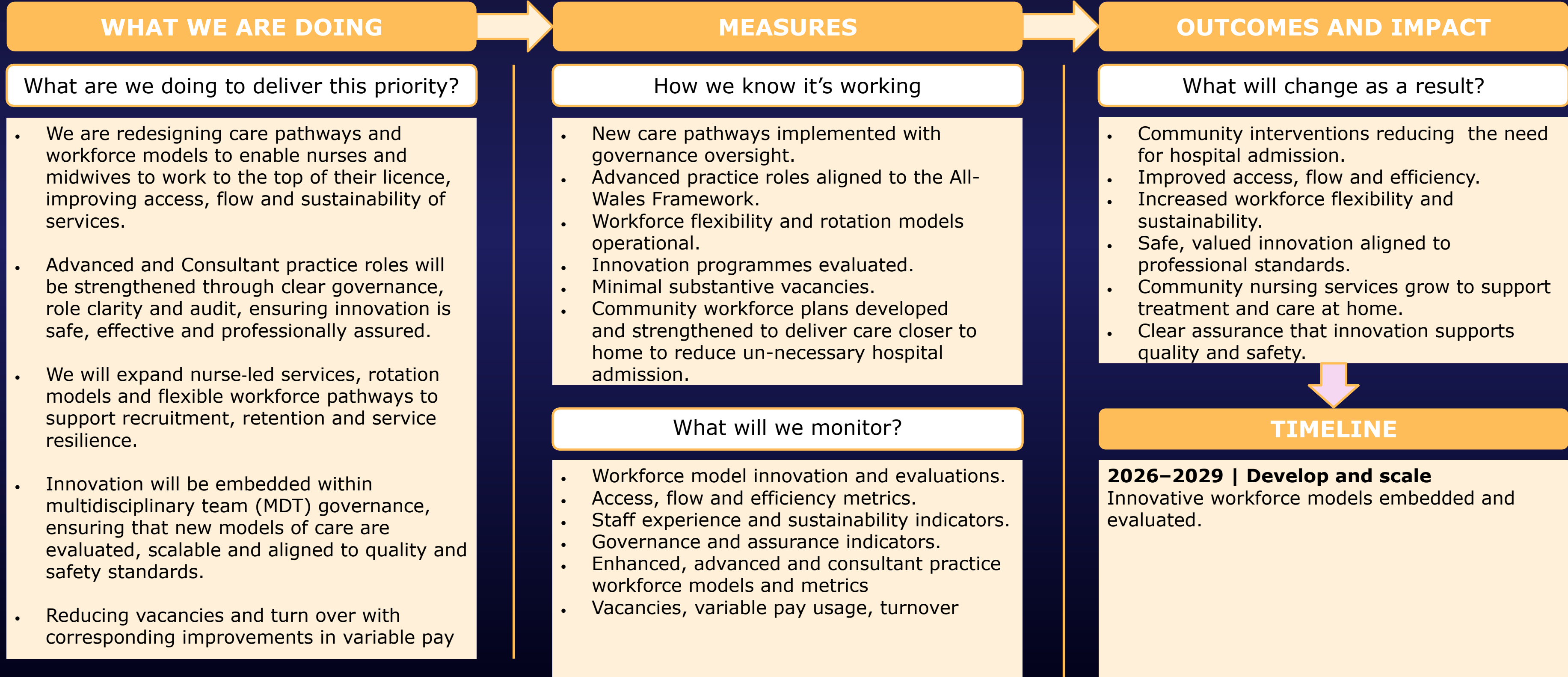
TIMELINE

2026–2028 | Embed and deliver
Prevention and population health fully integrated into nursing plans.

Priority 5

Innovation and Workforce Models

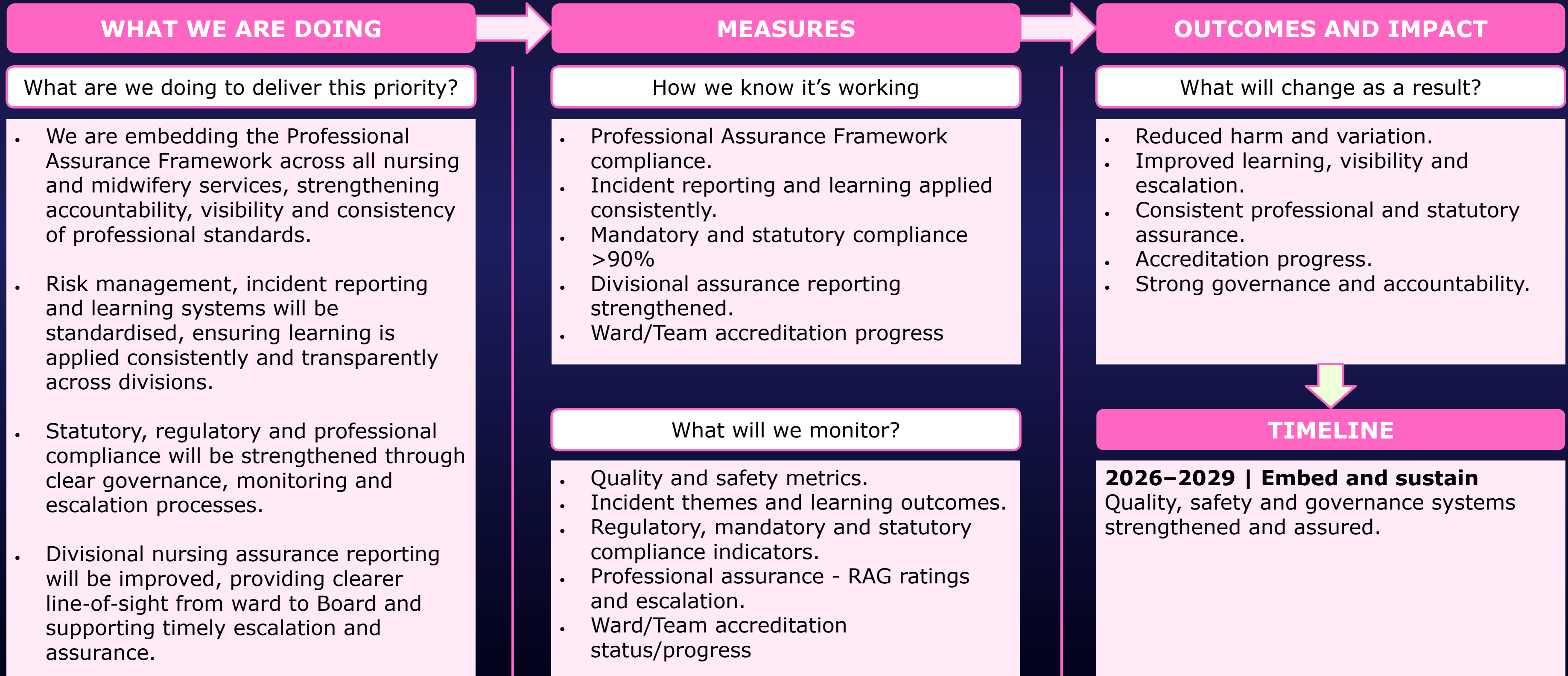
We will support safe innovation, including nurse-led clinics, enhanced community models and expanded advanced and consultant practice roles. Innovation will be underpinned by clear professional standards, role definitions and strong clinical governance. We will develop flexible workforce models that maximise professional skills, improve access to care and support care closer to home. Successful models will be evaluated, shared and embedded to improve quality, sustainability and outcomes



Priority 6

Quality, Safety and Professional Governance

Professional standards, assurance and accountability will be strengthened through a Professional Assurance Framework, Team Accreditation and clear professional accountability. This will improve visibility of risk, support learning and drive continuous improvement across services, supported by a strong collective professional voice. Nurses and midwives will consistently uphold the highest standards of professional conduct, appearance and behaviour, in line with their professional codes, organisational values and statutory responsibilities, to deliver safe, compassionate and high-quality care.



Priority 7

Digital Transformation and Intelligent Practice

We will strengthen digital confidence and capability across the workforce, embedding the effective use of data to support decision-making, streamline processes and improve the quality and safety of patient care.

WHAT WE ARE DOING

What are we doing to deliver this priority?

- We are embedding digital practice standards and digital literacy frameworks across nursing and midwifery, ensuring staff are confident, capable and supported to use digital tools effectively.
- Documentation quality and data flows will be improved, reducing duplication, improving safety and enabling better use of real-time information.
- Dashboards and intelligent reporting systems will be developed to support clinical decision-making, workforce planning and quality improvement.
- We will support the safe, ethical and proportionate use of digital and AI-enabled tools, ensuring strong information governance and professional accountability.

MEASURES

How we know it's working

- Increased Digital literacy completion rates.
- Documentation quality audits.
- Dashboard usage and data quality reviews
- IG and cyber compliance metrics.
- Data driven care will be evidenced

What will we monitor?

- Digital capability by role and band.
- Documentation quality and audit outcomes.
- Data quality, access and use.
- Information governance compliance.

OUTCOMES AND IMPACT

What will change as a result?

- Improved documentation quality and compliance.
- Better decision-making through data and insight.
- Reduced administrative burden.
- Strong assurance on ethical and safe digital use.
- Strong professional contribution to the health board digital workforce strategy

TIMELINE

2026–2028 | Foundation and scale
From 2029 | Maturity
Digital practice embedded and optimised.

Priority 8

Compassionate Person-Centred and Culturally Safe Care

We will embed compassionate leadership, Welsh language and cultural safety into everyday practice, education and leadership development. This will be supported by global health perspectives, strengthened intercultural competence, and alignment with Welsh Government anti-racism and humanitarian principles.

WHAT WE ARE DOING

What are we doing to deliver this priority?

- Compassionate leadership will be embedded into appraisal, supervision and professional development, reinforcing values-based behaviours and psychological safety.
- We are strengthening cultural safety, inclusion and equality through targeted training, reflective practice and leadership accountability.
- Patient experience insights, including PREMs, CIVICA and co-production approaches, will be used systematically to improve care delivery.
- Welsh language, cultural awareness and human rights principles will be actively promoted to ensure care is person-centred, inclusive and respectful of individual needs.

MEASURES

How we know it's working

- Cultural safety training completion rates.
- PREMs and CIVICA insight used to improve care.
- Co-production activity evidenced.
- Values-based behaviours reflected in appraisal.

What will we monitor?

- Patient experience and complaints data.
- Cultural safety and inclusion indicators.
- Evidence of values-based practice.
- Learning from duty of candour.
- Increased Welsh language training compliance >90%
- Information available in Welsh language in all areas

OUTCOMES AND IMPACT

What will change as a result?

- Reduced complaints and concerns.
- Improved dignity, kindness and human rights assurance.
- Increased confidence in culturally safe and bilingual care.
- Stronger learning from patient experience.

TIMELINE

2026–2029 | Embed and sustain
Compassionate, person-centred care consistently delivered.

Outcomes Framework

Priority	Key Actions (What we are doing)	Measures (How we know)	Outcomes / Impact	Timeline (When achieved)
1. Valued, Respected & Empowered Workforce	Embed psychological safety, RCS, EDI, inclusive adjustments, career navigation	<ul style="list-style-type: none"> • % teams with RCS • Leadership/wellbeing uptake • Workforce indicators (sickness, turnover, incidents) • Appraisal/PADR evidence • EDI metrics (>90% compliance) 	<ul style="list-style-type: none"> • Improved staff experience & belonging • Reduced sickness absence & turnover • Reduced harm/burnout • Improved psychological safety • Stronger EDI assurance 	2026–2028: Embed & scale From 2029: Sustained impact on wellbeing and retention
2. Leadership & Professional Identity	Leadership pathways, role clarity, coaching, national/international opportunities	<ul style="list-style-type: none"> • PADR completion (>90%) • Leadership uptake by band • Revalidation compliance (100%) • Reflective practice evidence • Leadership visibility activity 	<ul style="list-style-type: none"> • Improved role clarity & confidence • Higher-quality appraisal conversations • Stronger leadership culture • Credible assurance on leadership capability 	2026–2027: Launch & embed 2028–2029: Demonstrable leadership impact
3. Education, Research & Data Excellence	CPD access, research in practice, academic pathways, HEI partnerships	<ul style="list-style-type: none"> • CPD uptake (by role/band) • Research participation (>10% annual increase) • Mandatory training (>90%) • Research champions increase • Education governance metrics 	<ul style="list-style-type: none"> • Improved equity of access to learning • Increased research engagement & capability • Stronger education governance • Improved quality and safety of care 	2026–2029: Embed and strengthen sustained delivery
4. Population Focused & Preventative Care	MECC, early intervention, community roles, population health leadership	<ul style="list-style-type: none"> • Smoking, weight, mental health, screening indicators • Vaccination uptake • Training compliance (Ask & Act, trauma-informed) • Divisional plan progress 	<ul style="list-style-type: none"> • Increased preventative interventions • Reduced unmet need (smoking, weight, substance misuse) • Increased vaccination uptake • Improved early identification of need 	2026–2028: Embed and deliver prevention model
5. Innovation & Workforce Models	Redesign pathways, expand advanced roles, nurse-led services, flexible workforce	<ul style="list-style-type: none"> • Vacancy & turnover rates • Variable pay reduction • Workforce model evaluations • Access & flow metrics • Governance indicators 	<ul style="list-style-type: none"> • Improved access, flow and efficiency • Workforce flexibility & sustainability • Safe, evaluated innovation • Reduced hospital demand through community care 	2026–2029: Develop and scale innovation
6. Quality, Safety & Professional Governance	Embed Professional Assurance Framework, standardise reporting, strengthen compliance	<ul style="list-style-type: none"> • Professional assurance compliance • Incident reporting & learning • Mandatory compliance (>90%) • Accreditation progress • Assurance RAG ratings 	<ul style="list-style-type: none"> • Reduced harm & variation • Improved learning and escalation • Strong governance & accountability • Consistent professional assurance 	2026–2029: Embed and sustain governance systems
7. Digital Transformation & Intelligent Practice	Digital literacy, documentation improvement, dashboards, AI-enabled tools	<ul style="list-style-type: none"> • Digital literacy completion • Documentation audits • Dashboard usage • IG compliance • Data quality metrics 	<ul style="list-style-type: none"> • Improved documentation quality • Better decision-making via data • Reduced administrative burden • Strong IG and digital assurance 	2026–2028: Foundation & scale From 2029: Digital maturity
8. Compassionate, Person-Centred & Culturally Safe Care	Embed compassionate leadership, cultural safety, PREMs, co-production, Welsh language	<ul style="list-style-type: none"> • Cultural safety training rates • PREMs/CIVICA feedback usage • Complaints & patient experience data • Welsh language compliance (>90%) 	<ul style="list-style-type: none"> • Reduced complaints • Improved dignity and human rights assurance • Increased confidence in culturally safe care • Stronger learning from patient experience 	2026–2029: Embed and sustain person-centred care

Our Statutory and Professional Obligations

Aside from the 8 priorities, nurses and midwives have a number of statutory and professional obligations arising from legislation, regulation and national policy. Key obligations include:

Nursing and Midwifery Council (NMC) Registration and Revalidation

Nurses and midwives must be registered with the NMC, practice in line with The Code, and complete revalidation every three years, including CPD, reflective accounts and confirmation of fitness to practice.

Professional Standards and Scope of Practice

Practice must remain within individual competence and scope, comply with NMC standards, and uphold duties of confidentiality, record keeping, consent, safeguarding and raising concerns.

Mandatory Training and Competence

There is a duty to maintain mandatory and statutory training (e.g. resuscitation, safeguarding, infection prevention, information governance, equality and diversity) to remain safe and fit for practice.

Safeguarding Duties

Nurses and midwives have statutory responsibilities under UK safeguarding legislation to protect children and adults at risk, recognise abuse or neglect, and escalate concerns appropriately.

Health, Safety and Infection Prevention

Under Health and Safety legislation, staff must take reasonable care for their own safety and that of others, comply with infection prevention and control requirements, and use equipment safely.

Information Governance and Data Protection

Practice must comply with data protection legislation (UK GDPR and Data Protection Act), ensuring lawful, confidential and secure handling of personal and patient information.

Equality, Human Rights and Dignity

Nurses and midwives must comply with equality and human rights legislation, ensuring non-discriminatory person-centred care that respects dignity, autonomy and cultural safety.

Whistleblowing and Raising Concerns

Nurses and midwives have a statutory duty to raise concerns about unsafe practice, poor care or wrongdoing, protected under whistleblowing legislation.

Duty of Quality & Candour

There is a professional and organisational obligation to deliver high-quality, safe and effective care, and to be open and honest when things go wrong, including timely communication, sincere apologies, reflective learning, and continuous improvement to prevent recurrence.

Public Accountability as Registrants

Nurses and midwives are personally accountable to the public for their practice as registered professionals. Registration with the NMC carries a duty to: act in the public interest at all times, uphold professional standards, behaviour and integrity, both in and outside of direct care, be accountable for decisions, actions and omissions, speak up and raise concerns to protect patients and the public and maintain competence, insight and fitness to practice.

These responsibilities apply regardless of role, seniority or setting and sit alongside organisational accountability and governance arrangements.

Delivering the Plan

Delivery of this Plan will be phased, governed and measurable, ensuring ambition is matched by realism and accountability. It will be delivered through the eight interconnected priorities supported by a Professional Assurance Framework, clear governance and measurable outcomes, maintaining a consistent focus on professional standards and statutory responsibilities alongside workforce development and innovation.

Key Enablers



Clear governance and oversight through the Executive Director of Nursing and established professional and quality forums; a Professional Assurance Framework aligning quality, workforce, education, research and wellbeing metrics; integration with appraisal, workforce planning, education commissioning and leadership development; and strong partnership working with HEIW, universities, professional bodies and system partners. Delivery will be supported by a consistent "line of sight" from Board expectations to divisional implementation, ensuring professional voice and front-line insight shape priorities and learning.



To strengthen governance readiness and provide structured assurance, delivery will be monitored through a consistent professional assurance model. This includes structured reporting on patient safety and clinical risk; quality and standards of care; explicit assurance against professional standards and the NMC Code; workforce, culture and staffing indicators; education, capability and competence (including mandatory training); risk, issues and escalations; and improvement, transformation and innovation, culminating in an overall divisional assurance statement with a RAG rating.



Progress will be monitored through a small number of high-level indicators, including: team accreditation status, workforce experience, retention and professional support measures; compliance with professional standards, appraisal and revalidation; access to and uptake of restorative clinical supervision and PNA support; research participation, education outcomes and leadership development; and quality, safety and patient experience indicators. These indicators will be triangulated with divisional assurance narratives to ensure both quantitative and qualitative assurance is visible and actionable.



Annual review and reporting will ensure transparency, learning and continuous improvement. This will include a clear annual narrative describing progress against each of the eight priorities, evidence of impact for patients and staff, and specific assurance that statutory and professional obligations are being maintained and strengthened through the Professional Assurance Framework and governance processes.

What Success Will Look Like by 2030

By 2030, nursing and midwifery within ABUHB will be recognised as highly confident, visible and influential as a profession, delivering high-quality care and shaping the future of services for the people of Gwent. Success will be defined not only by workforce experience and professional pride, but by demonstrable assurance that our practice is safe, evidence-based, culturally safe, digitally enabled and consistently compliant with professional regulation and statutory obligations.

Success will be evidenced through colleagues reporting that they feel **valued, heard and supported**, with **consistent access to restorative clinical supervision** and **meaningful appraisal**. This will include **clear, equitable access to Restorative Clinical Supervision** embedded at scale through **Professional Nurse Advocates** and **local supervision models**, strengthening **psychological safety, reflective practice** and **professional confidence** across **all settings**.

There will be **clear, well-understood career pathways** from support roles to consultant practice, with improved recruitment, retention and succession planning. Role clarity will be strengthened across bands and fields of practice, including specialist, community, advanced and consultant roles, so that colleagues can see credible progression routes, develop professional identity and feel confident that their contribution is recognised and valued.

ABUHB will be a **research-active workforce**, with increased participation in research, quality improvement and clinical academic pathways, particularly within advanced and consultant roles. Research and evidence will be embedded in everyday care, supported by stronger partnerships with education providers and better access to data, dashboards and research opportunities beyond academic roles.

Professional standards and governance will be demonstrably strong, with a collective professional voice that influences organisational decision-making and actively shapes the quality, safety and improvement agenda. This will be evidenced through team accreditation, consistent professional assurance reporting, improved risk visibility, strengthened incident learning, and a unified Professional Assurance Framework that aligns quality, workforce, education, research and wellbeing metrics into a coherent governance narrative.

Public perception and reputation of nursing and midwifery will be improved and sustained, with the professions recognised as skilled, safety-critical contributors to the health system. The positive impact of clinical teams will be visible across teams – demonstrated through accreditation status, supporting pride and confidence among staff, patients and the public.

Digital confidence and capability will be evident at every level, with improved documentation quality, stronger data quality and a workforce that uses real-time intelligence to support safe decision-making, reduce administrative burden and enhance patient care. Success will include routine use of accessible dashboards and improved confidence in digital practice as a professional expectation.

What Success Will Look Like by 2030

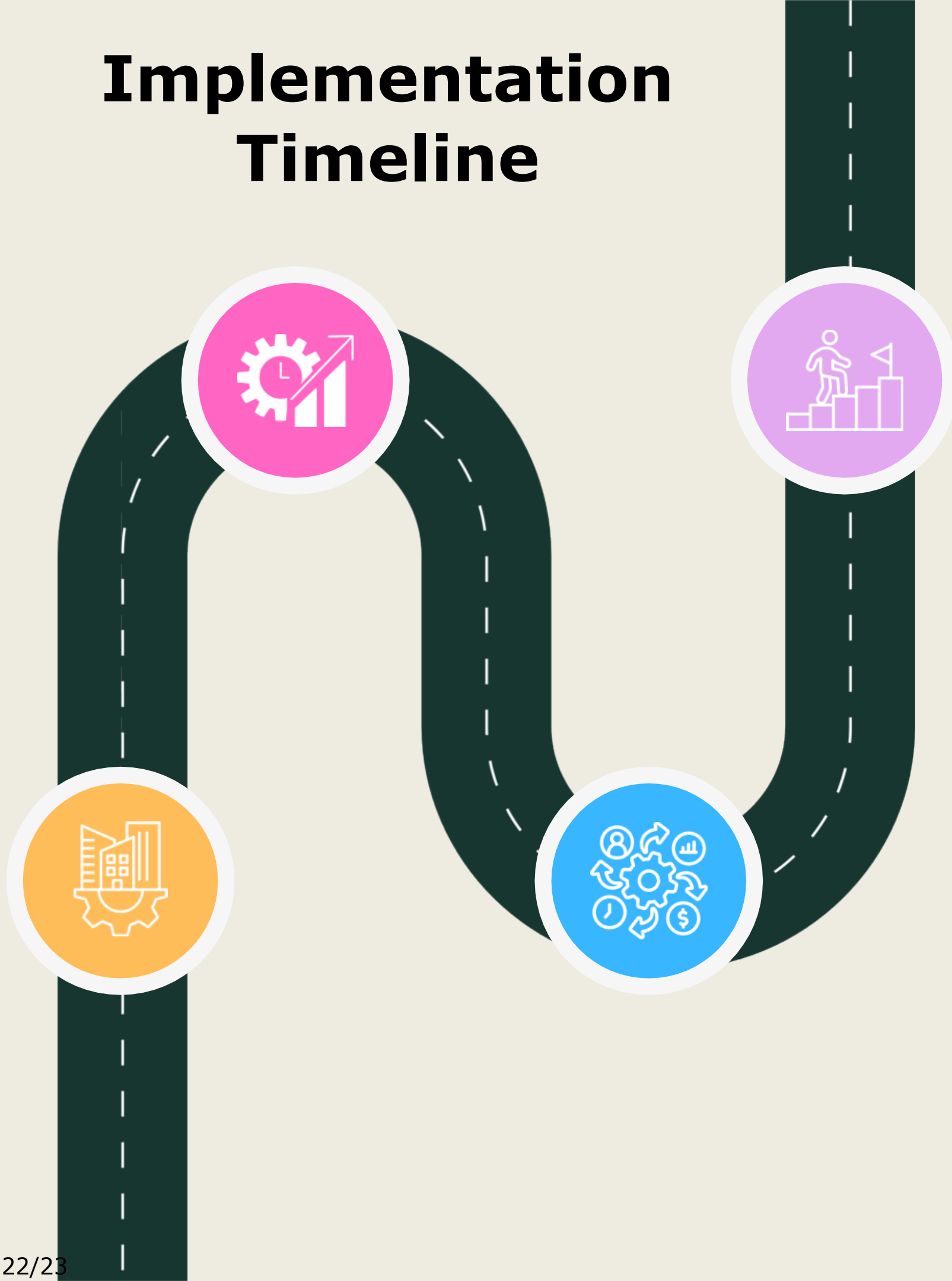
A workforce delivering compassionate, culturally safe, bilingual and accessible care will be demonstrated through consistent attention to Welsh language, inclusion, values-based practice and communication needs, with cultural safety embedded as a core element of person-centred care. A resilient, future-focused workforce will lead prevention, innovation and visible nursing and midwifery contribution to population health and reducing inequalities

Critically, success by 2030 will also mean consistent and demonstrable compliance with statutory and professional obligations, with assurance embedded into everyday practice and governance processes. This will include:

- Sustained NMC registration and revalidation compliance
- Practice consistently within competence and scope with high-quality record keeping, consent, confidentiality and safeguarding practice
- Mandatory/statutory training maintained as a professional duty
- Clear safeguarding practice aligned to statutory requirements
- Consistent health, safety and infection prevention compliance
- Robust information governance and secure handling of personal/patient data
- Visible adherence to equity, human rights and dignity
- Consistent duty of candour behaviours
- Confidence to raise concerns and escalate risk, supported by whistleblowing protections
- Consistent use of reasonable adjustments and communication support.

In addition, success will be reflected through nurses and midwives participating in global learning communities, exchanges, research or leadership programmes; ethical international recruitment pathways with robust professional support; visible contribution to global nursing debates, publications and shared learning; and increased cultural competence, global citizenship and international collaboration across teams.

Implementation Timeline



The phased delivery of this Plan reflects the trajectory set out in the Chief Nursing Officer for Wales Strategic Vision for Nursing and Midwifery 2025–2030, moving from foundation and enablement, through system-wide embedment, to demonstrable impact and long-term sustainability.

01

2026: Foundation

We will build on the work that has already been achieved through the previous Nursing & Midwifery strategy. We will launch the Professional Assurance Framework, strengthen preceptorship, mentorship, coaching and supervision; introduce leadership pathways; implement the CPD and research framework; embed baseline digital practice standards; and begin roll-out of real-time dashboards. This foundational year will also establish consistent divisional assurance reporting and RAG-rated oversight so that professional standards, statutory obligations, and workforce support are visible, measurable and acted upon early.

02

2027: Scale & Embed

We will expand advanced practice governance; embed digital capability and population health programmes; spread innovation pilots across divisions; and refine divisional review cycles based on learning. This year will focus on consistency and equity: ensuring access to development, supervision and role clarity is not variable by site, specialty or service, and that improvements are demonstrably linked to professional assurance and patient outcomes.

03

2028: Maturity & Impact

We will evidence measurable improvement in retention, quality and digital capability, strengthen cross-divisional learning, and publish an evaluation of culture and compassionate leadership impact. This year will focus on demonstrating sustained improvement through the agreed indicators and assurance narrative, including evidence of strengthened statutory compliance (mandatory training, safeguarding, IG, duty of candour, raising concerns), and improved confidence in professional identity, leadership and research-informed practice.

04

2029: Sustainability & Transition

We will complete a full evaluation of outcomes, sustain successful models, address residual gaps and co-design the next strategic cycle. This will include a clear summary of what has been embedded, what requires further work, and how the next cycle will maintain the professional assurance mechanisms and statutory compliance while strengthening future workforce capability and service transformation.

Conclusion

This Plan sets out a clear and ambitious roadmap for strengthening nursing and midwifery across ABUHB. Grounded in the collective voice of our workforce, aligned to national professional direction, and with a strong emphasis on practical deliverability, it commits us to building a resilient, reflective, research-informed and future-focused nursing and midwifery workforce.

It sets the expectation that our professions will not only lead innovation and improvement but will do so with consistent values-based practice, clear governance, and visible professional accountability.

At its heart, this Plan recognises and values the extraordinary contribution made every day by our nurses and midwives. Their skill, compassion, professionalism and commitment are central to the care we provide and the trust our communities place in us. This means developing professionals who are supported, adaptable and equipped to meet evolving healthcare challenges, fostering continuous learning and innovation, and ensuring that safe, compassionate and high-quality care is provided both now and for generations to come.

It also means ensuring that statutory and professional obligations remain central to how we define excellence. NMC registration and revalidation, safe practice within competence, safeguarding, mandatory training, information governance, equality and human rights, duty of candour, infection prevention and control, and the confidence to raise concerns are not “add-ons”; they are essential and measurable components of public protection, professional integrity and public trust.

By delivering the eight interconnected priorities through a phased plan, underpinned by a unified Professional Assurance Framework and structured governance oversight, ABUHB will strengthen professional identity, improve staff experience, and raise the visibility and voice of nursing and midwifery. In doing so, we will deliver measurable improvements for patients, families and communities across Gwent. Together, we will shape the way that we deliver healthcare with professionalism, integrity and respect - proud of our professions and confident in the difference our nurses and midwives make every day.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2026
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	People & Culture Committee – Review of Committee Forward Work Plan 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

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

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People & Culture Committee is asked to review the agreed Committee Forward Work Plan appended to this report. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2026/27 and to enable the Committee to: -

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

Cefndir / Background

In line with good governance practice, the Committee has a Forward Work Plan that was developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The Forward Work Plan can therefore

be utilised as a tool for informing and pre-empting Committee business and support the agenda setting process.

To aid the Committee when reviewing its programme of business, the Forward Work Programme captures the timing of when reports are to be submitted, identifies items that have been deferred and captures new requests for reports and enables the Committee to monitor and review its business at each meeting.

During the period the following requests and/or changes to the forward work plan have been included:

Items Deferred on the Forward Work Plan

To date, no items have been deferred on the current work plan for 2026/27.

Additional reports on the Forward Work Plan

The following reports have been added to the forward work plan this period:

- Employment Rights Act Changes (June’s Meeting)
- Nursing Strategy (June’s 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)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.
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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	Not Applicable Choose an item.

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

Annual Programme of Business for 2026-27

People & Culture Committee

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

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2025/26
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

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

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

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

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 16th June 2026	QTR 2 July to Sept No Meeting	QTR 3 Oct to Dec 20 th October 2026	QTR 4 Jan to Mar 2 nd February 2027
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓		✓	✓
Declarations of Interests	Chair	SI	✓		✓	✓
Minutes of the Previous Meeting	Chair	SI	✓		✓	✓
Action Log and Matters Arising	Chair	SI	✓		✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2027/28	DoCG	AN				✓
Review of Committee Programme of Business 2026/27	DoCG	SI	✓		✓	✓
Committee Annual Report 2026/27 <ul style="list-style-type: none"> Annual Review of Committee Terms of Reference 2026/27 	DoCG	AN				✓

<ul style="list-style-type: none"> Annual Review of Committee Effectiveness 2026/27 Outcome of the annual review of Committee effectiveness 2026/27 						
Committee Risk Report	DoCG	SI	✓		✓	✓
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	AN			✓	
Annual Review and Refresh of the People Plan and its Priorities	DoW&OD	AN				✓
NHS Wales Staff Survey – Results and Action Plan	DoW&OD	AN	✓			
Assurance Report in respect of the prevention of Violence & Aggression against Staff and incident rates	DoAHP&HS	AN			✓	
Speaking Up Safely Report	DoW&OD	AN			✓	
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	AN				✓
Progress update on the Delivery of Welsh Government’s Race Equality Action Plan for Wales	DoW&OD	AN	✓			
Assurance on Compliance with the Welsh Language (Wales)	DoW&OD	AN	✓			

Measure 2011 - More Than Just Words						
Body Camera Update	DoAHP&HS	Add Hoc				✓
Mandatory Training Update	DoW&OD	Add Hoc				✓
Update on survey outcomes and associated action plans PCC 1002/10	DoW&OD	Action	✓			
Organisational Development						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	AN	✓			✓
Annual Assurance Report on Medical Revalidation	MD	AN	✓			
Job Planning Update	DoW&OD	SI	✓		✓	✓
Employment Rights Act Changes PCC 1002/09	DoW&OD	Action	✓			
Workforce Performance						
Workforce Performance Dashboard incorporating Key Performance Indicators	DoW&OD	SI	✓		✓	✓
Job Planning Progress Update	DoW&OD	BI-AN	✓		✓	
People Plan 2025-2030, Quarterly Review Objective 1 - Better Health and Wellbeing	DoW&OD	AN	✓			

People Plan 2025-2030, Quarterly Review Objective 2 - Better Future Workforce	DoW&OD	AN			✓	
People Plan 2025-2030, Quarterly Review Objective 3 - Better Working lives	DoW&OD	AN				✓
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	SI	✓		✓	✓
Speciality Doctors and Clinical Fellows Framework	DoW&OD	AN			✓	
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	AN			✓	
DBS Review – Health Board Position	DoW&OD	BI	✓			✓
Nursing Strategy	DoN		✓			

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance

DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoAHP&HS	Director of Allied Health Professions & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
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