

# People & Culture Committee

Tue 10 February 2026, 13:30 - 16:30

Microsoft Teams



## Agenda

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### 1. PRELIMINARY MATTERS

 PCC 20260210 Agenda -Approved.pdf (2 pages)

#### 1.1. Welcome and Introductions

*Oral*      *Chair*

#### 1.2. Apologies for Absence

*Oral*      *Chair*

#### 1.3. Declarations of Interest

*Oral*      *Chair*

#### 1.4. Draft Minutes of the last Meeting held on 15th October 2025

*Attached*      *Chair*

 PCC 20260210 1.4 PCC 20251015 Minutes.pdf (14 pages)

#### 1.5. Committee Action Log

*Attached*      *Chair*

 PCC 20260210 1.5 Committee Action Log - Approved.pdf (4 pages)

### 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

*There are no items for inclusion in this section*

### 3. ITEMS FOR DISCUSSION

#### 3.1. Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan

*Attached*      *Director of Workforce & OD*

 PCC 20260210 3.1 Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan .pdf (11 pages)

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

*Attached*      *Director of Workforce & OD*


 PCC 20260210 3.2 People Plan and Success Measures.pdf (5 pages)

 PCC 20260210 3.2 Measuring Success People Plan - Appendix 1.pdf (3 pages)

#### 3.3. Workforce Performance Dashboard incorporating Key Performance Indicators

*Attached*      *Director of Workforce & OD*

 PCC 20260210 3.3 Workforce Performance Dashboard.pdf (5 pages)

 PCC 20260210 3.3 Workforce Performance Dashboard - Appendix 1.pdf (7 pages)

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

*Attached*                      *Director of Workforce & OD*

 PCC 20260210 3.4 Report from the Director of Workforce & OD.pdf (11 pages)

### **3.5. Update on Staff Survey Outcomes and Action Plans**

*Oral*                              *Director of Workforce & OD*

### **3.6. Speaking Up Safely Report**

*Attached*                      *Director of Workforce & OD*

 PCC 20260210 3.6 Speaking Up Safely Report.pdf (5 pages)

### **3.7. Resident Doctors Reform Introduction**


*Attached*                      *Director of Workforce & OD*

 PCC 20260210 3.7 Resident Contract Reform Introduction.pdf (5 pages)

### **3.8. Violence Prevention & Reduction Strategy**

*Attached*                      *Director of Allied Health Professions & Health Science*

- Body Camera Update

 PCC 20260210 3.8 Violence Prevention & Reduction Strategy.pdf (4 pages)

 PCC 20260210 3.8 Violence Prevention Reduction Strategy - Appendix 1.pdf (21 pages)

### **3.9. Nursing, Midwifery & Specialist Community Public Health Nurse Workforce Annual Report**

*Attached*                      *Director of Nursing*


 PCC 20260210 3.9 Nursing Midwifery SCPHN Workforce Annual Report.pdf (11 pages)

 PCC 20260210 3.9 Nursing Midwifery SCPHN Workforce Annual Report - Appendix 1.pdf (19 pages)

### **3.10. People & Culture Committee Risk Report**

*Attached*                      *Director of Corporate Governance*


 PCC 20260210 3.10 Committee Risk Report.pdf (5 pages)

 PCC 20260210 3.10 Committee Risk report - Appendix 1 Dashboard and Assessments.pdf (11 pages)

### **3.11. Development of Committee Annual Programme of Business 2026/27**

*Attached*                      *Director of Corporate Governance*

 PCC 20260210 3.11 Development of Committee Annual Programme of Business 2026-27.pdf (3 pages)


 PCC 20260210 3.11 Committee Annual Programme of Business 2026-27 - Appendix 1 Forward Work Plan 2026-2027.pdf (6 pages)

## **4. ITEMS FOR INFORMATION**

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

*Attached*                      *Director of Corporate Governance*

 PCC 20260210 4.1 Review of Committee Forward Work Plan 2025-26.pdf (4 pages)

 PCC 20260210 4.1 Appendix 1 - PCC Forward Work Plan 2025-2026.pdf (8 pages)

## **5. OTHER MATTERS**

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

*Oral*      *Chair*

## **5.2. Any Other Urgent Business**

*Oral*      *Chair*

## **5.3. Date of the Next Meeting: 16th June 2026**

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

**AGENDA**

<b>Date and Time</b>	<b>Tuesday 10<sup>th</sup> February 2026 13.30 -16:30</b>
<b>Venue</b>	<b>Microsoft Teams</b>

<b>Item</b>	<b>Title</b>	<b>Format</b>	<b>Presenter</b>
<b>1</b>	<b>PRELIMINARY MATTERS</b>		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 15 <sup>th</sup> October 2025	Attached	Chair
1.5	Committee Action Log	Attached	Chair
<b>2</b>	<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>		
	<i>There are no items for inclusion in this section</i>		
<b>3</b>	<b>ITEMS FOR DISCUSSION</b>		
3.1	Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	Attached	Director of Workforce & OD
3.2	People Plan 2025/30 - Conformation of Success Measures and Deliverables	Attached	Director of Workforce & OD
3.3	Workforce Performance Dashboard incorporating Key Performance Indicators	Attached	Director of Workforce & OD
3.4	Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	Attached	Director of Workforce & OD
3.5	Update on Staff Survey outcomes and action plans <b>PCC/1510/06</b>	Oral	Director of Workforce & OD
3.6	Update on Legal advice in regards to resolution for the length of employee suspensions. <b>PCC/1510/11</b>	Attached	Director of Workforce & OD
3.7	Speaking Up Safely Report	Attached	Director of Workforce & OD



3.8	Resident Doctors Reform Introduction	Attached	Director of Workforce & OD
3.9	Violence Prevention & Reduction Strategy <ul style="list-style-type: none"> <li>• Body Camera Update</li> </ul>	Attached	Director of Allied Health Professions & Health Science
3.10	Nursing, Midwifery & Specialist Community Public Health Nurse Workforce Annual Report	Attached	Director of Nursing
3.11	People & Culture Committee Risk Report	Attached	Director of Corporate Governance
3.12	Development of Committee Annual Programme of Business 2026/27	Attached	Director of Corporate Governance
<b>4</b>	<b>ITEMS FOR INFORMATION</b>		
4.1	Development of Committee Annual Programme of Business 2025/26	Attached	Director of Corporate Governance
<b>5</b>	<b>OTHER MATTERS</b>		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: 16 <sup>th</sup> June 2026		

### **Motion to Exclude Members of the Public and the Press**

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

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

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





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

**MINUTES OF THE PEOPLE & CULTURE  
COMMITTEE**

<b>DATE OF MEETING</b>	Wednesday 15 <sup>th</sup> October 2025 09:30-12:30
<b>VENUE</b>	Microsoft Teams

<b>COMMITTEE MEMBERS PRESENT</b>	Paul Deneen, Chair
	Phillip Robson, Vice Chair
	Vivek Goel, Independent Member
	Helen Sweetland, Independent Member
<b>TEAM MEMBERS IN ATTENDANCE</b>	Sarah Simmonds, Director of Workforce & Organisational Development (OD)
	Katelyn Falvey, Assistant Director of Workforce & OD
	Naomi Murtagh, Board Business Manager
	Peter Brown, Assistant Director of Workforce & OD
	Shelley Williams, Deputy Director of Workforce
	Julie Chappelle, Assistant Workforce Director
	Ruth Badham, Head of Organisational Development (Item 3.1 only)
	Kathryn Bourne, Strategic lead Medical and Dental Workforce (Item 3.7 only)
	Lucy Winsdor, Head of Corporate Risk & Assurance (Item 3.9 only)
	Cathy Brooks, Head of Workforce Planning (Item 3.8 only)
	Fern Woodhead, Committee Secretariat
<b>OBSERVING</b>	Rhian Gard, NWSSP - Audit and Assurance Services
	Sara Utley, Audit Wales
	Thokozani Owino, Associate General Manager
<b>APOLOGIES</b>	Rani Dash, Director of Corporate Governance
	Robert Holcombe, Director of Finance, Procurement & Value

<b>PCC/1510/01</b>	<b>Welcome and Introductions</b>  The Chair welcomed everyone to the meeting.
<b>PCC/1510/02</b>	<b>Apologies for Absence for Noting</b>  Apologies for absence were noted.



<b>PCC/1510/03</b>	<p><b>Declarations of Interest for Noting</b></p> <p>There were no declarations of interest raised to record.</p>
<b>PCC/1510/04</b>	<p><b>Draft Minutes of the last Meeting held on 11<sup>th</sup> June 2025</b></p> <p>The minutes of the meeting held on 11<sup>th</sup> June 2025 were formally approved as a true and accurate record, subject to the agreed amendments to page 8 from "SS confirmed that the review policy remained in place and all vacancies were reviewed" to "SS confirmed that local/divisional vacancy review processes remain in place. ". <b>Action: Committee Secretariat</b></p> <p>The Committee <b>APPROVED</b> the minutes.</p>
<b>PCC/1510/05</b>	<p><b>Committee Action Log</b></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 <b>NOTED</b> the Committee action log.</p>
<b>PCC/1510/06</b>	<p><b>NHS Wales Staff Survey – Action Plan Update</b></p> <p>Ruth Badham (RB), Head of Organisational Development, provided the Committee with an update on the NHS Wales Staff Survey and action plan. RB advised that the staff survey was a key action within the Health Board's People Plan, supporting effective monitoring of staff engagement and promoting compassionate leadership. The survey also provided an opportunity to assess the impact of organisational initiatives such as Speaking Up Safely, Staff Retention, and Friends and Family tests.</p> <p>The Committee was advised that the response rate for the 2024 survey was 13.3%, a decrease from 18.1% in 2023, which limited the ability to draw meaningful conclusions and drive improvement. The Health Board had set an ambitious target to achieve a 30% participation rate in the October 2025 survey, exceeding the national minimum target of 26%. Achieving this would require proactive planning, consistent messaging, and a united leadership approach to demonstrate the organisation's commitment to listening, learning, and acting together.</p> <p>RB provided the Committee with a detailed overview of the revised approach for the current year, which included the</p>



establishment of drop in centres at every site over an 8 week survey period. Workforce and Organisational Development staff would be present at the centres with iPads and amenities such as massage chairs, tea, and coffee to encourage participation. Additionally, staff were visiting wards and other areas to invite staff to complete the survey. The Committee noted a positive uptake, with 8.3% of staff having completed the survey by the end of week 2, and RB shared examples of staff who felt valued by being asked for their opinions.

The Committee discussed the content and administration of the survey. RB confirmed that the survey was run nationally by HEIW through a third party, which included approximately 50 questions covering topics such as motivation, safety, culture, equipment, wellbeing, and line management. The results would be available in early 2026 and would include comparisons across all Welsh Health Boards, providing valuable benchmarking data.

Helen Sweetland (HS), Independent Member, queried the use of survey data and comparisons with previous local surveys. RB explained that the decision had been made to focus efforts on the national NHS survey to build a consistent and robust dataset for staff experience. The Committee noted that efforts were underway to gain access to survey data for deeper in-house analysis, which would support more targeted action planning.

The Committee welcomed the refreshed approach and the positive early results, acknowledging the challenge of survey fatigue and the importance of demonstrating that staff feedback would lead to meaningful action. The Committee noted that the survey would remain open for 2 months, closing on 1<sup>st</sup> December 2025, and that no other surveys would be conducted during this period to avoid overburdening staff.

The Committee agreed to receive a further update on survey outcomes and action plans at the next Committee meeting in February. **Action: Director of Workforce & Organisational Development**

The Committee **NOTED** the report.

**PCC/1510/07**

### **Sickness Absences Update**

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with



an update on sickness absence reporting and management within the Health Board. SS Emphasised that staff health and wellbeing remained a key priority and strategic risk for the organisation and was the first pillar of the new People Plan for 2025–2030. This priority was also reflected in national strategies such as “A Healthier Wales” and wider public health campaigns.

Shelley Williams (SW), Deputy Director of Workforce, presented a summary of the latest sickness absence data and outlined the governance framework provided by the Managing Attendance Partnership Working Group, which was established in October 2023. The Group oversaw supportive initiatives to promote attendance, prevent absence, and facilitate early return to work. It identified hotspot areas using workforce data and intelligence, and conducted deep dives to inform targeted action plans addressing common challenges and reasons for absence.

The Committee was advised that sickness absence rates had remained above pre-COVID levels, with the current rate just below 6.5%. The highest rates were observed among healthcare support workers and estates/ancillary staff, who were generally lower paid and often worked in frontline roles. Benchmarking data showed that the Health Board was in-line with other Welsh Health Boards, but the number of staff days lost were higher than the wider public sector average.

The Committee noted that stress, anxiety, and depression continued to be the leading reasons for sickness absence, accounting for around 40% of cases, a notable increase compared to previous years. However, the Committee noted that 30% of staff had no recorded sickness absence.

The age profile of the workforce was highlighted, with 35% of staff aged over 50, and healthy life expectancy figures showing a downward trend, particularly for women.

SW outlined the processes for managing sickness absence, including short-term and long-term absence triggers, and described the support available to managers. The Health Board provided monthly training for managers and targeted support to hotspot areas. There was also a close working relationship with shared services for resident doctors, and prompt reports were used to ensure appropriate action was taken.



The Committee discussed the importance of tailored support for different staff groups, the impact of external factors on staff wellbeing, and the need for ongoing training and assurance. SW confirmed that deep dives into stress related absence revealed that most cases were linked to challenges outside of work, such as bereavement, financial difficulties, and caring responsibilities.

The Committee also considered the role of menopause in sickness absence, with SW confirming that a menopause policy and support services were in place, including menopause cafes and direct access to a menopause nurse. The importance of strong relationships with trade unions and professional associations was noted, with the Partnership Forum playing a key role in supporting staff to remain in or return to work.

SS advised the Committee that the Health Board was engaged with national programmes to prevent absence and improve staff health, and that a recent audit provided reasonable assurance regarding the management of attendance.

The Committee noted that there was no dedicated budget for sickness absence initiatives, but workforce and OD capacity was prioritised for this work. The Committee acknowledged the challenges posed by an ageing workforce and the need for flexible and sustainable solutions.

The Committee thanked the team for their ongoing efforts and noted the positive culture and commitment demonstrated by staff. It was acknowledged that sickness absence remained a top priority and that progress would continue to be monitored through the People Plan and associated action plans.

The Committee **NOTED** report.

**PCC/1510/08**

### **People Plan 2025/30 - Delivery Measures & Plan**

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an overview of the Health Board's updated People Plan for 2025–2030. The plan set out a strategic roadmap for workforce planning and development aligned with the recent approved Long-Term Strategy, Gwent 2035. The plan was developed through extensive engagement with



staff, partners, and stakeholders, and was structured around 3 strategic pillars: Better Health and Wellbeing, Better Future Workforce, and Better Working Lives.

The Committee noted the plan's content and headline measures for evaluating the plan's success, including a target review date of 2027 and annual reviews based on staff survey outcomes. Key areas of focus included improving PADR compliance, enhancing job planning, and using the NHS Wales Staff Survey as a baseline for progress.

The Committee discussed the importance of robust delivery measures and agreed to review progress annually, with interim reports to be brought to future meetings. Consideration would also be given to incorporating data from the GMC trainers' survey and other relevant sources.

The Committee endorsed the People Plan and its delivery measures, noting that ongoing monitoring and reporting would ensure the plan remained responsive to organisational needs and priorities.

The Committee **NOTED** the launch of the People Plan 2025–2030.

**PCC/1510/09**

### **Disclosure and Barring Service Review – Electronic Staff Record Update**

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an update on the Health Board's review of Disclosure and Barring Service (DBS) compliance, focusing on the accuracy and completeness of DBS records within the Electronic Staff Record (ESR) system.

Katelyn Falvey (KF), Assistant Director of Workforce & OD, presented to the Committee the findings of a recent audit, which reviewed over 17,500 staff records. The audit identified approximately 2,000 individuals DBS status was either missing or recorded at a level below the required level for their role. Several factors contributed to these gaps, including legacy recruitment practices, retire-and-return arrangements, internal staff movements, direct hires that bypassed formal pre-employment checks, and urgent appointments made during the pandemic.

The Committee was advised that significant progress had been made since May, with nearly 50% of non-compliant



records now resolved. The majority of staff were found to hold the appropriate DBS clearance, but inconsistencies in recording had contributed to the appearance of non-compliance. The team continued to address these discrepancies and would provide a further update at the next Committee meeting in February. **Action: Director of Workforce & Organisational Development**

Shelley Williams (SW), Deputy Director of Workforce, clarified that DBS checks did not have an official expiry date and were only repeated at the employer's discretion when required for the role. New checks had been undertaken in this exercise only if the role was in scope and the details held on file were missing or lower than the required level.

The Committee discussed the financial implications of the reconciliation work. KF confirmed that funding had been provided to support the process, but that DBS costs were usually borne by each service area when employing new staff. The Recruitment Modernisation Group had made DBS a blocking check, meaning new employees could not join the Health Board without a valid DBS, providing an additional safety net.

The Committee was advised that new policies and procedures were in place to prevent future gaps, including the implementation of the SMA app to bridge recruitment and ESR processes, to ensure robust recording and compliance going forward.

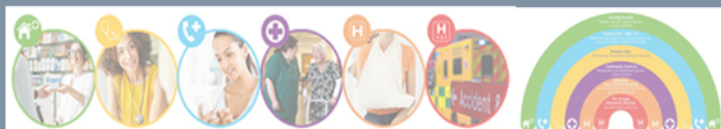
The Committee thanked the team for their efforts in resolving DBS compliance issues and noted the positive progress made.

The Committee **NOTED** the report.

**PCC/1510/10**

### **Workforce Performance Dashboard incorporating Key Performance Indicators**

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an overview of the monthly Workforce Performance Dashboard, which provided the latest data on workforce sustainability, training, workforce supply, and variable pay. The dashboard was a key tool for monitoring organisational performance and identifying areas for improvement.



The Committee was advised that there had been an increase in job planning compliance during July, followed by a decline in the subsequent months. The Committee discussed the importance of maintaining and improving compliance rates and agreed that regular review and continued support for divisional teams were essential to ensure sustained progress.

The Committee noted a significant reduction in Occupational Health activity. However, the Committee welcomed the increase in manager referrals, viewing this as a positive indication that managers were actively managing sickness absence and providing appropriate support for staff wellbeing.

The Committee reviewed progress in reducing the time taken to hire new staff. It was acknowledged that the average time to hire had previously exceeded 100 days, but substantial work had been undertaken to reduce the figure to below the target of 60 days. The Committee further recognised that advertising time contributed to the overall timeframe and may vary depending on the role and the skills.

The Committee noted key performance indicators related to workforce supply, training compliance, and variable pay. The Committee recognised the value of regular monitoring and reporting in supporting strategic workforce planning and organisational development.

The Committee thanked the team for their continued efforts and commitment to improving workforce performance. It was agreed that the dashboard would continue to be reviewed monthly, with key findings and actions reported to the Committee.

The Committee **NOTED** the report.

**PCC/1510/11**

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

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an overview of the Director of Workforce & Organisational Development report. The report outlined the key activities



and issues affecting the Health Board locally, regionally, and across NHS Wales.

The report outlined ongoing progress with the Agile Working Framework, which aimed to support flexible working arrangements and optimise the use of workspace across the organisation. The Committee noted the continued assessment of space requirements and the implementation of blended and hybrid working practices. It was highlighted that while many teams had adopted agile working, further work was needed to align space utilisation with operational needs.

The Committee was updated on employee relations activity, including the recent approval of an All-Wales anti-sexual harassment policy. The Health Board was committed to implementing a robust communication and educational action plan to support the new policy and fulfil its duty to prevent sexual harassment. An event was scheduled for November to address local issues and promote early resolution of concerns.

The Committee was advised that there was a launch of a new Respect and Resolution programme, which replaced the previous grievance policy. This initiative was designed to avoid employee harm and encourage informal resolution of workplace issues. The Committee welcomed the focus on supporting staff and fostering a positive organisational culture.

The Committee reviewed the status of staff suspensions, noting that 7 employees were currently suspended, with some cases extending beyond 24 months due to ongoing police investigations. SS explained that internal investigations were often delayed avoiding compromising police inquiries, and regular meetings were held with police representatives to monitor progress. The Committee expressed concern about the length of suspensions and discussed the need for legal advice and further dialogue with police and professional bodies to expedite resolution.

**Action: Director of Workforce & Organisational Development**

The Committee was advised that there was an increase in employment tribunal activity, with 3 new cases and 7 live cases currently being managed. 2 formal capability processes were underway, and the team continued to work closely with shared services and the tribunal system.



The Committee was informed of ongoing efforts to support flexible working requests and manage turnover among internationally educated nurses. The Health Board maintained strong support networks for these staff members and continued to monitor trends in recruitment and retention.

The report included updates on statutory and mandatory training compliance, establishment control, and the implementation of a new resident doctor contract. The Committee noted the importance of ongoing monitoring and reporting to ensure workforce sustainability and alignment with strategic objectives.

The Committee thanked the team for their continued commitment to supporting staff and addressing complex workforce challenges.

The Committee **NOTED** this report.

**PCC/1510/12**

### **Framework - Speciality Doctors and Clinical Fellows**

Kathryn Bourne (KB), Strategic lead Medical and Dental Workforce, provided the Committee with an overview of the framework for Speciality Doctors, Associate Specialists, Specialist Doctors (SAS), and Locally Employed Doctors (LEDs) within the Health Board. These groups form a growing and vital part of the workforce, with LEDs being qualified doctors not on national SAS contracts or in formal training programmes, but employed on local contracts aligned with Resident Doctors in Training.

The Committee was updated on progress with priority actions, including the development and implementation of an autonomous practice policy. It was noted that 23 doctors had been approved to act autonomously, reflecting the Health Board's commitment to supporting professional development and safe clinical practice. Additionally, 2.5 consultants had been allocated to support doctors through mentorship and supervision.

The Committee was advised that an education programme had been established to ensure that all doctors, including internationally trained medical graduates (IMGs), were appropriately assessed before joining rotas. This assessment ensured that doctors were placed at the



correct level of responsibility and were supported in their transition to working within the Health Board.

The Committee discussed the importance of ongoing support, training, and governance for SAS and LED doctors, recognising their significant contribution to service delivery and patient care. The framework aimed to provide clear guidance, robust assessment, and structured support to enable these doctors to work safely and effectively, while also promoting career progression and retention.

The Committee welcomed the progress made and endorsed the continued development of the framework, noting that further updates would be provided as the programme evolves.

The Committee **NOTED** the report.

**PCC/1510/13**

### **Workforce Organisational Changes 2020-2025**

Cathy Brooks (CB), Head of Workforce Planning, provided the Committee with an overview of the assessment of the workforce changes within the Health Board over the past 5 years and the challenges associated with sustaining linear growth in the workforce. The report outlined significant changes that had occurred since 2021, including the impact of the Clinical Futures programme, the opening of the Grange University Hospital, and various service expansions and reconfigurations.

The Committee noted targeted successes in reducing vacancies, particularly among registered nurses, healthcare support workers, and the medical and dental workforce. The report highlighted the importance of ongoing workforce planning and the need to optimise skill mix in response to changing service demands, labour market conditions, and the age profile of the workforce.

The Committee was advised that there had been a 5% reduction in the number of 24-year-olds entering the workforce, reflecting wider trends in university applications and graduate routes. The Committee discussed the implications of this decline and the importance of developing multiple flexible entry routes into the Health Board, including apprenticeships and alternative training pathways.



The Committee considered the process for approving new roles and business cases, noting that all proposals over £50K were subject to a robust challenge and support process before being presented to the Executive team. This ensured that workforce investments were justified and aligned with organisational priorities.

The Committee noted that there was a need for future workforce modelling, with indicative projections being developed for medical staffing based on current trends. The Committee acknowledged that further work was required to align workforce planning with the Health Board's long-term strategy and to ensure sustainable growth over the next 5 to 10 years.

The Committee welcomed the detailed analysis and recognised the complexity of workforce changes in recent years. It was agreed that ongoing monitoring, flexible planning, and regular review of skill mix, and recruitment strategies would be essential to meet future service needs.

The Committee **NOTED** the workforce changes outlined in the report and the actions set out in the People Plan (2025-2030).

**PCC/1510/14**

### **People & Culture Committee Risk Report**

Lucy Winsdor (LW), Head of Corporate Risk & Assurance, provided the Committee with an overview of the current strategic risks delegated to the Committee for monitoring on behalf of the Board. The report outlined the status of key workforce-related risks and highlighted any changes in risk exposure since the previous meeting in June 2025.

The Committee noted that 3 of the 4 sub-risks remained unchanged in terms of risk exposure. However, the likelihood of risk SRR 001D had increased due to escalating industrial relations challenges at a national level. This change reflected the formal rejection of the 2025/2026 pay offer by Trades Unions and Unison's intention to ballot members for industrial action, significantly heightening the risk of workforce disruption and its potential impact on service delivery and organisational objectives.

The Committee discussed the implications of increased industrial relations risk, acknowledging the potential for workforce disruption and the need for robust contingency



	<p>planning. The importance of ongoing monitoring and proactive engagement with staff and trade unions was emphasised to mitigate the impact of industrial action and maintain organisational stability.</p> <p>The Committee was advised of the establishment of a corporate risk register, which would improve visibility of emerging risks and support better alignment with workforce strategic objectives. Detailed risk assessments were ongoing, and further updates would be brought to the Committee as required.</p> <p>The Committee <b>NOTED</b> the delegated strategic risks and the work being undertaken to ensure the Committee was sighted on all risks that had the potential to impact on the culture and wellbeing of the Health Board and its staff.</p>
<p><b>PCC/1510/15</b></p>	<p><b>Review of Committee Programme of Business 2024/25</b></p> <p>The Committee noted the forward workplan for information and no questions were raised from the committee.</p>
<p><b>PCC/1510/16</b></p>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b></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"> <li>• The positive progress and increased participation in the NHS Wales Staff Survey, with a notable improvement in response rates compared to previous years.</li> <li>• Updates on sickness absence management, including benchmarking against other health boards and the implementation of targeted action plans to address areas of concern.</li> <li>• The approval and launch of the People Plan 2025/30, along with the proposed success and performance measures.</li> <li>• Assurance regarding the Disclosure and Barring Service (DBS) checks, with significant progress made in reconciling non-compliant records and strengthening future compliance processes.</li> </ul>



	<ul style="list-style-type: none"> <li>• Improvements in recruitment processes, particularly the reduction in time to hire.</li> <li>• Ongoing concerns regarding staff suspensions, especially those linked to police investigations.</li> <li>• Updates on the Speaking Up Safely framework and the outcomes of internal audit, with evidence of progress in responding to staff concerns and strengthening governance.</li> <li>• Developments relating to resident doctors, speciality doctors, and clinical fellows, including the implementation of new frameworks and support programmes.</li> <li>• Workforce changes over the past 5 years, with a focus on future planning and the challenges associated with sustaining growth and optimising skill mix.</li> <li>• The increased risk of workforce disruption due to national industrial relations challenges.</li> </ul>
<p><b>PCC/1510/17</b></p>	<p><b>Any Other Urgent Business</b></p> <p>The Committee acknowledged that it was Julie Chappelle (JC), Assistant Workforce Director, last meeting before retirement and thanked her for the work she had supported on behalf of the Health Board and the Committee.</p>
<p><b>PCC/1510/18</b></p>	<p><b>Date of the Next Meeting:</b> 10<sup>th</sup> February 2026</p>



**Outstanding**

**Overdue: In Progress**

**Not Due**

**Completed**

**Transferred to another Committee**



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
October 2025	<b>PCC/1510/06</b>	<b>NHS Wales Staff Survey – Action Plan</b> A further update on survey outcomes and action plans to be received at the next Committee meeting in February.	<b>Director of Workforce &amp; OD</b>	February 2026	<b>Completed</b>  <u>October update</u>  Action has been included within the Committee forward work plan.
October 2025	<b>PCC/1510/09</b>	<b>Disclosure and Barring Service Review – Electronic Staff Record Update</b>  Further DBS update to be brought to the Committee at its February meeting.	<b>Director of Workforce &amp; OD</b>	February 2026	<b>Completed</b>  <u>October update</u>  Action has been included within the Committee forward work plan.
October 2025	<b>PCC/1510/11</b>	<b>Report from the Director of Workforce &amp; OD, including</b>	<b>Director of</b>	February 2026	<b>Completed</b>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		<p><b>Agile Working Framework, Employee Relations &amp; Suspensions over 4 months</b></p> <p>To seek legal advice and further dialogue with police and professional bodies to expedite resolution for the length of employee suspensions, and to provide an update at Committee in February.</p>	<b>Workforce &amp; OD</b>		<p><u>October update</u></p> <p>Action has been included within the Committee forward work plan.</p>
October 2025	<b>PQSOC 0110/19</b>	<p><b>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</b></p> <p>Violence Prevention and Reduction Strategy to be presented to the People and Culture Committee in 2026.</p>	<b>Director of AHPs &amp; Health Science</b>	February 2026	<p><b>Completed</b></p> <p><u>October update</u></p> <p>Action has been included within the Committee forward work plan.</p> <p>Conformation from Director of AHPs &amp; Health Science that the draft</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					Violence Prevention and Reduction Strategy would be presented at February 2026 meeting.

*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.*



<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Star Moyo, Head of Equality, Diversity and Inclusion

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

## **ADRODDIAD SCAA** **SBAR REPORT**

### Sefyllfa / Situation

The purpose of this report is to provide an update on progress in delivering the Welsh Government's Race Equality Action Plan for Wales. The report outlines current performance against the Workforce Race Equality Standard (WRES), summarises delivery activity undertaken across workforce, leadership and staff engagement, and highlights areas where inequality remains evident.

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

### Cefndir / Background

The Welsh Government's Race Equality Action Plan for Wales sets out expectations for public bodies to address structural and systemic racial inequality. Within NHS Wales, delivery is supported through the Workforce Race Equality Standard (WRES), which provides workforce intelligence on representation, recruitment, progression, experience and disciplinary outcomes.

Within the Health Board, delivery of the Race Equality Action Plan is supported through co-ordinated activity across the Equality, Diversity and Inclusion (EDI) function, Workforce and Organisational Development, staff networks and leadership teams. This includes workforce data analysis, staff engagement, leadership development, targeted support for internationally educated staff, and national partnership working.

## Asesiad / Assessment

### **Overview**

Activity over the 2025 reporting period has focused on strengthening understanding of workforce race equality through analysis of WRES data, staff experience and engagement insight, alongside continued delivery of anti-racism learning, leadership development and targeted support for internationally educated staff. This work highlights both areas of progress and persistent inequalities, particularly in relation to workforce representation, recruitment outcomes, progression and entry into formal processes. The position reflects sustained organisational effort, while reinforcing the need for continued focus on data quality, inclusive decision-making and equitable workforce experience.

### **Wales Race Equality Standard (WRES)**

Engagement with the Health Board as part of the 2025 WRES reporting cycle identified two priority areas requiring continued focus:

- Strengthening workforce ethnicity self-reporting, particularly within executive and senior leadership cohorts, supported through staff networks and work across protected characteristics.
- Further development of succession planning approaches and associated learning to support equitable talent management and career progression.

The 2025 WRES findings demonstrate that, although activity has continued in both areas, progress remains limited and further improvement is required.

Ethnicity declaration rates across the workforce have shown only marginal movement, increasing from 14.7% in 2024 to 15.2% in 2025. At senior levels, non-disclosure remains a significant issue, with 87 (10%) staff at Band 8a and above recorded without a declared ethnicity, restricting the robustness of leadership workforce analysis.

Disparity ratios, which indicate the likelihood of minoritised staff being represented at higher pay bands, remain unchanged. Recruitment analysis also shows a deterioration in appointment outcomes following shortlisting, particularly for Black applicants, highlighting an ongoing inequality risk within recruitment pathways.

Additional areas of concern include emerging disproportionality in the number of ethnic minority staff entering capability processes, most notably within administrative and clerical staff groups. While earlier reporting found no evidence of this pattern, this reflected low case volumes and limited ethnicity based-based analysis at the time.

A recent review of current capability cases, now disaggregated by ethnic group, indicates an uneven distribution involving ethnic minority staff, particularly Black or Black British employees. Although numbers remain small and should be interpreted with caution, this improved level of scrutiny suggests an emerging risk rather than a sudden change in practice. In parallel, while overall reports of discrimination by line managers have reduced, Asian staff continue to report higher levels of discrimination, indicating that progress has not been experienced consistently across all ethnic groups.

The analysis reinforces the need to continue strengthening ethnic minority representation at the most senior levels of the organisation and to improve assurance through more complete and reliable workforce data.

### **Areas of Progress**

Despite the challenges outlined above, the 2025 WRES data also identifies several areas of positive movement. The 2024 Staff Survey results indicated improved perceptions of equality of opportunity and a reduction in reported experiences of bullying, harassment and discrimination. However, these findings should be interpreted with caution, given the reduced response rate, with fewer than one in seven staff completing the survey. The results of the 2025 Staff Survey are expected at the end of January 2026, which had a significantly higher response rate of 32.1% and once received, a review of that data will be undertaken.

Progress has been made in relation to Board composition. The Health Board now has three Board members from ethnic minority backgrounds, representing approximately 13% of Board membership, which is above national comparator levels and provides visible leadership representation.

### Workforce Demographics

Ongoing review of workforce demographic data continues to support understanding of representation and trends over time, and how the workforce compares to local, regional and national populations.

Latest figures show a modest year-on-year shift in workforce composition. The proportion of staff identifying as White has reduced slightly to 74.8%, while those identifying as Global Ethnic Majority has increased to 10.6%. This remains higher than both the Gwent population (5.9%) and the Welsh population (6.3%). However, a significant proportion of staff continue not to state their ethnicity, limiting the completeness of workforce insight.

### Representation by Staff Group

Analysis by staff group indicates that patterns of representation remain broadly consistent with previous reporting periods.

- Administrative and Clerical roles remain predominantly White (84%), with 4.5% identifying as Global Ethnic Majority and 11% not declaring ethnicity. Across all ethnic groups, staff are largely concentrated within Bands 2–6, with senior roles (Bands 7–9) continuing to be disproportionately White.
- Within Healthcare Support Worker (Additional Clinical Services) roles, Global Ethnic Majority representation has increased slightly to 8%, alongside a rise in non-disclosure (13%).
- Within Nursing and Midwifery, Global Ethnic Majority representation remains comparatively higher at 14%, although 16% of staff have not stated their ethnicity. As in previous years, Global Ethnic Majority staff are primarily represented in Bands 5 and 6, while senior nursing roles (Bands 7–9) remain largely White.

### Key Outcome Actions

Based on the earlier analysis, ongoing activity continues to focus on:

- Creating a culture in which staff feel safe and confident to disclose their ethnicity, improving data quality and strengthening assurance.
- Considering targeted talent management and progression pathways for Global Ethnic Majority staff, including access to nursing and management development routes, aligned with both the Health Board's workforce profile (minimum 10% Global Ethnic Majority) and the local population (approximately 6%).
- Strengthening bias awareness and inclusive decision-making as part of wider work to improve workforce experience and fair progression.

### Population Context

<b>Population</b>	<b>White</b>	<b>Global Ethnic Majority</b>
England & Wales	81.7%	18.3%
Wales	93.8%	6.3%
Gwent	94.2%	5.9%
Aneurin Bevan Workforce	74.8%	10.6%

### Anti-Racism E-Learning

The All-Wales mandatory Anti-Racism e-learning module was launched in December 2024 and assigned to all staff. Awareness-raising activity has continued throughout the reporting period.

As a result of targeted communications, leadership visibility and divisional engagement, completion rates have increased, with overall compliance now at 83.01%. It is recognised that achieving full compliance remains challenging due to factors such as maternity leave, long-term sickness absence and other periods away from the workplace.

### Internationally Educated Medical Staff

The Health Board continues to support internationally educated medical staff through the International Management Graduate (IMG) Soft Landing Programme, delivered two to three times a year in partnership with the GMC and aligned to GMC Good Medical Practice.

Since 2023, six full-day induction sessions have been delivered, with consistently positive feedback. The programme supports integration, understanding of professional and cultural expectations, and awareness of available support. In early 2025, a formal mentoring (buddy) system was introduced to provide continued support beyond induction, alongside strengthening of supporting resources, including an updated starter pack and development of a dedicated IMG webpage.

### Medic Mentor Scheme

The Medic Mentor Scheme provides additional support for internationally trained doctors alongside existing clinical and educational supervision arrangements. The scheme offers a consistent, informal source of guidance during early employment, supporting professional integration and wellbeing.

During the reporting period, the scheme transitioned from development into delivery. A pool of trained mentors are now established and embedded alongside

the IMG induction programme. Early feedback suggests that the scheme is supporting doctors to navigate NHS systems, workplace culture and practical challenges associated with joining the organisation.

### *Internationally Educated Nurses (IENs)*

The Health Board continues to provide structured support for Internationally Educated Nurses, with nearly 600 IENs supported to date. This programme focuses on safe clinical transition, team integration and longer-term retention.

Support includes cohort-based introductory sessions delivered with Practice Educators, a Ward Readiness Programme, an IEN Ward Managers Toolkit, and early-stage ward visits to monitor wellbeing and address emerging issues. IENs also receive support with interview preparation and career development to encourage progression.

This work supports wider anti-racism and workforce inclusion objectives and contributes to improved experience, confidence and retention among internationally educated nursing staff.

### *Reverse Mentorship*

The Reverse Mentorship Programme, launched in July 2024, completed its full 12-month pilot cycle in July 2025. The programme paired senior leaders with Global Ethnic Majority staff to support inclusive leadership, cultural competence and reciprocal learning.

Evaluation feedback demonstrates clear value for both mentors and mentees, particularly in strengthening leaders' understanding of lived experience. Learning from the pilot highlights the importance of clear expectations, structured support and protected time to maximise impact.

Building on this learning, the programme will be refreshed for a further cycle with clearer role definition. Reverse mentoring is also being considered as a mechanism to strengthen engagement between IENs and senior leadership, supporting broader workforce inclusion and anti-racism objectives.

### *Incidents of Racism, Reporting and Workforce Safety*

Recorded incidents of racism within the Health Board continue to be monitored through Datix reporting and workforce intelligence, providing an important source of insight into staff experience and organisational culture. Analysis of reported incidents indicates that racism continues to be experienced and is growing across a range of staff groups and settings, reinforcing the need for clear reporting routes, consistent response and visible organisational action.

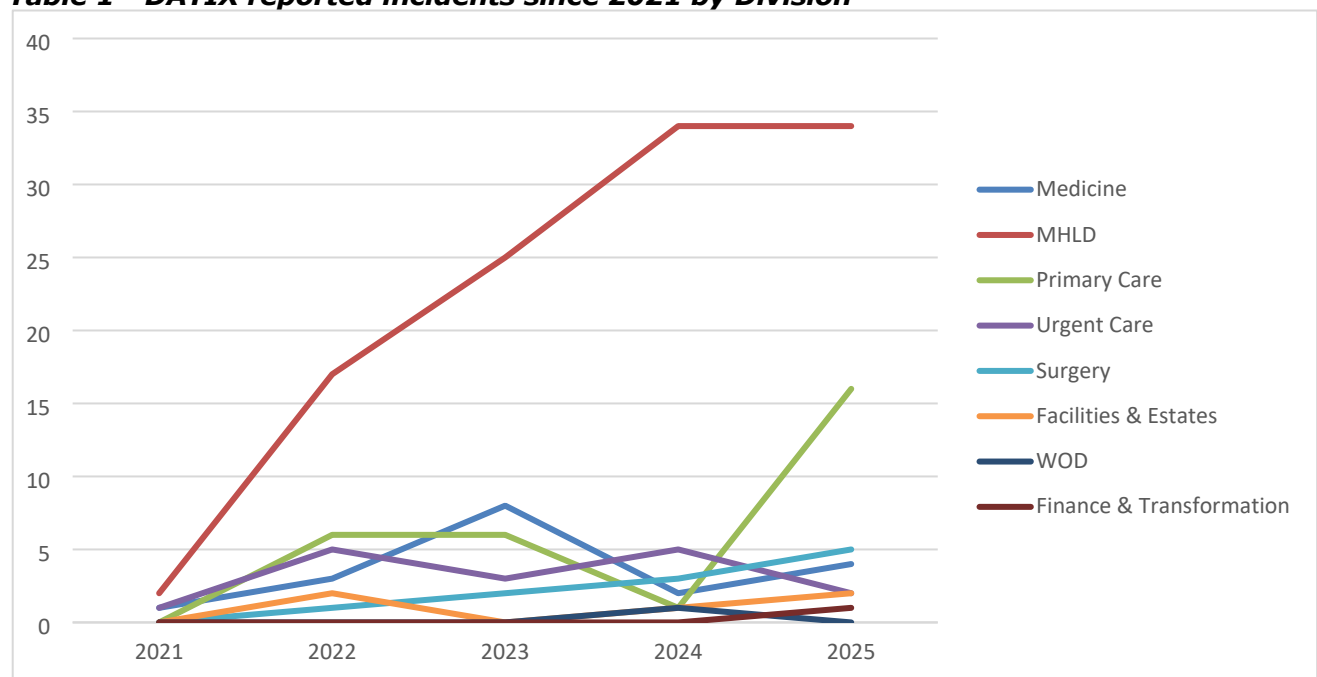
Work has commenced to strengthen understanding of racism reporting and response, including collaboration with Health and Safety colleagues and local Police partners. This activity focuses on improving staff awareness of how to report racist incidents and hate crimes, the distinction between internal incident reporting and criminal reporting, and how reported incidents are managed and investigated by the police. This work supports a clearer and more confident reporting culture across incidents of racism involving both patients and staff, with the majority of reported cases relating to patient to-staff abuse, alongside a smaller number of staff-staff abuse, alongside a smaller number of staff-to-staff-staff incidents. An increase in reporting within Mental Health and Primary Care and Community services is

considered to reflect a combination of factors, including higher levels of patient distress, acuity, cognitive impairment and substance misuse, alongside improved staff confidence in recognising and reporting racist behaviour rather than an increase in tolerance of such behaviour.

Table 1 below presents DATIX reported incidents since 2021 where racism or homophobia has been explicitly selected as a reporting category or tag. It should be noted that this table does not capture all relevant incidents, as the DATIX system requires a single primary incident type to be recorded. As a result, incidents where racism or homophobia occurred alongside other issues such as physical assault, violence or aggression, may be recorded under those primary categories and therefore are not fully reflected here. Intelligence from services indicates that the true prevalence of such incidents is likely to be higher than reported in this table.

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**Table 1 - DATIX reported incidents since 2021 by Division**



Work is underway to review reporting processes and tagging options to improve the accuracy and completeness of data capture, enabling a more reliable understanding of patterns and trends over time.

*Inclusive/Trauma informed Leadership*

Inclusive and trauma-informed leadership remains a key enabler in addressing the inequalities highlighted through WRES, particularly those relating to staff experience, career progression and disproportionate entry into formal workforce processes. The WRES findings continue to show disparities in recruitment outcomes, capability procedures and reported experiences of discrimination, reinforcing the need for consistent, fair and compassionate leadership practices.

To date, 622 managers and staff have completed Inclusive Leadership training, with a core focus on trauma-informed and reflective leadership. This training supports leaders to recognise bias, understand the influence of lived experience and apply proportionate and empathetic approaches to decision-making. Feedback gathered so far has been overwhelmingly positive, with staff:

- Advocating for the training to be rolled out across the whole Health Board, reflecting strong perceived value
- Reporting that the training has changed how they think about and approach supporting staff and peers while in work.
- Describing increased confidence in applying inclusive and trauma-informed principles within everyday leadership interactions

These developments align directly with WRES indicators linked to bullying, harassment, discrimination and fair treatment.

Embedding trauma-informed leadership principles helps create psychologically safe/brave working environments where staff feel more confident to speak up, raise concerns and engage with organisational processes. Over time, this strengthens the organisational culture needed to address the risks and inequalities highlighted through WRES and also contributes to a more equitable, supportive and inclusive culture.

#### *Inclusion & Belonging Champions*

The Inclusion and Belonging Champions initiative has recently been launched to strengthen the Health Board's approach to equality, diversity and inclusion at a local level. The initiative was established in response to workforce insight, including WRES findings and staff engagement, which highlighted the importance of visible inclusion, consistent messaging and psychologically safe environments where staff feel confident to raise concerns.

The Champions role is designed to provide a light-touch, locally embedded mechanism within teams and services. Champions act as points of contact for inclusion and belonging, helping to promote awareness of EDI priorities, including anti-racism, fair treatment and reporting routes, and reinforcing inclusive behaviours in day-to-day practice. The role complements, rather than replaces, formal governance, reporting and escalation processes.

Early engagement with the initiative indicates that having a visible local contact helps to normalise conversations about inclusion and improves staff understanding of where support and advice can be accessed. This is particularly relevant to WRES indicators relating to bullying, harassment, discrimination and confidence in organisational processes. As the initiative embeds further, learning from Champion engagement will continue to inform wider EDI delivery and workforce assurance.

#### *Belonging Magazine*

The Belonging Magazine has been introduced as part of the Health Board's wider approach to supporting workforce inclusion and amplifying the staff voice. The publication provides a platform for sharing lived experience, highlighting EDI activity and promoting positive practice across the organisation.

By elevating staff stories and experiences, the magazine supports engagement and visibility in areas directly relevant to WRES, particularly staff experience, confidence in organisational processes and perceptions of fairness and inclusion. It also provides qualitative insight, complementing workforce data and staff survey findings.

The magazine also supports consistent organisational messaging around inclusion and respect, reinforcing leadership commitment to equality and anti-racism. As an engagement and communication tool, it contributes to the conditions required to improve trust, participation and workforce experience, which underpin progress against WRES indicators over time.

### Succession Planning

Succession planning remains a key area of focus in responding to inequalities identified through the WRES, particularly in relation to representation at senior levels and equitable access to progression opportunities. WRES data continues to highlight disparities in progression into higher pay bands and under-representation of Global Ethnic Majority staff in senior leadership roles.

Workforce analysis and engagement have reinforced the importance of transparent, inclusive and well-understood succession planning approaches to support fair talent management. This includes ensuring that development opportunities, leadership pathways and access to progression are visible and equitable, and that decision-making processes are informed by workforce data and lived experience.

Succession planning activity is being considered alongside leadership development and workforce planning to strengthen alignment between talent management, progression and organisational need. This approach supports WRES priorities by addressing structural barriers to progression and reinforcing accountability for fair and inclusive leadership pipelines.

Strengthening succession planning remains an important enabler in improving representation, supporting workforce confidence in progression processes and contributing to longer-term improvement in WRES outcomes.

### **Focus for the Next Reporting Period**

Activity over the next period will focus on consolidating and strengthening delivery in areas where evidence indicates the greatest inequality risk, while continuing to embed race equality considerations into core workforce processes and leadership practice.

### Improving Workforce Data Quality and Assurance

Improving the completeness and reliability of workforce ethnicity data will remain a priority, particularly within senior leadership roles where non-disclosure continues to limit assurance. Activity will continue to focus on building staff confidence in disclosure, supported by engagement through staff networks and clear messaging on the importance of accurate data for fairness, transparency and accountability.

### Recruitment, Progression and Fair Decision-Making

Targeted attention will continue on recruitment outcomes following shortlisting, progression into senior roles and entry into capability processes, where disparities remain evident. This includes strengthening bias awareness, inclusive decision-making and leadership accountability within existing recruitment and workforce governance arrangements.

#### Leadership Capability and Inclusive Practice

Leadership development will continue to focus on embedding inclusive behaviours and anti-racist practice within day-to-day management. Learning from Inclusive Leadership training, reverse mentorship and workforce engagement will be used to reinforce consistent management capability and improve staff experience across services.

#### Support for Internationally Educated Staff

Structured support for Internationally Educated Nurses and International Medical Graduates will remain a key focus, ensuring that induction, mentoring and transition support continue to respond to workforce need and contribute to retention, progression and workforce stability.

#### Tackling Incidents of Racism and Inequalities

Focused activity will continue to strengthen understanding, reporting and response to incidents of racism and hate-related behaviour. This includes reinforcing clear reporting routes through Datix, improving staff confidence to report incidents, and supporting consistent organisational responses.

Work with Health and Safety colleagues and Police partners will continue to improve awareness of hate crime reporting, clarify how criminal and organisational processes operate, and support staff to understand what happens following a report. This work aims to strengthen trust in reporting systems, improve workforce safety and ensure that incidents of racism are addressed appropriately and consistently.

#### Staff Voice, Engagement and Co-production

Staff networks and engagement activity will continue to play a central role in informing priorities and providing lived experience insight. Strengthening the link between staff voice, workforce data and decision-making will remain essential to ensuring actions are responsive, proportionate and grounded in real experience.

#### Monitoring Progress and Maintaining Oversight

Progress will continue to be monitored through workforce data, staff experience measures and established governance routes, supporting transparency and enabling the organisation to track improvement, identify emerging risks and adjust focus where required.

#### Argymhelliad / Recommendation

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

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

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.  All Workforce and OD risks are updated through the Health Board's risk register.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 4. Dignified Care 6. Individual care 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities <a href="#">Link to IMTP</a>	All of the IMTP Priorities listed
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	All of the Objectives listed

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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:

• <b>Workforce</b>	Yes, outlined within the paper
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b> 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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	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.

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O: MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	People Plan (2025–2030) Success Measures
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Shelley Williams, Deputy Director of Workforce and Organisational Development

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

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

The People and Culture Committee discussed and approved the People Plan at the previous meeting, October 2025 and this paper provides further information on the success measures to ensure effective implementation and performance management of the plan.

**Cefndir / Background**

The People Plan 2025–2030 is a core enabler of the Health Board’s Long-Term Strategy and Integrated Medium-Term Plan (IMTP). The plan includes the current and predicted future context, challenges and opportunities, structured around three strategic pillars, aligned with the three aims of Gwent 2035:

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

The success measures underpin how the People Plan will be operationalised and provides a performance management framework to monitor and evaluate progress and improvements. A draft version of the success measures were presented to the

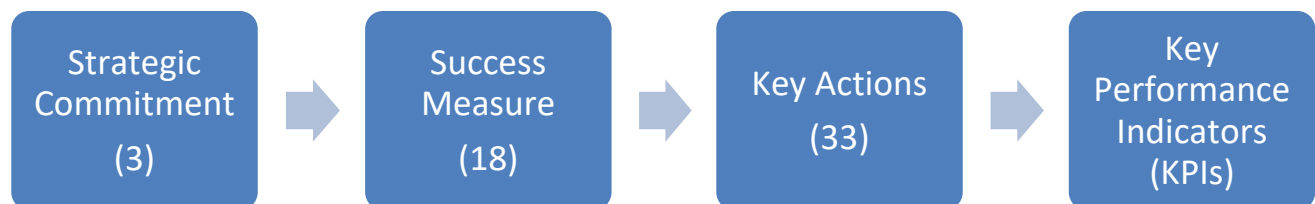
committee in October 2025 and following feedback and further engagement, the following changes/additions have been included:

- Inclusion of quality metrics (e.g. clinical outcomes) for the employee wellbeing service.
- Using an agile methodology framework (Scrum) to address sickness absence.
- Inclusion of an invest-to-save bid to support a reduction in sickness absence.
- Targeted recruitment planning and variable pay reduction as opposed to a general reduction in vacancies.

### Asesiad / Assessment

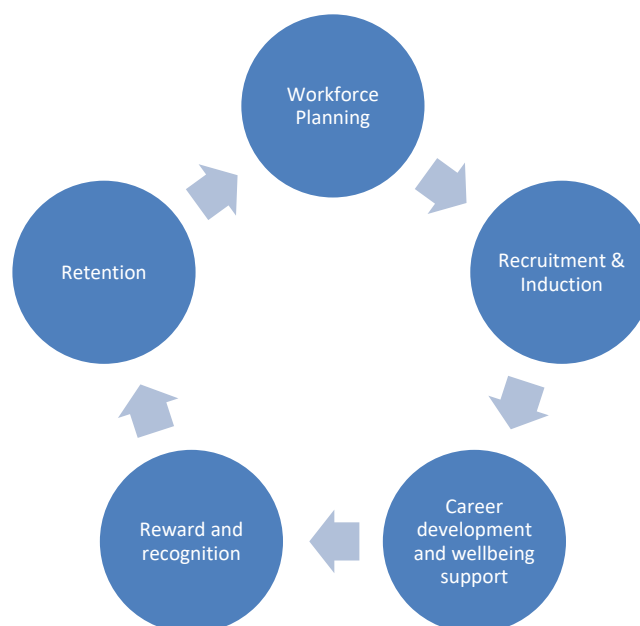
A draft version of the success measures was presented to the Committee in October 2025 and since then, further work and engagement has been undertaken to finalise the measures, **Appendix 1**.

The success measures are set out intentionally to demonstrate the high-level strategic intent through to the delivery of operational key performance indicators, ensuring it is meaningful for a range of audiences, as per the below:



The KPI's will be reviewed annually, with the first review planned for January 2027. There is also a full 5-year delivery plan to ensure we remain agile, but focused for the duration of the plan.

Given the breadth of the plan, the KPI's cover a range of performance across all areas of a typical employee life cycle as outlined below:



This includes:

- Effective workforce planning recognising the future needs of our population and the strategic ambition of 'care closer to home', ensuring we have the right workforce models to support people in their communities.
- Early engagement with schools and colleges to attract our workforce for the future, whilst simultaneously implementing a range of recruitment initiatives for our current workforce, working with partners and educational providers.
- Supporting the health and wellbeing of all staff, recognising individual needs and the diverse generational nature of the workforce.
- Encouraging and listening to staff voices to understand employee experiences to inform relevant local and health board wide actions.
- Training, education and development opportunities for all staff groups, including career pathways.
- Promotion of equality and diversity across all levels of the workforce, specifically in leadership roles.
- Supporting our workforce to stay, through a range of retention initiatives.

The full 5-year delivery plan is outlined below and is also included within the full version of the People Plan:

Better health and wellbeing	2026	2027	2028	2029	2030
Enable staff voice, inclusion & speaking up safely	Implementation	Embedding	Embedding	Business as usual	Business as usual
Strengthen our wellbeing offer	Implementation	Embedding	Embedding	Business as usual	Business as usual
Sustainable occupational health service	Design	Implementation	Embedding	Business as usual	Business as usual
Compassionate and restorative people practices	Design	Implementation	Embedding	Business as usual	Business as usual
Supporting attendance and reducing sickness absence	Implementation	Implementation	Embedding	Business as usual	Business as usual
Optimising Employee Experience	Embedding	Implementation	Embedding	Business as usual	Business as usual

Better future workforce	2026	2027	2028	2029	2030
Strategic, Data-Led Workforce Planning	Implementation	Embedding	Embedding	Business as usual	Business as usual
Enhancing Access to NHS Careers	Design	Implementation	Embedding	Business as usual	Business as usual
Creating Innovative, Flexible Roles	Design	Design	Implementation	Embedding	Business as usual
Growing Digital Literacy and Capability	Design	Implementation	Embedding	Business as usual	Business as usual

Better working lives	2026	2027	2028	2029	2030
Building a Diverse and Representative Workforce	Implementation	Embedding	Embedding	Business as usual	Business as usual
Targeted and Inclusive Recruitment and Retention	Design	Implementation	Embedding	Business as usual	Business as usual
Embedding Values and Positive Working Culture	Implementation	Embedding	Embedding	Business as usual	Business as usual
Enhancing the Staff Journey and Career Development	Design	Implementation	Embedding	Business as usual	Business as usual
Modern, Flexible, and Supportive Work Environments	Design	Implementation	Embedding	Business as usual	Business as usual
Recognising and Valuing Our People	Embedding	Implementation	Embedding	Business as usual	Business as usual

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<span style="display:inline-block; width:15px; height:15px; background-color: #90EE90; border:1px solid black;"></span> Implementation
<span style="display:inline-block; width:15px; height:15px; background-color: #00CED1; border:1px solid black;"></span> Embedding
<span style="display:inline-block; width:15px; height:15px; background-color: #800080; border:1px solid black;"></span> Business as usual

As with any Long-Term Strategy, it is likely that over the next five years we may need to adjust specific actions or timescales to ensure we remain agile and responsive to emerging priorities, challenges, and opportunities.

The People and Culture Committee will be regularly updated on progress against all three pillars with an annual full evaluation report against the success measures and delivery plan.

### Argymhelliad / Recommendation

The People and Culture Committee is asked to:

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

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

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

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	IMTP - Integrated Medium-Term Plan KPIs – Key Performance Indicators

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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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Not Applicable

# Better Health & Wellbeing

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

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

# Better Working Lives

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O: MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Workforce Performance Dashboard – December 2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Jo Gubbings Assistant Director of Workforce and Organisational Development; and Kate Davies, Workforce Performance Manager.

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

To provide the People and Culture Committee with the December 2025 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 – 31 December 2025.

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

**Cefndir / Background**

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

**Asesiad / Assessment**

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

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

- In December 2025, sickness absence increased to 7.54%, a 0.66% increase compared to November 2025 (6.88%). The 3 main reasons for sickness were Anxiety, Stress, Depression and other Psychiatric illness 33.8%, Cold, Cough, Flu Influenza 12.7% and Gastrointestinal 7.6%.
- The 12-month cumulative sickness absence of 6.51% remained consistent compared with the previous year (6.49%). The 3 highest sickness groups were, Additional Clinical Services 11.81%, Estates and Facilities 9.82%, and Nursing and Midwifery 7.50%.
- Short-term sickness increased in December 2025 to 2.63% compared to November 2025 (2.55%).
- The number of staff not in work due to sickness absence in December 2025 was 1,034.29wte, an increase of 92.32wte when compared to 941.97wte in November 2025.
- The 12-month total % for turnover was 8.69% compared to 9.01% at the same time last year, a decrease of 0.32%. Healthcare Scientists have the lowest turnover rate of 5.22% whilst Estates and Ancillary have the highest turnover rate of 11.45%.
- PADR remained below the target of 85%, with compliance for December 2025 at 75.36%, a decrease of 0.04% from last month (75.40%). PADR compliance has improved by 0.80% when compared to 74.56% in December 2024.
- Statutory and Mandatory training increased from 80.64% in November 2025 to 81.13% in December 2025. However, compared to December 2024, there is a decrease of 0.47%. Over the last 12 months, additional courses have been added to Statutory and Mandatory training, resulting in an overall compliance reduction.
- 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 December 2025 was 83.01%, a slight increase of 1.16% since November 2025 (81.85%) due to new starters coming into post.
- Staff in post in December 2025 was 13,717wte (17,347 people) compared to 13,223wte (16,856 people) in December 2024. The top staff group increases since December 2024 were in Nursing and Midwifery by 203.73wte, Administrative and Clerical by 136.08wte and Medical and Dental by 45.61wte.
- Variable pay bank and agency usage decreased in December 2025 to 816.50wte in comparison to 1,072.27wte in November 2025, a decrease of 255.77wte. Agency usage decreased by 1.93wte and Bank usage decreased by 253.84wte. The main reasons for usage were to cover vacancies, sickness and enhanced care.
- Medical bank and agency usage in December 2025 was 102.98wte, an increase of 9.97wte compared to 93.01wte in November 2025. The main reason for usage was to cover vacancies. The current usage split is 65% Locum and 35%

Agency, which has been used to cover vacancies (48%), additional capacity and acuity (10%) and sickness (11%).

- Medical Agency usage remains fairly static, however, in December 2025 usage was 36.39wte, an increase of 0.07wte when compared to 36.32wte in November 2025.
- Reducing time to hire remained below the target of 71 days at 56.80 days. Focus will be given to reduce measures, higher than the target such as, time to shortlist, the target is 3 days, currently an average of 5.3 day.

**Occupational Health (OH) Update – Month November 2025 extracted in month January 2026. (2 months in arrears) to enable clinic bookings to take place.**

- Performance against the Key Performance Indicator (KPI) target of 80% which measures the percentage of first offered appointment dates within 29 calendar days of the management referral date, was 45.80% in October 2025 and has increased to 64.50% in November 2025. The trajectory going forward is one of continuous improvement. This is due, in part, to the staffing position with 2 full time newly registered nurses joining the service beginning of January 2026. Both staff members have previous Occupational Health experience and therefore, it is envisaged their induction period and completion of competencies will progress quickly. In addition, the planned additional capacity for the winter period has enabled the Occupational Health service to flex quickly and meet the ongoing demand, with two additional Occupational Health Advisor (OHA) clinics per week and 2 Physician clinics per month until the end of March 2026.
- Performance against the Key Performance Indicator 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 94.7% in October 2025 and has seen a slight decrease to 93.10% in November 2025, however, this remains well above the 80% target.
- Performance against the 80% Key Performance Indicator target for completing pre-placement health assessments within 7 calendar days was 2.50% in October 2025 and has significantly increased to 36.60% in November 2025. As above, a positive trajectory of improvement is planned. In addition to the staffing position, additional system improvements will be implemented with immediate effect. These changes as outlined below will enable Occupational Health to enhance reporting and implement a demand and capacity dashboard, improving accountability throughout the clearance process and overall Key Performance Indicator reporting.
  - *Track Team Actions:* Clearly record each step taken by Occupational Health Team in clearing new starters.
  - *Capture Engagement:* Document interactions with staff members, including requests for additional information from recruitment, managers, and staff.
  - *Enhance Transparency:* Provide a clear rationale for any delays in the clearance process.
  - *Support Data Accuracy:* Ensure a more stringent and structured approach when compiling Key Performance Indicator data.

## Argymhelliad / Recommendation

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

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	All Workforce and OD risks are updated through the Health Board's risk register.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities <a href="#">Link to IMTP</a>	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 <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the wellbeing and engagement of our staff

### **Gwybodaeth Ychwanegol:**

### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ESR – Electronic Staff Record HCSW – Healthcare Support Worker KPI - Key Performance Indicator OH – Occupational Health OHA – Occupational Health Advisor wte – whole time equivalent
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

### **Effaith: (rhaid cwblhau)**

### **Impact: (must be completed)**

<b>Resource Assessment:</b>	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;
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	and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs. Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies.



GIG  
CYMRU  
NHS  
WALES

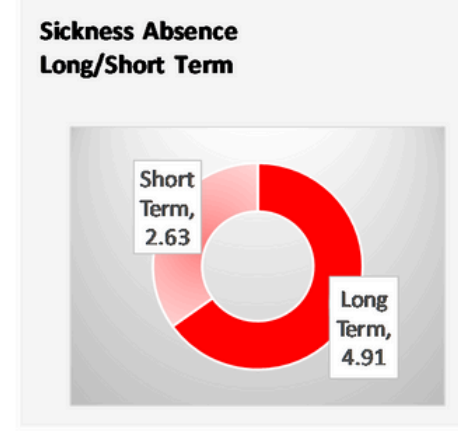
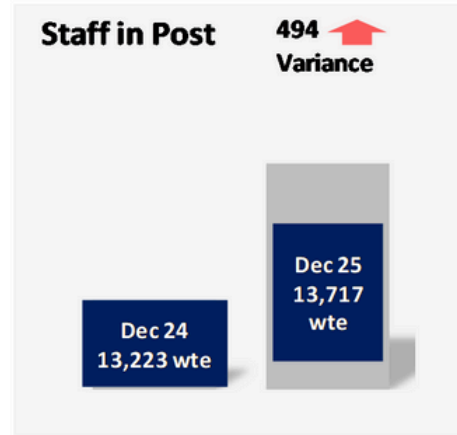
Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# ABUHB Workforce Performance December 2025

**Top 3 reasons for absence by FTE days lost**

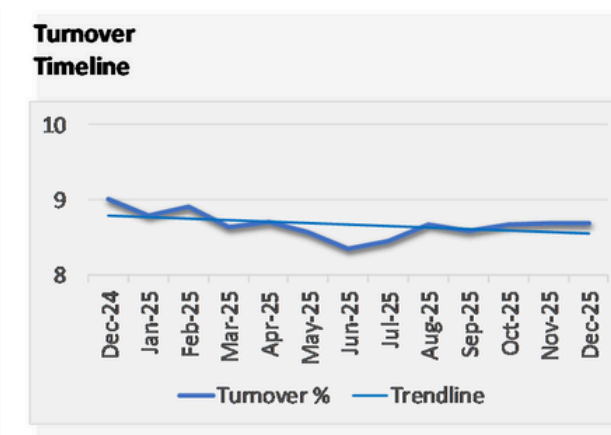
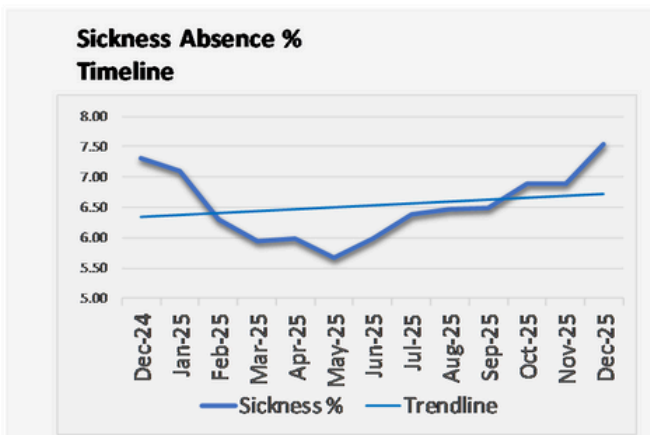
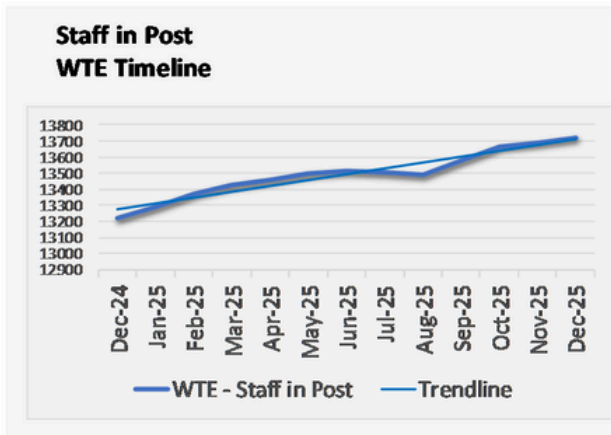
1. Anxiety/Stress/Depression/Other Psychiatric illness - 33.8%
2. Cold, Cough, Flu-Influenza - 12.7%
3. Gastrointestinal problems - 7.6%

Staff in Post has increased from 13,691 wte in Nov 25 to 13,717 wte in Dec 25. The biggest increase is within Admin & Clerical 12.75 wte.

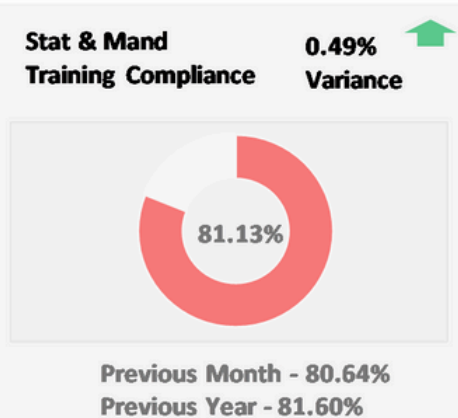
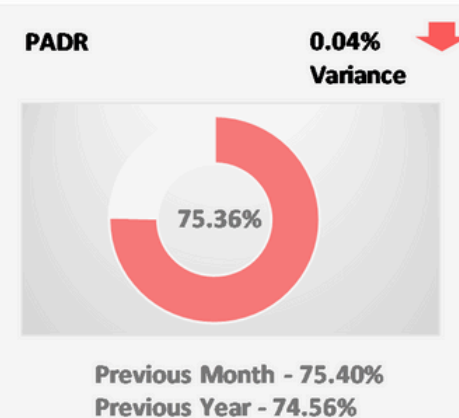


**Top 3 highest sickness by staff group**

1. Additional Clinical Services - 11.81%
2. Estates & Ancillary - 9.82%
3. Nursing & Midwifery - 7.50%



Turnover rate is 8.69% a decrease of 0.32% compared to last year rate of 9.01%. Healthcare Scientists have the lowest turnover rate of 5.22% whilst Estates & Ancillary have the highest turnover rate of 11.45%. The Stability Rate is 91.58%, the Health Board has retained 14,094 staff.

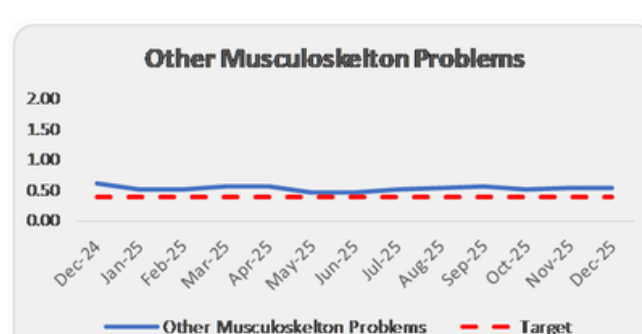
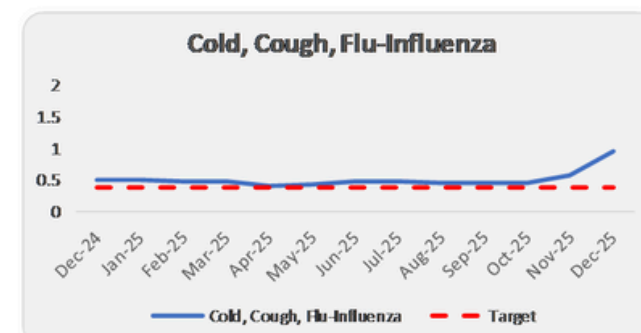
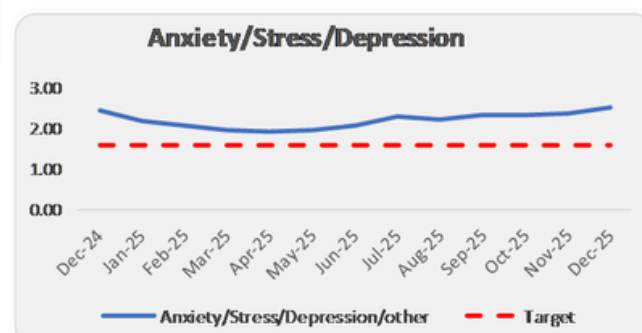
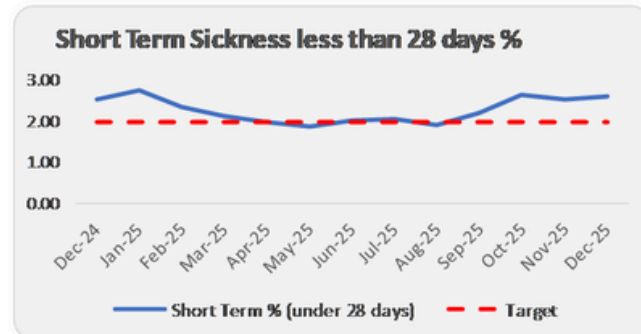
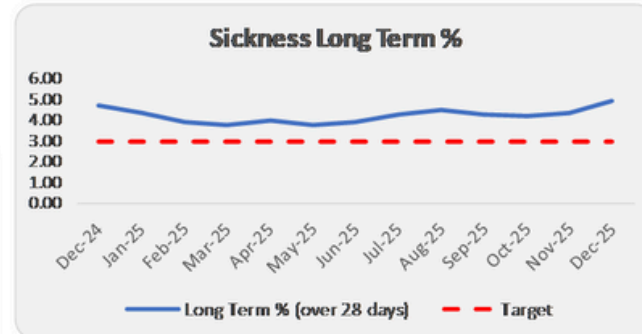
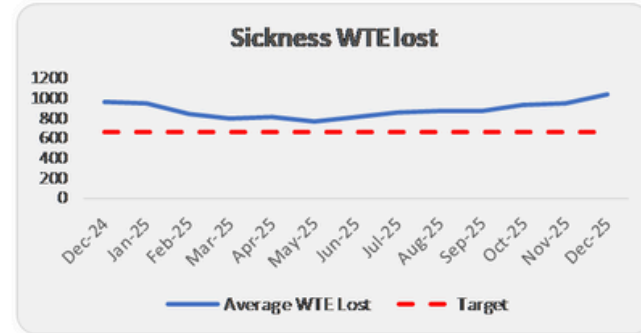
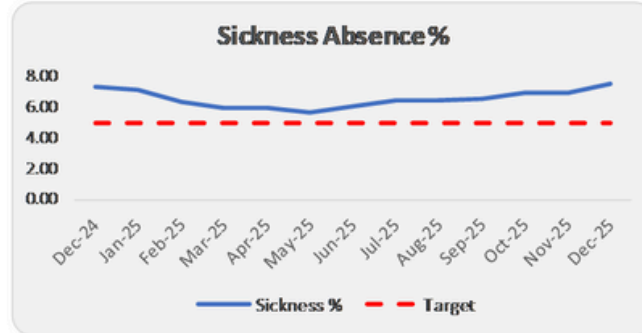


Data Source: ESR/Health Roster/Bank Staff. The targets set within this report are derived from various sources: IMTP Process/Statutory Targets/ Assessment of trends

**Sickness Absence in December 25 is 7.54% (1034 wte lost) which has increased by 0.66% (92 wte) compared to November 25.**

**65% of sickness is long term which has increased from 4.33% to 4.91% in December 25. Short Term sickness has increased from 2.55% to 2.63% in December 25.**

Sickness Absence	Current Value	Deviation from Target	Monthly Change	Target - March 26
Sickness %	7.54	2.54	0.66	5.00
Average WTE Lost	1034.29	380.29	92.32	654.00
Long Term % (over 28 days)	4.91	1.91	0.58	3.00
Short Term % (under 28 days)	2.63	0.63	0.08	2.00
Anxiety/Stress/Depression/other	2.55	0.95	0.18	1.60
Other Musculoskelton Problems	0.53	0.13	-0.01	0.40
Cold, Cough, Flu-Influenza	0.96	0.56	0.37	0.40



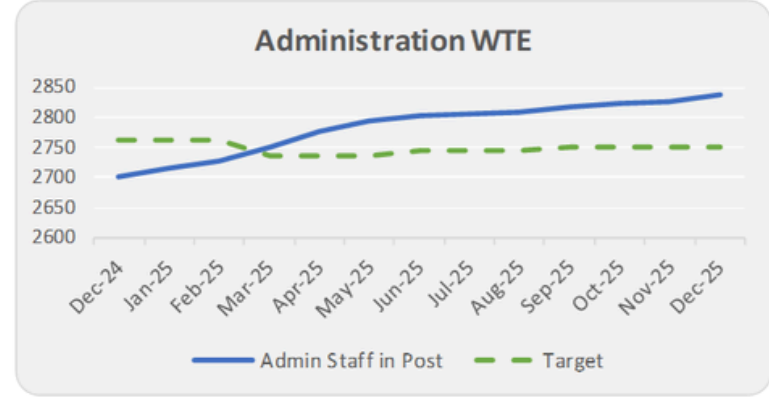
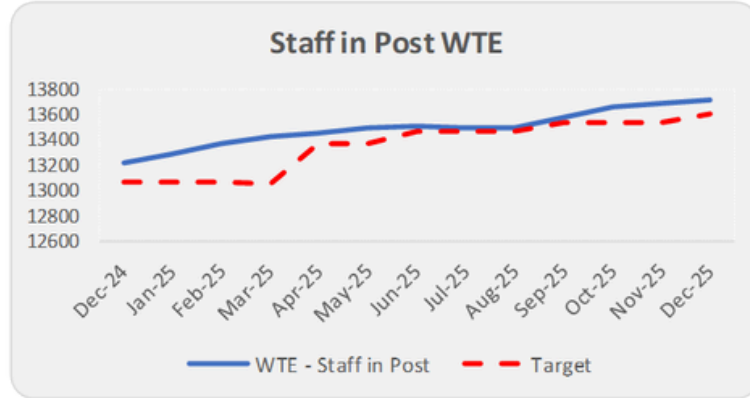
In month sickness absence percentage by division

Division	Nov-25	Dec-25	Change
040 CLINICAL SUPPORT SERVICES	7.81	8.06	0.25
040 CONTINUING HEALTH & FUNDED NURSING CARE	13.26	12.64	-0.62
040 CORPORATE SERVICES	4.25	5.10	0.85
040 ESTATES AND FACILITIES DIVISION	8.17	9.61	1.44
040 FAMILY & THERAPIES DIVISION	6.30	6.95	0.65
040 MEDICINE	6.26	6.71	0.45
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	8.09	9.29	1.20
040 PRIMARY CARE & COMMUNITY SERVICES	7.36	7.83	0.47
040 SURGERY	6.12	6.64	0.52
040 URGENT CARE	6.45	7.28	0.83
Total	6.88	7.54	0.66

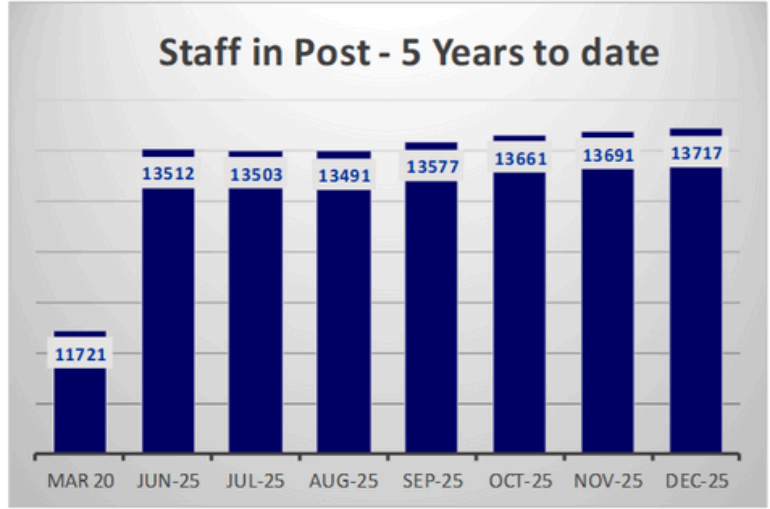
**1 Divisions/Corporate Services reduced sickness in November 25.**

Staff in Post	Current Value	Deviation from Target	Monthly Change	Target - March 26
WTE - Staff in Post	13717.33	251.33	25.91	13466.00
Admin Staff in Post	2837.64	100.64	12.75	2737.00
Turnover %	8.69	-0.51	0.00	9.20
Flexi Working Requests Approved %	37.50	-62.50	-14.11	100.00

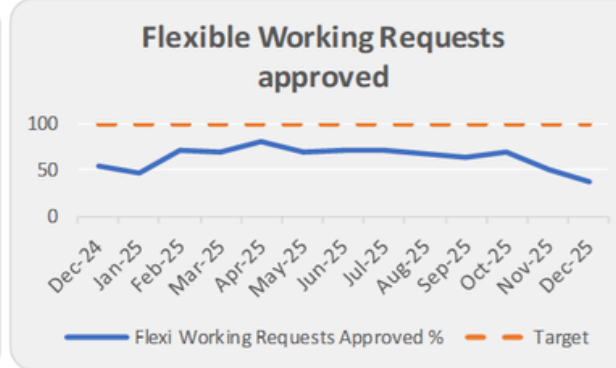
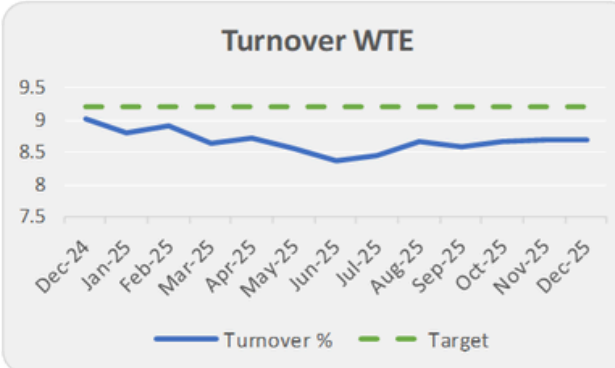
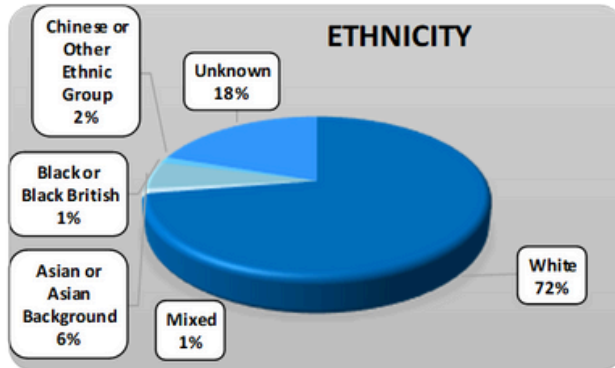
**Staff in post has increased by 25.91 wte. Admin & Clerical has increased by 12.75 wte, Estates & Ancillary has increased by 10.63 wte and Additional Clinical Services has increased by 5.12 wte.**



Staff Group	Nov-25	Dec-25	Change
Add Prof Scientific and Technic	467.13	467.71	↑ 0.58
Additional Clinical Services	841.09	842.98	↑ 1.89
Healthcare Support Workers	2050.65	2055.77	↑ 5.12
Administrative and Clerical	2824.89	2837.64	↑ 12.75
Allied Health Professionals	1002.52	1002.73	↑ 0.21
Estates and Ancillary	1067.78	1078.41	↑ 10.63
Healthcare Scientists	257.84	261.12	↑ 3.28
Medical and Dental	928.01	928.26	↑ 0.25
Nursing and Midwifery Registered	4249.00	4240.21	↓ -8.79
Students	2.50	2.50	↑ 0.00
<b>Total</b>	<b>13691.41</b>	<b>13717.33</b>	<b>↑ 25.92</b>



**Over the last five years to date staff in post has increased by 1,638 wte (17%) pre covid comparison. The main increases are within Nursing & Midwifery 574 wte, Admin & Clerical 442 wte, and Allied Health Professionals 216 wte.**



**From December 24 to December 25 flexible working requests approved have decreased to 37.5 (NB the data is sourced from ESR - new process)**

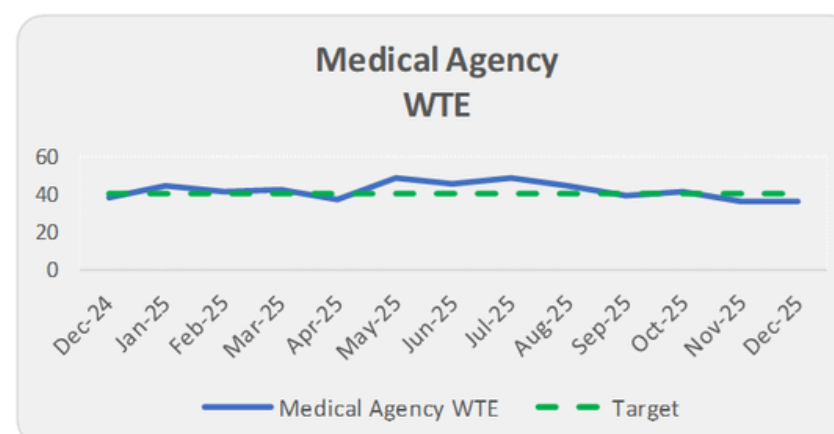
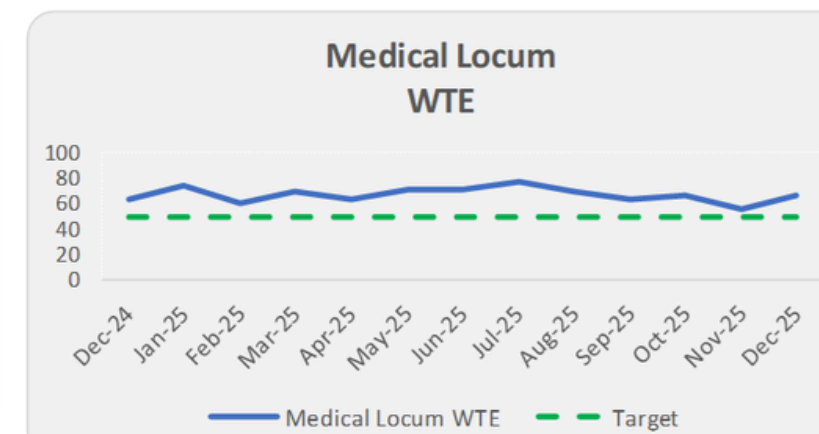
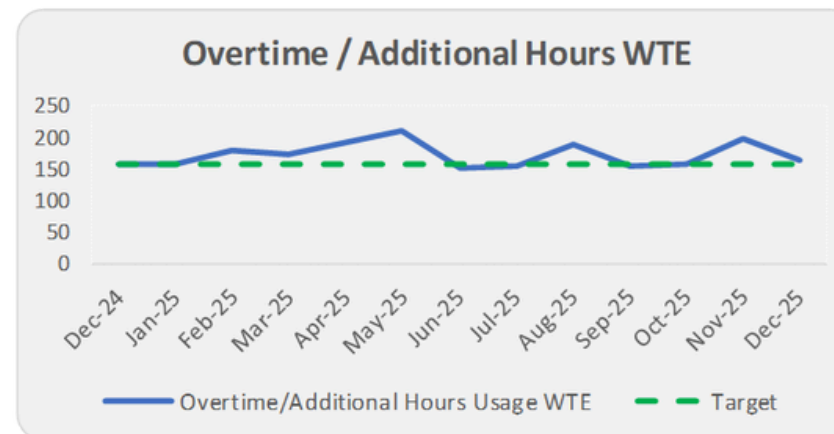
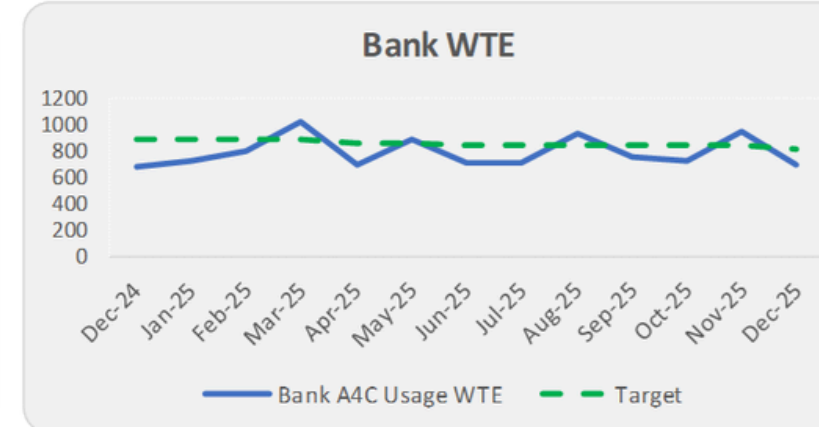
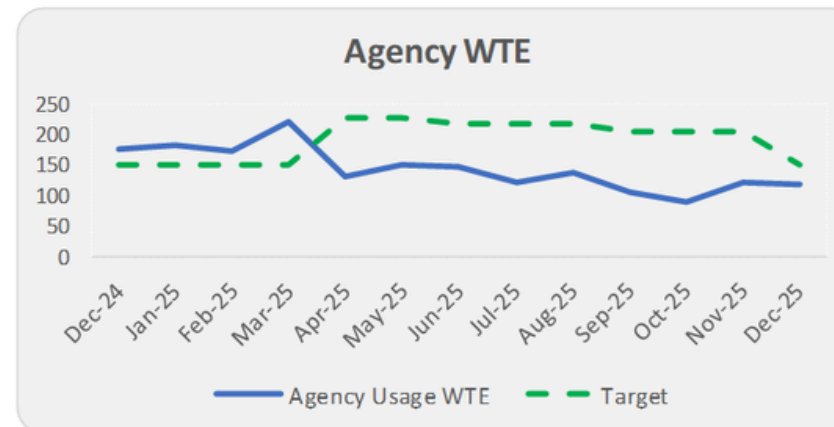
Variable Pay	Current Value	Deviation from Target	Monthly Change	Target - March 26
Bank A4C Usage WTE	697.16	-152.94	-253.84	850.10
Agency Usage WTE	119.34	-98.26	-1.93	217.60
Overtime/Additional Hours Usage WTE	165.80	6.56	-34.25	159.24
Medical Locum WTE	66.59	16.59	9.91	50.00
Medical Agency WTE	36.39	-3.61	0.07	40.00

Agency usage has decreased by 1.93 wte and is currently 98.26 wte lower than the year end target. In December 25 16.06 wte (13%) were used for HCSW and 103.28 wte (87%) for Nursing and Midwifery. The top three reasons for Agency usage are Sickness 36.85 wte (31%), Enhanced Care 28.96 wte (24%) and Vacancies 19.56 wte (16%)

Overtime/Additional Hours usage remains fairly static peaking in May 24 219.65 wte. In December 25 165.80 wte we used a decreased of 34.25 wte compared to November 25

Medical Locum and Agency Usage total has increased in December 25 to 102.98 wte. Locum usage has increased by 9.91 wte and Agency usage has increased by 0.07 wte. The highest reason for usage is Vacancies 49.50 wte (48%).

Bank usage has decreased by 253.84 wte and is currently 152.94 wte lower than the year end target. In December 25 the three highest users were HCSW 372.65 wte (53%), Nursing & Midwifery 217.46 wte (31%) and Facilities 73.17 wte (10%). Highest reason for usage is Vacancies 213.42 wte (31%)



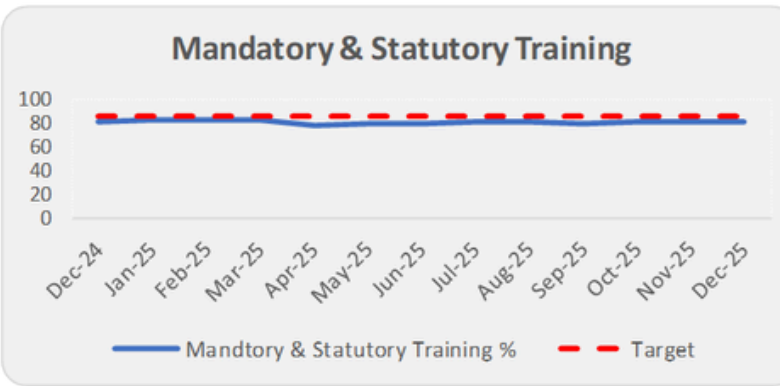
Mandatory & Statutory Data By Division/Corporate Services	Nov-25	Dec-25	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	54.23	53.99	↓ -0.24
040 CHIEF OPERATING OFFICER	66.59	66.15	↓ -0.44
040 CLINICAL SUPPORT SERVICES	80.65	81.46	↑ 0.81
040 CONTINUING HEALTH & FUNDED NURSING CARE	81.59	82.28	↑ 0.69
040 DIGITAL, DATA & TECHNOLOGY	93.62	94.44	↑ 0.82
040 DIRECTOR OF CORPORATE GOVERNANCE	86.91	86.70	↓ -0.21
040 DIRECTOR OF PLANNING	76.19	77.90	↑ 1.71
040 DIRECTOR OF PUBLIC HEALTH	82.24	84.71	↑ 2.47
040 ESTATES AND FACILITIES DIVISION	68.40	67.88	↓ -0.52
040 FAMILY & THERAPIES DIVISION	84.12	84.61	↑ 0.49
040 FINANCE DIRECTOR	87.08	87.61	↑ 0.53
040 MEDICAL DIRECTOR	78.49	79.08	↑ 0.59
040 MEDICINE	78.90	79.58	↑ 0.68
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	82.88	83.65	↑ 0.77
040 NURSE DIRECTOR	85.05	85.41	↑ 0.36
040 PRIMARY CARE & COMMUNITY SERVICES	85.13	85.22	↑ 0.09
040 REGIONAL PARTNERSHIP BOARD	72.38	74.13	↑ 1.75
040 SURGERY	75.26	76.01	↑ 0.75
040 THERAPIES & HEALTH SCIENCES DIRECTOR	91.93	92.69	↑ 0.76
040 URGENT CARE	78.56	79.29	↑ 0.73
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	85.97	86.29	↑ 0.32
<b>Total</b>	<b>80.64</b>	<b>81.13</b>	<b>↑ 0.49</b>

**Vacancy creation to unconditional offer is 56.8 days which is 14.2 days lower than the target of 71 days. Conditional offer letter to completed PECS is 25.9 days which is 0.9 days higher than target.**

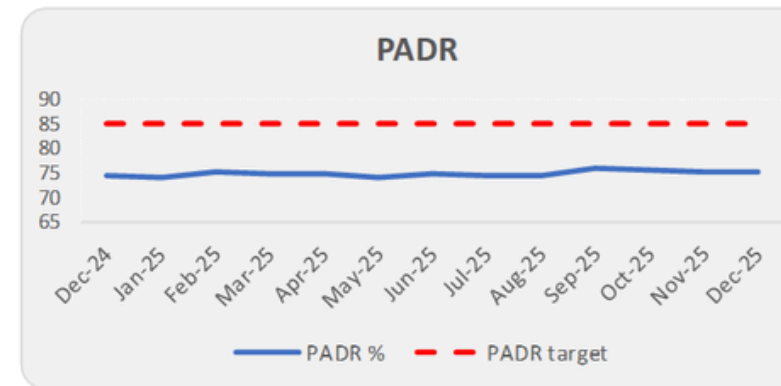
Training	Current Value	Deviation from Target	Monthly Change	Target - March 26
Mandtory & Statutory Training %	81.13	-3.87	0.49	85.00
PADR %	75.36	-9.64	-0.04	85.00

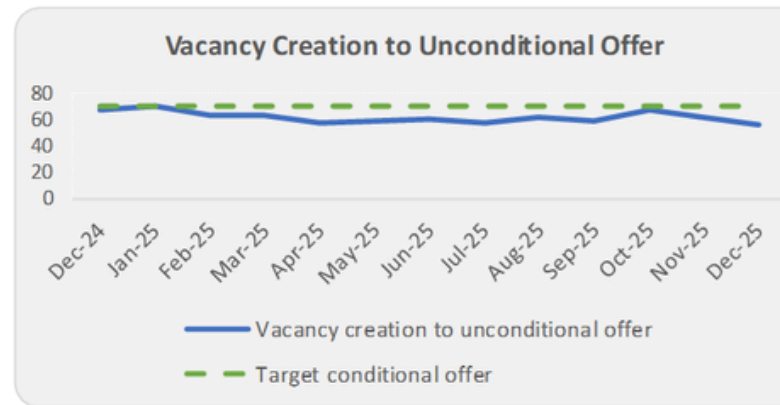
Recruitment	Current Value	Deviation from Target	Monthly Change	Target - March 26
Vacancy creation to unconditional offer	56.80	-14.20	-5.60	71.00
Conditional offer letter to completed PECS	25.90	0.90	-11.50	25.00



**Mandatory & Statutory Training has increased to 81.13% which is 3.87% off the target. There are 7 Divisions/Corporate Services that have reached/higher than the target of 85%.**



**PADR has decreased to 75.36% which is 9.64% lower than the target. 0 Division/Corporate Service have reached/higher than the target of 85%.**



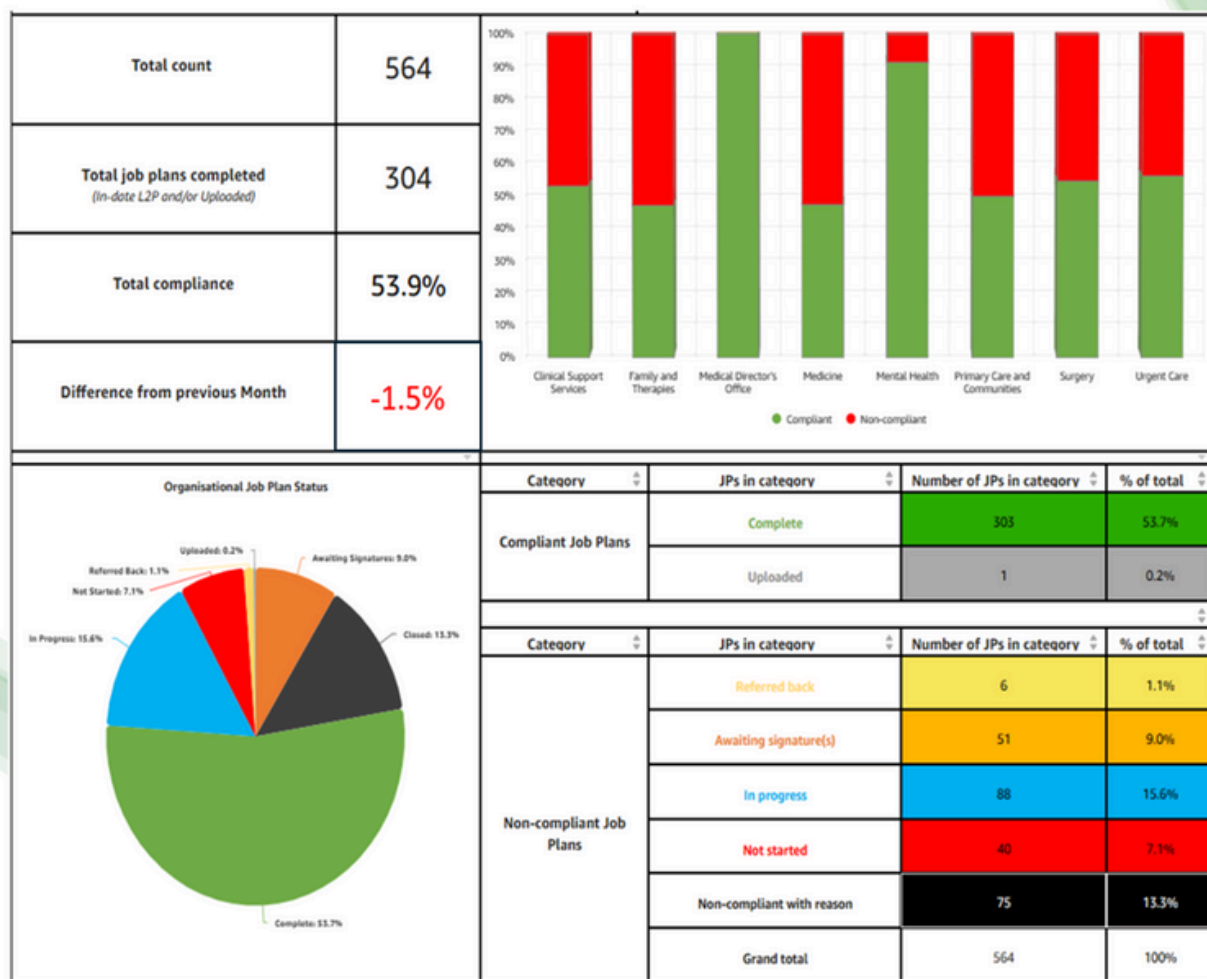
PADR Data By Division/Corporate Services	Nov-25	Dec-25	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	57.14	61.76	↑ 4.62
040 CHIEF OPERATING OFFICER	66.67	62.50	↓ -4.17
040 CLINICAL SUPPORT SERVICES	74.85	75.12	↑ 0.27
040 CONTINUING HEALTH & FUNDED NURSING CARE	77.70	74.48	↓ -3.22
040 DIGITAL, DATA & TECHNOLOGY	82.98	82.18	↓ -0.80
040 DIRECTOR OF CORPORATE GOVERNANCE	75.00	70.00	↓ -5.00
040 DIRECTOR OF PLANNING	71.79	77.50	↑ 5.71
040 DIRECTOR OF PUBLIC HEALTH	55.93	57.38	↑ 1.45
040 ESTATES AND FACILITIES DIVISION	78.90	79.88	↑ 0.98
040 FAMILY & THERAPIES DIVISION	75.26	76.66	↑ 1.40
040 FINANCE DIRECTOR	71.90	70.73	↓ -1.17
040 MEDICAL DIRECTOR	56.70	63.27	↑ 6.57
040 MEDICINE	80.44	78.19	↓ -2.25
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	72.87	73.09	↑ 0.22
040 NURSE DIRECTOR	79.75	83.23	↑ 3.48
040 PRIMARY CARE & COMMUNITY SERVICES	75.32	74.27	↓ -1.05
040 REGIONAL PARTNERSHIP BOARD	78.57	66.67	↓ -11.90
040 SURGERY	72.21	73.01	↑ 0.80
040 THERAPIES & HEALTH SCIENCES DIRECTOR	78.57	82.14	↑ 3.57
040 URGENT CARE	60.70	58.01	↓ -2.69
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	83.33	81.29	↓ -2.04
<b>Total</b>	<b>75.40</b>	<b>75.36</b>	<b>↓ -0.04</b>

Job Planning	Current Value	Deviation from Target	Monthly Change	Target - March 26
Job Planning - Consultants	53.90	-31.10	-1.50	85.00
Job Planning - SAS	48.40	-36.60	0.60	85.00

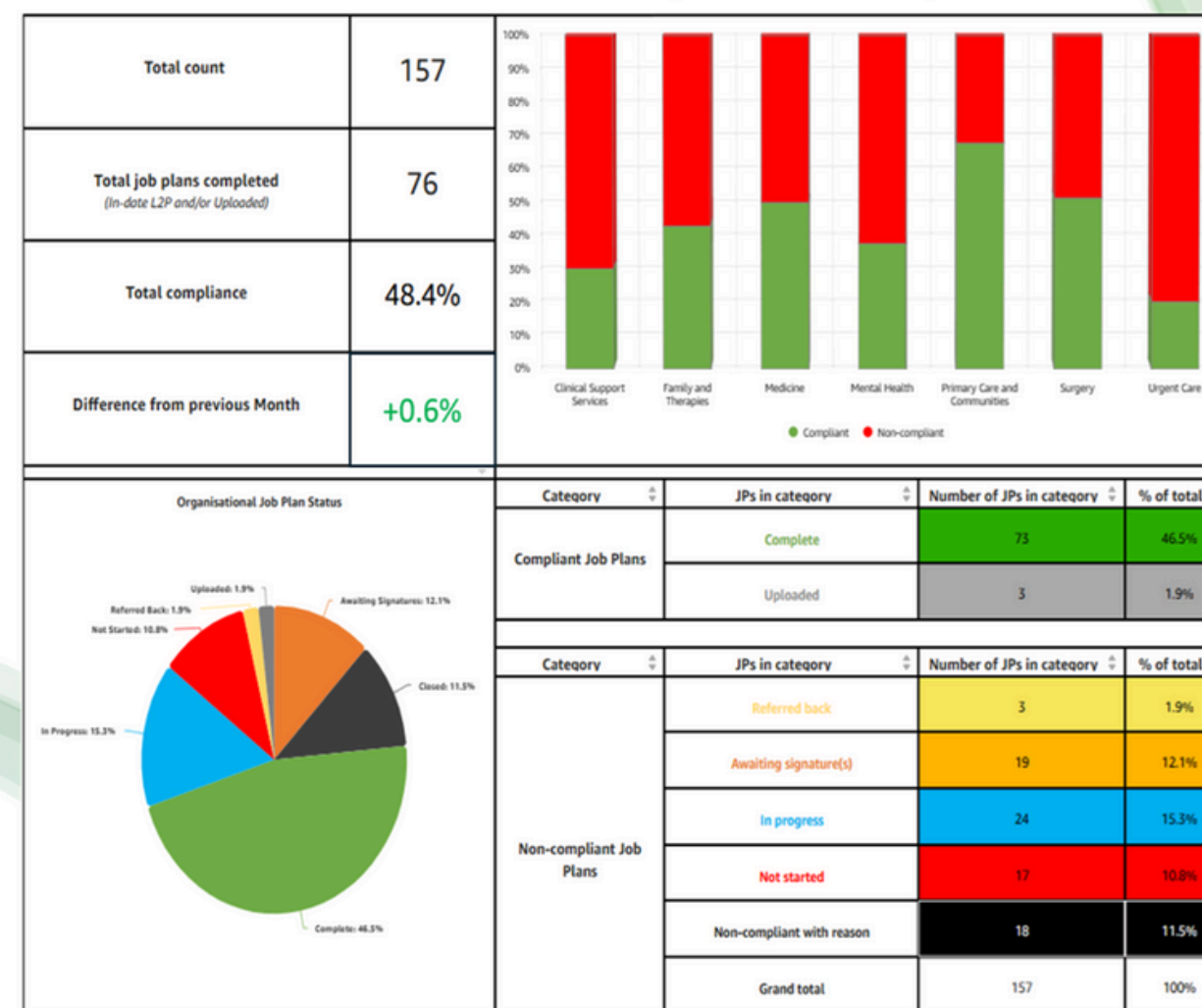


**Consultant Job Planning has decreased this month by 1.50% to 53.90% and is off target by 31.10%. SAS Job Planning has increased this month by 0.60% to 48.40% and is off target by 36.60%.**

Consultant : Health Board Job Plan Compliance + Status by Division



SAS: Health Board Job Plan Compliance + Status by Division



<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Director of Workforce and Organisational Development Report
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	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 15 October 2025 and includes a specific progress update on:

- Employee Relations, including:
  - Employee Relations Activity
  - Disciplinary
  - Respect and Resolution (Grievance)
  - Suspension/Exclusion from the Workplace
  - Capability Management
  - Sickness Absence

- Temporary Injury Allowance and Sick Pay Extension
- Flexible Working
- Employment Tribunals
- Organisational Change
- Agile Working Framework
- Band 2/3 Update
- Future Workforce Solutions and Next Steps
- Establishment Controls Internal Work
- Job Planning
- Body Worn Cameras

## **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 July - September 2025.

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
11	10	0	2	3	0	0	1	136	2	2	0	0	1

### **Disciplinary**

During this period, the Health Board commissioned 11 new disciplinary investigations, which was an increase of 1 case from the previous quarter, but still much lower than in previous years.

8 investigations were for failures to meet required standards of performance and behaviour, others were for misuse of IT, gross negligence, and breach of contract of employment.

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

The fast-track Disciplinary procedure was utilised in 10 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.

The ACAS code for disciplinary is applied to bank workers, as opposed to the NHS Wales Disciplinary Policy, noting the employment relationship is different. This negates the need for an investigating officer to be appointed, and allows cases to be considered more quickly, following an interview with the bank worker and evidence being gathered. In addition to the above reported figures, 2 bank workers were disengaged from the bank based on conduct issues.

### **Respect and Resolution (Grievance)**

The principles of the avoidable employee harm programme applied to our disciplinary process are now being considered to our Respect and Resolution processes. Whilst this is still in its infancy, there has been a significant reduction in formal respect and resolution cases in this reporting period, down from 12 in the previous reporting period to 3.

2 of the formal respect and resolution cases were in relation to bullying and harassment and 1 related to pay.

Informal resolution has been successful in 2 respect and resolution cases in relation to bullying and harassment.

Whilst the reduction in formal cases is encouraging, we will continue to implement the Avoidable Employee Harm principles to ensure this is a sustained position.

### **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 10 employees suspended from duty representing 0.06% of the workforce with 6 of these being suspended for over 4 months.

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

Please note the separate paper on managing employment cases with police involvement and the legal advice received.

### **Capability Management**

There were no new capability management cases or final stage hearings in this quarter.

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

### **Sickness Absence**

In this period, the workforce team supported 136 sickness meetings. 2 final formal hearing were held, one of which resulted in termination of employment.

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

The Health Board's Sickness Absence Focus Group recently updated the terms of reference, to ensure a focussed approach and delivery of actions through four subgroups on the following areas: data analysis, communications and engagement, management training, stress anxiety and depression. The subgroups will oversee and implement actions in their specific areas, 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**

No new applications or appeals for extension to sick pay or temporary injury allowance applications were received during this reporting period.

### **Flexible Working**

Flexible working requests documented on ESR continue to be monitored. 131 flexible working requests were received in this period; 85 were approved fully, 39 requests are pending a final decision, 1 was agreed with a compromise reached, 5 applications were withdrawn, and 1 application was declined.

### **Employment Tribunal**

1 new employment tribunal was received in this period. At the time of writing this report, the total number of active employment tribunal cases is 5.

### **Organisational Change**

1 Level 3 Organisational Change process commenced during the reporting period, supporting a structural realignment which includes rotating across sites within Primary Care and Community. Change level 3 is where changes are small and affect small numbers of employees, changes through mutual agreement may be achieved i.e. change of base or change of rota/shift pattern and where short term protection applies.

Currently, there are no additional ongoing processes.

### **AGILE WORKING FRAMEWORK**

Over recent months, work has focused on strengthening the Agile Working Framework and refreshing the programme communication plan. This has been informed by the agile working evidence base, benefit measures, and ongoing feedback gathered through divisional and workstream engagement. The Health Board's lead role within the All Wales Agile Network has further supported refinement of the organisational approach, ensuring alignment with wider national developments and drawing on best practice from across Wales.

The personas within the framework have been updated to more accurately reflect the real life experiences of staff working in agile and hybrid ways. These revised personas will help shape more practical and relevant guidance for the Health Board's workforce.

Work is also continuing on enhancing the supporting policies, reinforcing governance arrangements and strengthening assurance around the consistent and appropriate application of agile working practices.

A key focus of the programme has been ensuring that agile working is embedded into existing organisational frameworks and practices, so it becomes a normal and routine consideration in how we deliver services, plan workforce models, and shape our working environments. This is especially important because both the Estates and Digital Strategies remain critical enablers, and ongoing alignment across these areas will be essential moving into the next phase of implementation.

The programme remains on track to formally launch the updated Agile Working Framework in March 2026.

### **BAND 2/3 PROGRESS UPDATE**

The Health Board is progressing the implementation of the NHS Wales Band 2/3 Healthcare Support Worker (HCSW) Framework, developed nationally to address grievances and ensure consistent application of Band 2 and Band 3 duties across Wales.

A comprehensive local programme is in place, supported by strong staff side partnership, divisional engagement, and a central working group. Key tools including nationally mandated job descriptions, a competency matrix, guidance materials, and an electronic assessment form have been developed to support a consistent approach. Managers have been supported through targeted communications and drop-in sessions.

The implementation programme includes assessment, consistency checking, outcome notification, appeals, payroll assimilation and roster changes, with pay arrears due for completion by July 2026 in line with timescale set out in the national framework.

Initial assessments for all staff in post as of 01 January 2025 form the first stage of implementation and will run until the end of February 2026. A second stage will follow to assess staff who have moved positions during the 2020–2025 period, ensuring accurate placement and pay alignment for all eligible individuals.

As of 26 January 2026, a total of 584 assessments of the required 1,612 have been completed, representing 36.2% of the required cohort. Although this is slightly behind the projected trajectory, this progress has been achieved against a backdrop of significant operational pressures across the system. Divisional Nurse Directors continue to champion the programme as a priority, ensuring senior nurses provide focused support to ward and departmental managers so that assessments can be undertaken promptly and consistently.

Divisions	Number Band 2 in post January 2025	Assessments undertaken 26/01/26	%
CLINICAL SUPPORT SERVICES	116	86	74.1
FAMILY & THERAPIES DIVISION	126	77	61.1
MEDICINE	544	131	24.1
MENTAL HEALTH & LEARNING DISABILITIES D	173	92	53.2
PRIMARY CARE & COMMUNITY SERVICES &CH	223	65	29.1
SURGERY	381	118	31.0
URGENT CARE	49	15	30.6
<b>Grand Total</b>	<b>1612</b>	<b>584</b>	<b>36.2</b>

Early indicators (pending consistency checking) show that over 99% of staff assessed meet the eligibility for a Band 3 with 86.6% fully meeting the criteria and 12.8% partly meeting the criteria – where staff undertake a limited range of duties and or unable to demonstrate competencies achieved for Band 3. These staff will need to be supported through standard PADR processes to achieve the full skills and competencies of the Band 3 role. One member of staff chose not to proceed with the Band 3 role, which is permitted under the framework.

Outcomes	Number	%
Fully meets the validation criteria – award band 3 (includes theatre assistants previously assessed)	494	85
Partly needs validation criteria – award band 3 (will require further training plan to demonstrate competencies)	85	14.5
Does not meet validation criteria	5	0.9
<b>Total</b>	<b>584</b>	

The next phases of the process will focus on completing assessments for new starters since 01 January 2025, undertaking a review of bank rates, and considering skill mix requirements in line with future nursing workforce models. This work will ensure a fair, transparent and robust approach to role alignment, supporting workforce stability, retention, and high quality service delivery.

### **FUTURE WORKFORCE SOLUTION AND NEXT STEPS**

The Future NHS Workforce Solution programme, led by NHS Business Services Authority in partnership with Infosys, has now moved from procurement into the foundational readiness and implementation phase. This new solution will replace ESR with a modern, integrated workforce platform designed to improve employee experience, efficiency, and data connectivity across NHS England and Wales. A 15-year contract has been awarded, and implementation will follow a phased national rollout model, starting with an early adopter wave in 2026.

NHS Wales organisations, including Aneurin Bevan University Health Board, are required to undertake foundational readiness activities across four pillars:

- Leadership and Governance
- Data Quality
- Capacity and Skills
- Engagement

These activities will support a smooth transition during each organisation's designated wave. NHS Shared Services Partnership has been confirmed as a key delivery partner, ensuring a consistent all-Wales approach. Early adopters have been identified with 3 organisations within NHS Wales, we are not an early adopter.

This programme represents a significant organisational transformation rather than a simple system upgrade. It will require alignment with local digital and workforce strategies, additional resource planning, and proactive engagement to manage risks around capacity and implementation.

Welsh Government has agreed to fund the uplift above current ESR costs for 2025/26 and 2026/27, with further local governance approvals required for future years.

### **ESTABLISHMENT CONTROLS INTERNAL WORK**

The Health Board has made strong progress in implementing the Local Control of Workforce Establishment, achieving 90% validated establishment records. This provides a more accurate and consistent foundation for vacancy reporting, financial control and workforce planning.

This includes all staff groups, except for medical workforce, which has been excluded at this stage due to complexities in ESR WTE reporting and alignment with Single Lead Employer for Resident Doctors. This will need to be taken forward as a bespoke project to ensure accuracy and appropriate governance.

A Standard Operating Procedure and change control process have been developed, tested and approved that underpin the establishment control process.

A new vacancy dashboard, triangulating the financial ledger and staff in post has been developed and available in February. This will strengthen transparency and operational decision making ahead of wider divisional rollout and its adoption as a Health Board wide reporting mechanism on 01 March 2026.

Monitoring of the registered nursing establishment indicates that, overall we have circa 53wte vacancies following implementation of recruitment initiatives. A decision supported by the Executive Committee in the Summer of 2025 to maximise recruitment of newly qualified nurses has supported the significant improvement in vacancies. To ensure we engaged newly qualified nurses vacancies were targeted to specific areas such as acute wards, ED and ITU where we know newly qualified nurses prefer to start their careers. This has resulted in some areas with a small excess in staff. The variance reflects the strategic approach adopted to recruit ahead of identified vacancies, particularly to accommodate and support the transition of newly qualified nurses entering the organisation.

With the new graduate cohort now appointed, work is underway with Nursing colleagues to ensure that workforce deployment is realigned to the establishment. This will support accurate establishment control, improved financial oversight, and consistent application of workforce governance processes.

## **JOB PLANNING**

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 52.7%. Consultants job planning is at 53.90%, a decrease of 1.50% from 55.40% in November 2025 and SAS Doctors is at 48.40%, an increase of 0.60% from 47.80% in November 2025. Compliance has reduced due to 8 job plans expiring during the period.

304 Consultant job plans are compliant in the new system. However, there are 88 job plans that are work in progress and 51 job plans awaiting signatures. 76 SAS job plans are compliant in the new system; 24 job plans are work in progress and 19 job plans are awaiting signatures.

The Medical Workforce E-System Team remains actively engaged with directorates to support sustained improvements in compliance and to ensure that completed job plans are reviewed and updated as necessary prior to their expiry, maintaining continuity going forward.

The Medical Workforce E-Systems Team has 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.

Deep dives with divisional management are planned towards the end of January 2026 to review compliance levels, action plans and support required.

To enhance compliance any new consultant posts are not approved unless divisional planning compliance has been demonstrated. In addition, improved training has been provided to Clinical Directors and Directorate Managers to strengthen the use of the electronic job planning system. This stronger approach was supported by the Audit Committee who agreed that detailed scrutiny of Job Planning should continue through the People and Culture Committee with escalation to Board when necessary.

Specific actions include:

- All job plans "awaiting signature" to be signed off urgently (as discussed at the Medical Leadership Group on 23 January 2026)
- All Directorates to review job plans that have recently expired to action "rolling over" unless material changes are required to meet service delivery.
- Digital reminders to line managers to alert them to upcoming expiries.
- Continued Deep Dives with directorates.
- Active work to close appeals and disputes ongoing.
- Consultant vacancy recruitment will only be approved if the directorate has completed all consultant job plans where there are no legitimate reasons around compliance.
- Divisional performance to continue to be part of monthly divisional assurance.

- Clinical Director meeting with Medical Director on 11 February 2026 to restate expectations.

### **BODY WORN CAMERAS**

The pilot of body worn cameras, originally planned to commence in August 2025, was delayed due to staff concerns regarding the practical use of the devices, potential impacts on rapport with patients, and issues of confidentiality. Despite several attempts to re-engage staff and address these concerns, it was agreed that the next step would be to seek support from the Clinical Executive team to help explore and overcome the identified barriers. This meeting will take place on 17 February 2026.

The proposed pilot aims to test the use of body worn cameras within Emergency Departments and Minor Injuries Units across several sites, likely encompassing all four acute hospitals. In parallel, the Deputy Head of Violence Prevention and Reduction has engaged with Cardiff University to explore the opportunity to develop this pilot into a formal research study, evaluating the impact of body worn cameras on the reduction of violence and aggression in these settings. Agreement has also been secured with a new camera supplier, which will both reduce pilot costs and improve functionality through the use of forward facing cameras. It should be noted that this pilot is not intended to assess compliance with existing camera usage by security staff, as this remains the responsibility of Facilities; rather, the focus is on exploring innovative approaches to violence reduction, with the hypothesis that use of cameras by clinical staff, such as nurses, may help prevent escalation of abuse towards staff.

### **Argymhelliad / Recommendation**

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

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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 <a href="#">Link to IMTP</a>	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture

Amcanion strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	cydraddoldeb Not Applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	BMA – British Medical Association ESR – Electronic Staff Record HCSW - Healthcare Support Worker WG – Welsh Government WPF - Welsh Partnership Forum
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	Not Applicable

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

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Speaking Up Safely
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Dr Peter Brown, Assistant Director of Workforce and Organisational Development; Dr Adrian Neal, Head of Employee Wellbeing

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

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

The Health Board's approach has been active for 13 months. In December 2024, the process was subject to a planned NHS Wales Shared Services Partnership (NWSSP) internal audit and referenced in the Audit Wales Quality Governance Audit. The process has also just completed a re-audit although the final audit outcome is awaited.

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

**Cefndir / Background**

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

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

- NHS Wales Policy: Raising Concerns (Whistleblowing) Policy
- NHS Wales Policy: Respect & Resolution

The Health Board is a member of the Welsh Government’s Strategic National Workforce Safety Board which aims to “collaboratively develop an NHS Wales system wide infrastructure to support the NHS in Wales, with the implementation of the Speaking Up Safely Framework” and the Health Board have proactively initiated a pan-NHS Wales Speaking up Safely Learning Network in the absence of any national support.

**Asesiad / Assessment**

**Health Board update on the implementation of the Framework**

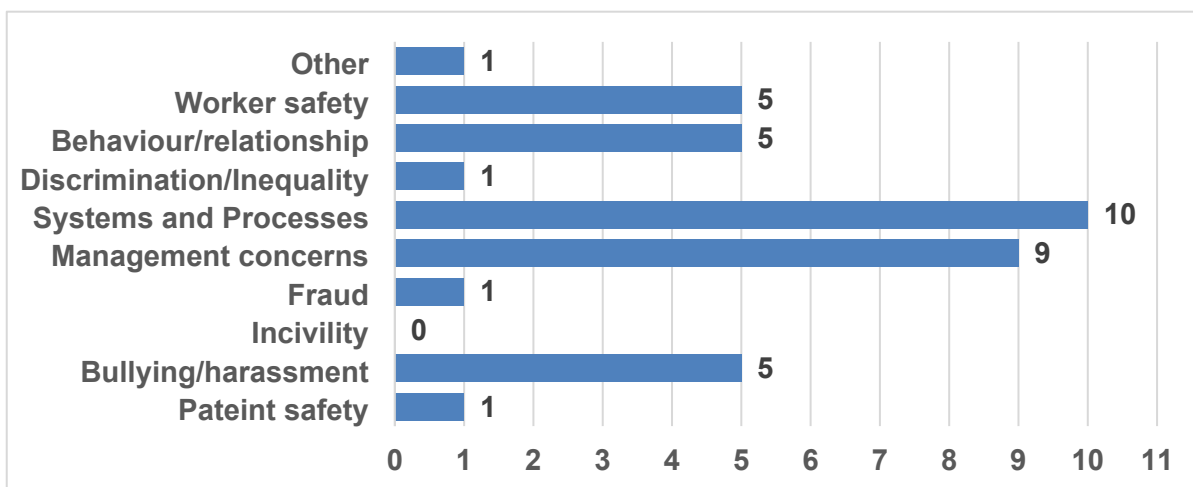
The Health Board launched the Framework on 01 December 2024. The implementation was supported by a cross organisation and multi-professional steering group with Trade Union and Board level representation. The process was supported by a dedicated intranet page and public facing web pages on the Health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

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

Since its inception (December 2024), 38 concerns have been raised using this process. The number and type of concern raised is shown in **Figure 1**. Of the 38 concerns raised, 14 have been raised anonymously.

The Speaking up Safely Service is an informal route for raising and resolving workplace disputes. Therefore, the data below does not include formal concerns raised using the All Wales Raising Concerns (Whistleblowing) Policy or the Respect and Resolution Policy; these are routinely reported to the People and Culture Committee via the Workforce and Organisational Development Director’s report.

**Figure 1. Number and category of concerns raised**



**Outcome of the NHS Wales Shared Services Partnership Internal Audit 2024 and 2026**

In December 2024, the Health Board's Speaking up Safely process was subject to a planned internal audit by NHS Wales Shared Services Partnership. The outcome of this audit was Limited Assurance and the management actions for immediate resolution have now been closed.

In September 2025, the process re-audited with the following objective and sub-objectives:

**Objective**

Clear processes, embedding the Section 6 Framework requirements and consequently, relevant Section 3 Principles, are in place and communicated to staff, with a focus on the following:

- a. **Section 3.10:** any matter raised will be reviewed thoroughly, promptly and confidentially, and where appropriate (i.e. not for anonymous concerns) the individual raising a concern will receive appropriate feedback.
- b. **Section 6b:** Resources have been identified, and progress has been made to secure these to support the development of the speaking up safely approach and culture.
- c. **Section 6c & 6h:** A review and escalation route is in place to ensure there is regular reporting and monitoring to responsible Committees and stakeholders.
- d. **Section 6d:** Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (included anonymously). The NHS Wales procedure for staff to raise concerns is a necessary minimum standard, but is not in itself sufficient for facilitating and supporting a Speak up Safely culture.
- e. **Section 6i & 6j:** Protected characteristics are monitored, and individuals are offered the opportunity to offer feedback. Lessons are learned from the process.
- f. **Section 6l & 6m:** Progress is made in the development of training for staff to raise awareness of the principles of Speaking Up Safely.

At the time of writing this report, the outcome of the re-audit had not been published. However, during and since the period of the re-audit the following progress has been made:

- A new Independent Board Member has been confirmed and appointed to the Speaking Up Safely Steering Group following the retirement of the previous lead.
- Changes to the Raising Concerns Policy have been made and approved by our internal Policy Group to enabling staff who raise concerns within a given profession to direct their message to their professional lead if required.
- A Charitable funds bid was submitted to fund a Band 7 post, to lead on the delivery of the Framework. This bid was successful, a job description has now been created and approved by the Health Board and will go live imminently.
- Through our work on a National Level and recommendations from NHS Welsh Risk Pool, the Health Board explored the use of Datix as a reporting mechanism for concerns. Due to significant issues with confidentiality and anonymity this

system was deemed unsuitable. Procurement is in progress jointly with our HR team, to include Speaking Up Safely functionality within a new HR Case Management System which we aim to implement in April 2026.

- The Health Board continue to be closely involved in this work on a national level through the National Workforce Safety Board hosted by Welsh Government, including the design of a framework maturity matrix and the suggestion of consistent national data sets, which should be recorded and reported.
- The Health Board continue to host a Learning Network. The Learning Network was established in 2025 to share experiences, challenges and learning between the NHS Wales Health Boards and Trusts.

The Health Board's Speaking Up Safely process, aligned with the National Framework, has been operational for 13 months. It is important to recognise that the best available evidence indicates, creating a culture of speaking up takes between three and four years to achieve (Prof Aled Jones, 2023), which is supported by our own analysis of Speaking Up Safely Systems within NHS Wales. The addition of a Charitable funds Band 7 role, our commitment to implementing the National Framework, and the targets within the new People Plan demonstrate the Health Board's dedication to this work and to providing staff with a safe and confidential avenue to raise their concerns.

In addition, the Health Board will take time to fully review the outcomes of the NHS Wales Staff Survey, particularly the areas focusing on psychological safety, confidence, and ability to speak up, in order to shape future plans and provide targeted support where necessary to key areas of the Health Board.

### Argymhelliad / Recommendation

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

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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 <a href="#">Link to IMTP</a>	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety Workforce
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve the Wellbeing and engagement of our staff

<a href="#">Strategic Equality Objectives 2020-24</a>	
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	NWSSP – NHS Wales Shared Services Partnership
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Yes, outlined within the paper
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b> 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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Resident Doctor Contract Reform
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Tamsin Gerrard, Senior Medical and Dental Workforce Manager

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

In March 2025, NHS Wales Employers (NHSWE) and the British Medical Association (BMA) commenced formal negotiations regarding revised terms and conditions of service for Resident Doctors and Dentists in Wales.

Following the referendum held in December 2025 among Resident Doctors and final-year medical students, 83% voted in favour of adopting the new contract. Implementation is scheduled to begin in August 2026, with full adoption phased over a three-year transition period.

The People and Culture Committee is invited to note the Contract Reform and the associated risks.

**Cefndir / Background**

The Contract Reform is applicable to Resident Doctors and Dentists in Wales (Doctors and Dentists in a formally recognised training programme). Residents will continue to be employed by NHS Wales Shared Services Partnership (NWSSP) under the Single Lead Employer (SLE) arrangement; with the Health Boards acting as host organisations.

Locally Employed Doctors (LEDs), often referred to in Aneurin Bevan University Health Board as Clinical Fellows, are not included within either the current or newly agreed Terms and Conditions of Service. Their employment arrangement will therefore continue to be non-standard contracts, which mirror the Terms and Conditions of Residents. As the current 2003 contract is closing to new applicants

from August 2026, Locally Employed Doctors will be required to transition to new arrangements aligned with the 2026 contract.

Key changes to the terms and conditions include:

- A revised pay structure and pay progression Framework.
- Stricter limitations on safe working hours.
- Introduction of Resident Job Plans.
- Establishment of a Guardian of Safe and Flexible Working (GOSFW).
- Implementation of exception reporting for issues such as breaches of working time limits, missed training opportunities, inability to take leave, and missed job-planned activities. The Guardian of Safe and Flexible Working will have the authority to impose fines on departments for certain breaches.
- Enhanced study leave provision and an increased study leave budget.

As part of the Framework agreement, contract negotiations have also included a 'cash floor' pay protection provision for current Residents who will be transitioning to the new contract.

A funding allocation of up to an additional 4% will be provided by the Cabinet Secretary for Health and Social Services to support the cost of implementing the contract. Cost modelling and negotiations have been undertaken within this financial limit. This funding envelope is based on the current number of Residents and applies solely to Contract Reform for Resident Doctors and Dentists; it does not extend to Locally Employed Doctors.

### Asesiad / Assessment

Following the acceptance of the contract proposals in December 2025, the Resident Doctor Contract Reform Steering Group was established as the core governance structure to provide organisational oversight and decision-making. The Group will be responsible for providing assurance on programme delivery to both the Executive Team and Board. The Group convened for the first time on 15 January 2026 and will be chaired by the Medical Director.

In addition to this organisational-level structure, an All-Wales Delivery Programme is being developed by NHS Wales Shared Services Partnership, within which, the Health Board will have nominated representatives.

The first cohort of Residents will transfer to the new Terms and Conditions of Service from August 2026, subject to a readiness assessment. Key preparatory work includes the following:

- **Rota Review** - All Resident rotas will require review and amendment to ensure compliance with the new working limits. Given the stricter regulations and the reduction in maximum permissible working hours, it is anticipated that some rotas will experience "lost hours," which may need to be covered through additionality.

All Health Boards in Wales currently use the Allocate/RL Datix Rota Compliance System. At present, the System does not include functionality for the Welsh 2026

Contract. A demonstration has been provided to Health Boards on how the system can be adapted to approximate the 2026 rules, by using the English 2016 contract settings.

As no timeline has been provided for the release of the updated system functionality, rota reviews will need to be undertaken using the existing tool. There is a risk that once the 2026 functionality becomes available, minor discrepancies may emerge that could render a rota non-compliant.

- **Recruitment** - Following completion of the rota review, any additional Doctors or Dentists required to meet service needs, will need to be recruited as Locally Employed Doctors. These posts will need to be locally funded by the Health Board.

Discussions with Health Education and Improvement Wales (HEIW) indicate no expectation of a significant increase in Resident training numbers in the near future.

- **E-Systems** - The Framework requires that any additional hours worked must be claimed through an E-System. The Patchwork E-Rostering System procured by the Health Board is not yet fully implemented across all areas and does not currently support pay-impacting functionality. The Framework stipulates that Residents will not be required to provide pre-authorisation or evidence for additional hours claimed. This concern has been escalated to Executive level formal groups for consideration and discussion.

All other Health Boards hosting Residents will use the Allocate/RL Datix E-Rostering System, resulting in Aneurin Bevan University Health Board being an outlier in the system that will be utilised as a result of prior procurement of the Patchwork E-Rostering System.

An All-Wales System solution for exception reporting and claims management has been proposed, but no formal system specification has yet been provided.

- **Finance** - The agreed 4% funding envelope to support the costs associated with contract implementation will cover a range of anticipated financial uplifts, including salary increases, pay protection, enhanced study leave budgets, and the costs linked to the Guardian of Safe and Flexible Working (GOSFW) role. However, the funding envelope does not extend to any costs associated with Locally Employed Doctors, this includes the financial impact of lost hours and any additionality required following the rota review.

### **Benefits, Risks and Challenges**

While the new Contract introduces several benefits, including enhanced job attractiveness, fairer remuneration mechanisms, and improved work life balance, its implementation also presents significant risks and challenges that must be acknowledged.

Key risks and challenges include:

- Limited current resource and capacity to support contract implementation.
- Absence of dedicated project support and limited project management expertise within the Medical and Dental Workforce Department, a request for Project Management support has been made to Planning.

- Significant budgetary risk, due to lack of funding for additionality and Locally Employed Doctors - related costs, compounded by existing financial governance constraints.
- Potential for operational pressures arising from increased rota gaps and the need to operate two contracts concurrently during the phased implementation period
- Incomplete rollout and insufficient functionality of the E-Rostering System, which falls outside the scope of the current procurement contract. Implementation timelines and development requests are currently being worked through by Senior Workforce Managers.
- No confirmed timeline for delivery of the updated E-Rota System functionality. Current system settings are being utilised in order to avoid rota review delays.
- Areas of uncertainty due to Terms and Conditions are still being finalised by NHS Wales Employers in conjunction with the British Medical Association.
- Challenges in communication and engagement across a large, complex organisation undergoing substantial change.

All identified risks and proposed mitigations will be incorporated into the overarching Programme Plan and Risk Register, for which the Steering Group will have oversight.

### **Argymhelliad / Recommendation**

This report is provided to the People and Culture Committee for information and noting. Further updates will be provided at future meetings.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyf identified redol: Corporate Risk Register Reference and Score:	CRR 025 DWOD National Contract Reform
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities <a href="#">Link to IMTP</a>	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	BMA - British Medical Association GOSFW - Guardian of Safe and Flexible Working HEIW - Health Education and Improvement Wales LEDs - Locally Employed Doctors NHSWE - NHS Wales Employers NWSSP - NHS Wales Shared Services Partnership SLE - Single Lead Employer
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Yes, outlined within the paper
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>Yes not yet available</b> 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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b> <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Not Applicable

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O: MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Violence Prevention & Reduction Strategy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Peter Carr Executive Director of AHPs and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Peter Carr Executive Director of AHPs and Health Science

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

The People and Culture Committee is asked to note the Health Board's Violence Prevention and Reduction (VPR) Strategy. The strategy provides a corporate framework for preventing, reducing and responding to violence and aggression affecting staff, patients and visitors across the organisation. The strategy has been developed to ensure the Health Board meets its statutory duties, aligns with emerging Welsh Violence Prevention & Reduction standards and national policy direction, and provides a coherent foundation for future legislative requirements, including the implementation of Martyn's Law.

**Cefndir / Background**

Society has changed drastically over recent years and all NHS organisations acknowledge that their staff are amongst those most likely to face violence and aggression during the course of their employment. ABUHB, recognise it has a duty to provide a safe and secure environment for all staff, service users and visitors. Within its health and safety obligations and the strategic ambition of A Healthier



Wales, the NHS seeks to become an exemplar employer in respect of the health and wellbeing of its workforce.

This Violence Prevention & Reduction Strategy has been created in collaboration with key strategic stakeholders, specialist colleagues providing direction and guidance from the voice of victims.

It has been:

1. Developed in line with national best practice and emerging Welsh Government expectations on violence prevention and reduction.
2. Reviewed and supported through the Violence Prevention and Reduction (VPR) Group, ensuring multidisciplinary input and operational relevance.
3. Presented to the Health & Safety Committee, providing corporate oversight and assurance.

The strategy was presented to the Executive Team on 8/1/2026 and will be presented to the Board to seek approval as a Health Board strategy.

The need for a clear, Board approved Violence Prevention & Reduction Strategy has been reinforced by consistent and at times increasing levels of violence and aggression across healthcare settings, and the expectation that organisations can demonstrate a systematic, preventative approach rather than reliance on reactive controls alone.

## **Assessment**

Violence and aggression pose a significant risk to staff safety, patient care, service delivery and organisational reputation. Without a clear strategy, there is a risk of fragmented local approaches, variable standards and reduced assurance.

The strategy is required to:

1. Support compliance with existing legislation, including the Health and Safety at Work etc. Act 1974 and the Assaults on Emergency Workers (Offences) Act 2018, by demonstrating that the Health Board has appropriate arrangements to protect staff from foreseeable violence.
2. Align the organisation with upcoming Welsh VPR standards and national policy expectations, ensuring readiness for regulatory and inspection scrutiny.
3. Provide a clear framework that will feed directly into the Health Board's preparedness for Martyn's Law, supporting a proportionate, risk-based approach to preventing and responding to serious incidents.
4. Strengthen governance, accountability and assurance by clearly setting out roles, responsibilities and monitoring arrangements.

Endorsement at Executive level is essential to signal organisational commitment, enable consistent implementation across all services, and support integration with wider safety, security and safeguarding arrangements.



## Argymhelliad / Recommendation

The People & Culture Committee is asked to:

- Note the Violence Prevention and Reduction Strategy as the Health Board's corporate approach to preventing and managing violence and aggression.
- Note the governance process undertaken to date, including review by the VPR Group and Health & Safety Committee.

The strategy, when approved by the Board, will:

- Provide clear organisational leadership and accountability.
- Ensure alignment with current legislation and preparedness for forthcoming Welsh standards and Martyn's Law requirements.
- Enable consistent application of Violence Prevention & Reduction principles across the Health Board, supporting staff safety, patient care and regulatory assurance.

Progress and assurance against the strategy will be reported through existing governance structures to provide ongoing executive oversight.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Work in partnership to reduce all hate crime  Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse  Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse



	Improve the wellbeing and engagement of our staff
--	---

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:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	NA
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	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





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Violence Prevention & Reduction Strategy

DRAFT



PERSON  
CENTRED



SAFE



TIMELY



EFFECTIVE



EFFICIENT



EQUITABLE

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## Background

Aneurin Bevan University Health Board (ABUHB) was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our people. To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve. As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The demographics of Gwent are varied and diverse, they include rural countryside areas, urban centres and the most easterly of the South Wales valleys.

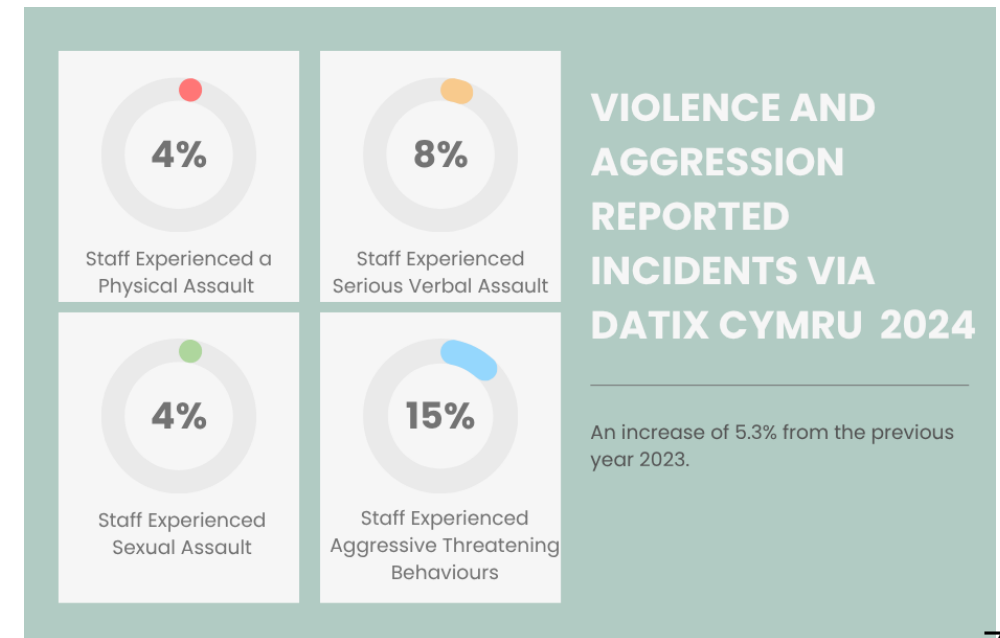
Society has changed drastically over recent years and all NHS organisations acknowledge that their staff are amongst those most likely to face violence and aggression during the course of their employment. ABUHB recognise they have a duty to provide a safe and secure environment for all staff, service users and visitors. Within their health and safety obligations and the strategic ambition of A Healthier Wales the NHS seeks to become an exemplar employer in respect of the health and wellbeing of its workforce.

This Violence Prevention & Reduction Strategy has been created in collaboration with key strategic stakeholders, specialist colleagues providing direction and guidance from the voice of victims.

## Ambition

Aneurin Bevan University Health Boards Violence Prevention & Reduction Strategy outlines our commitment to creating a safe and secure environment for staff, patients, and visitors. We aim to eliminate tolerance of violence and aggression across all settings by embedding compassion, trauma-informed care, and a culture of safety. Our approach supports the wider goals of A Healthier Wales and NHS Wales' Duty of Quality.

Developing a system-wide strategy will provide a framework within our organisation and align our ABUHB policies so there is a consistent cross-system approach that recognises the needs and priorities of our health board.



## Context, Legislation & Vision

In line with the Health and Safety at Work etc. Act 1974 and The Assaults on Emergency Workers (Offences) Act 2018, our health board has a legal duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of all employees while at work. This includes the responsibility to assess, prevent, and manage the risk of violence and aggression in the workplace.

Additionally, in accordance with the principles set out in Martyn's Law (Terrorism (Protection of Premises) Bill), NHS organisations must take proportionate steps to enhance the safety and security of staff, patients, and visitors by preparing for, and mitigating the impact of, acts of violence, including those of a terrorist nature.

This runs alongside the Health and Social Care (Quality and Engagement) (Wales) Act 2020 Duty of Quality for NHS bodies to ensure safe and reliable services, and establishes the Duty of Candour that mandates healthcare organisations be open and honest with patients about any unintended or unexpected harm that occurred during their care, and follow a defined procedure to explain what happened and offer support. A culture of openness, transparency and candour is widely associated with good quality care.



## Definition of Violence

For the purposes of this document, the term “violence” refers to any incident in which an individual is abused, threatened, or assaulted in circumstances related to their work. This includes, but is not limited to, physical, sexual, or psychological violence, abuse, assault, threats, bullying, harassment, intimidation, or discrimination experienced by NHS colleagues within the workplace or in connection with their duties.

Violence may occur as a single incident or as part of a pattern of ongoing behaviour. It covers a wide range of actions from language, gestures, or behaviour that could reasonably be perceived as offensive, intimidating, or discriminatory, through to acts causing serious physical harm. This definition includes both the use or threat of physical force and non-physical forms of abuse that may affect an individual’s safety, dignity, or mental wellbeing.

## NHS WALES National Context

### Violence Prevention & Reduction Standards

The standards are intended to provide a framework to measure how an organisation is meeting best practice and to identify priorities for continuous improvement. It is important to note that they are not an individual 'test' of a health body, and they are not intended to create a 'pass' or 'fail' culture or a 'league table'. The aim of the standards is to improve safety via a peer learning and collegiate mindset.

The Anti-Violence Collaborative Wales (AVC), being a pan-Wales group, expects to work closely with colleagues delivering the standards in all NHS Wales bodies, effectively sharing good practice, consulting and supporting as appropriate.



Grŵp Cydweithredol Cymru dros atal Trais  
Anti-Violence Collaborative Wales

This inaugural set of Violence and Reduction Standards for NHS Wales, 'the standards', seeks to assist NHS Wales bodies in creating the safest environment for staff, patients and others who use its facilities and visit its sites.

Where incidents of violence and aggression occur, colleagues across Wales in each health body, will need to respond appropriately and effectively to support those involved and to manage all incidents positively.

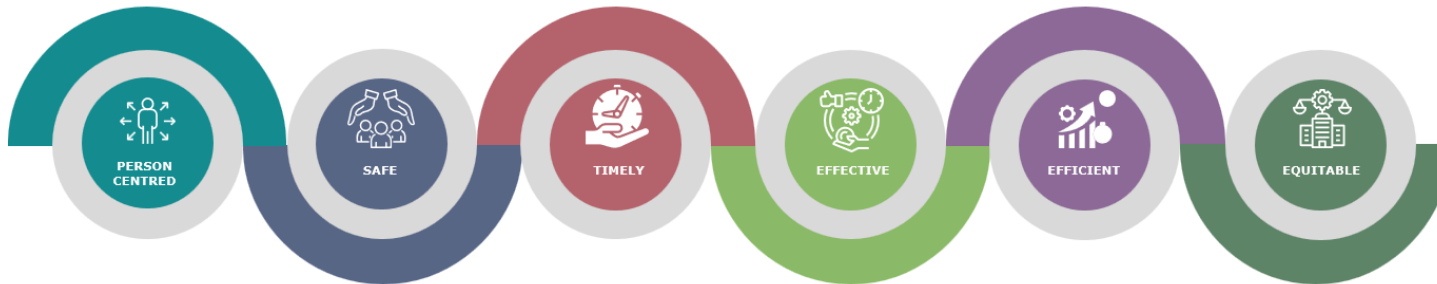
The standards are deliberately broken down into five clear sections:

1. Leadership
2. Governance & Assurance
3. Data
4. Workforce
5. Prevention & Reduction

Our ABUHB, Violence Prevention & Reduction Strategy will align with the forthcoming national standards, which are scheduled to come into effect in 2026.

## Strategic Framework

This Violence Prevention & Reduction Strategy aligns with the Quality vision of Aneurin Bevan University Hospital Board (ABUHB) is to be "widely recognised for delivering safe, timely, effective, efficient, equitable and person-centred care." Our first and most important commitment to our patients and our staff is to keep them safe.



Our approach will take account of our obligations in line with legislation and what we want to achieve, so that we grow a sustainable positive health and safety culture.

We will deliver the change that is needed through focussing our activities on six key themes, mirroring the Health & Safety Strategy to ensure a consistent approach within the department.

**Commitment and leadership**



**Engagement and participation**



**Communication**



**Learning and competence**



**Monitoring and Reporting**



**Accountability**



## Underpinning Approaches

### Public Health Approach

A public health approach focuses on understanding the causes and consequences of violence so we can address the risk factors that increase the likelihood that an individual will experience violence or exhibit violent behaviour.

There are 4 steps:



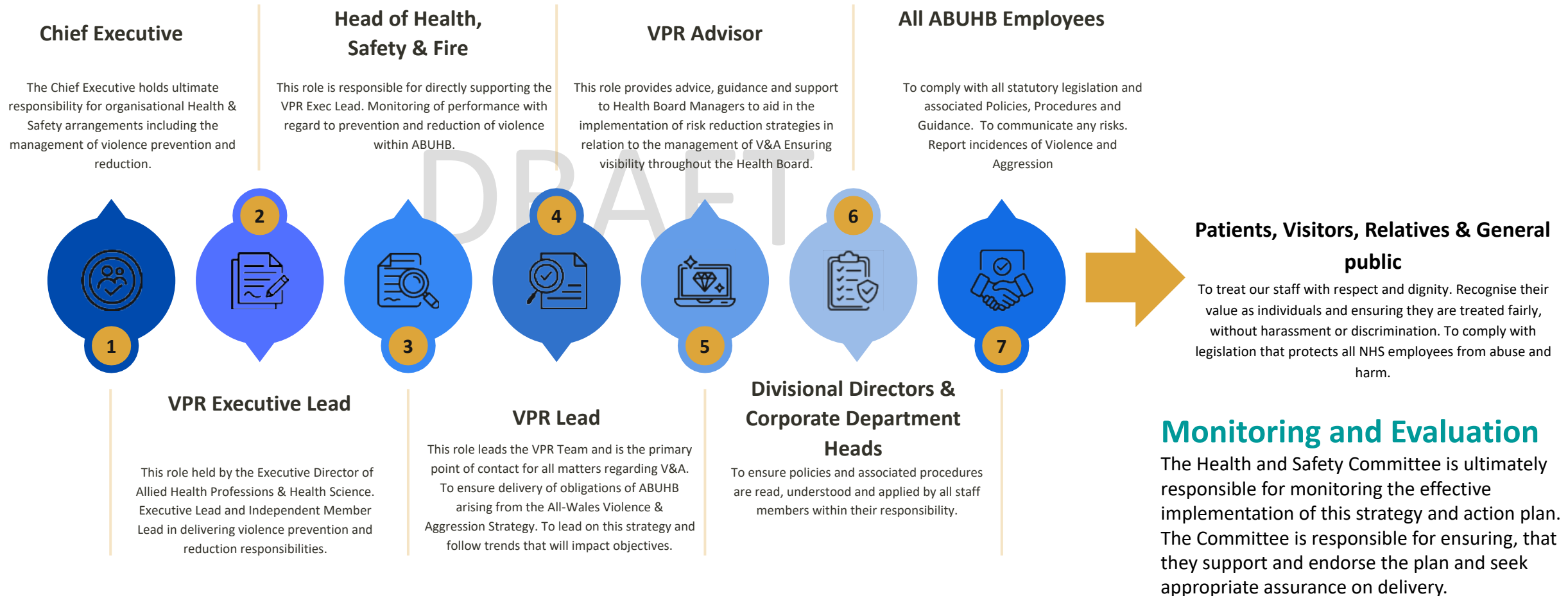
### Trauma Informed Approach

The trauma- informed approach is grounded in understanding that being exposed to trauma can impact on a person's neurological, biological, psychological and social development. Trauma informed practice does not 'treat' trauma. It aims to understand and address the barriers that people affected by trauma can experience when accessing health and care services.

This approach aims to be compassionate, looking at things from the perspective of people with lived experience of trauma. Evidence suggests that creating a culture of compassion and inclusion creates better experiences for colleagues and patients. This both prevents and reduces violence.



## Governance and Leadership



## Governance and Leadership

The following governance and reporting arrangements establish how accountability, decision making and oversight will operate in support of the VPR Strategy:



## Pillars of Quality

These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. Providing data in these Pillars of Quality will review our performance.



### Pillar 4 – Healthy, Safety & Security

We are committed to ensuring that the fundamental standards of health, safety and security are continuously improved. We have a committed workforce of operational leaders who we will educate to ensure they have the advanced skills to deliver safe services.

We will support the development of local policies and practices through our Health, Safety and Security Practitioners. We will conduct reviews of all sites and an annual snapshot of health and safety.

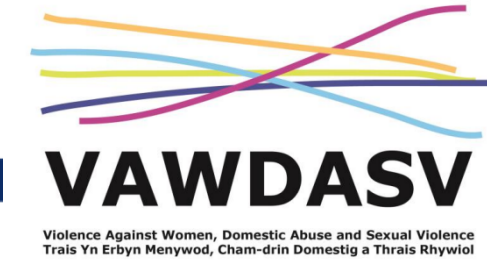
Our focus for the duration of this strategy will be to reduce and prevent violence and aggression.

## Strengthen Partnership Working

Our commitment to preventing violence across our communities will see the Health Board strengthen partnership working across localities. This will include closer collaboration with Gwent Police, local authorities, third sector organisations, and other statutory agencies, ensuring a coordinated approach to safety and well-being.

We will continue to develop our role within an integrated system, working closely with commissioners, local providers, and community services.

Our pivotal work with the Anti-Violence Collaborative, in Shared Services, will allow us to act as a leading Health Board in Wales on preventing and reducing violence and aggression in the workplace.



Grŵp Cydweithredol Cymru dros atal Trais  
Anti-Violence Collaborative Wales



## Embedding the Strategy

This Violence Prevention Strategy will be refined and strengthened through ongoing consultation with the Executive Board, Trade Unions, Divisions, Directorates, clinicians, staff, and patients. Initial engagement will focus on raising awareness of the strategy and laying the groundwork for a safer, more supportive organisational culture.

We recognise that reducing workplace violence is a complex challenge that requires commitment across all levels of the organisation. Meaningful change depends on ideas and insights from frontline staff, while also requiring leadership direction and resources to ensure that key programmes and initiatives are successfully implemented.

Engagement will take place across all levels, from wards to board, with an emphasis on collaboration. This strategy acts as a charter for staff and patients, applying to every team, role, and professional discipline. It also includes working with departments and services that shape and influence safe clinical practice and the overall working environment.

The strategy aims to ensure all staff feel acknowledged, supported, and valued, fostering a sense of belonging and professional worth. Through active participation and engagement, staff will help ensure the strategy is not only meaningful but also practical, sustainable, and operationalised across the organisation.

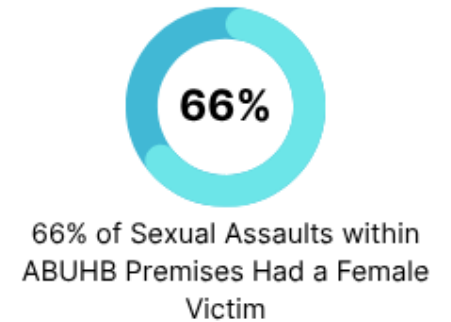
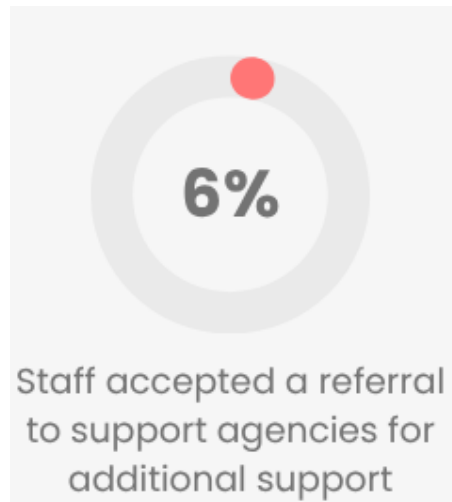


## Developing Key Objectives

The strategic objectives within this Violence Prevention & Reduction Strategy have been developed with consideration of the Health Board's policies and a comprehensive review of national policies has also been conducted to ensure that the strategy aligns seamlessly with wider priorities.

In order to create our objectives and key priorities we have consulted with senior leaders, managers and staff across the health board to develop this strategy and our objectives for 2025-2028. We have reviewed incident data, annual staff survey findings and listened to victim voices.

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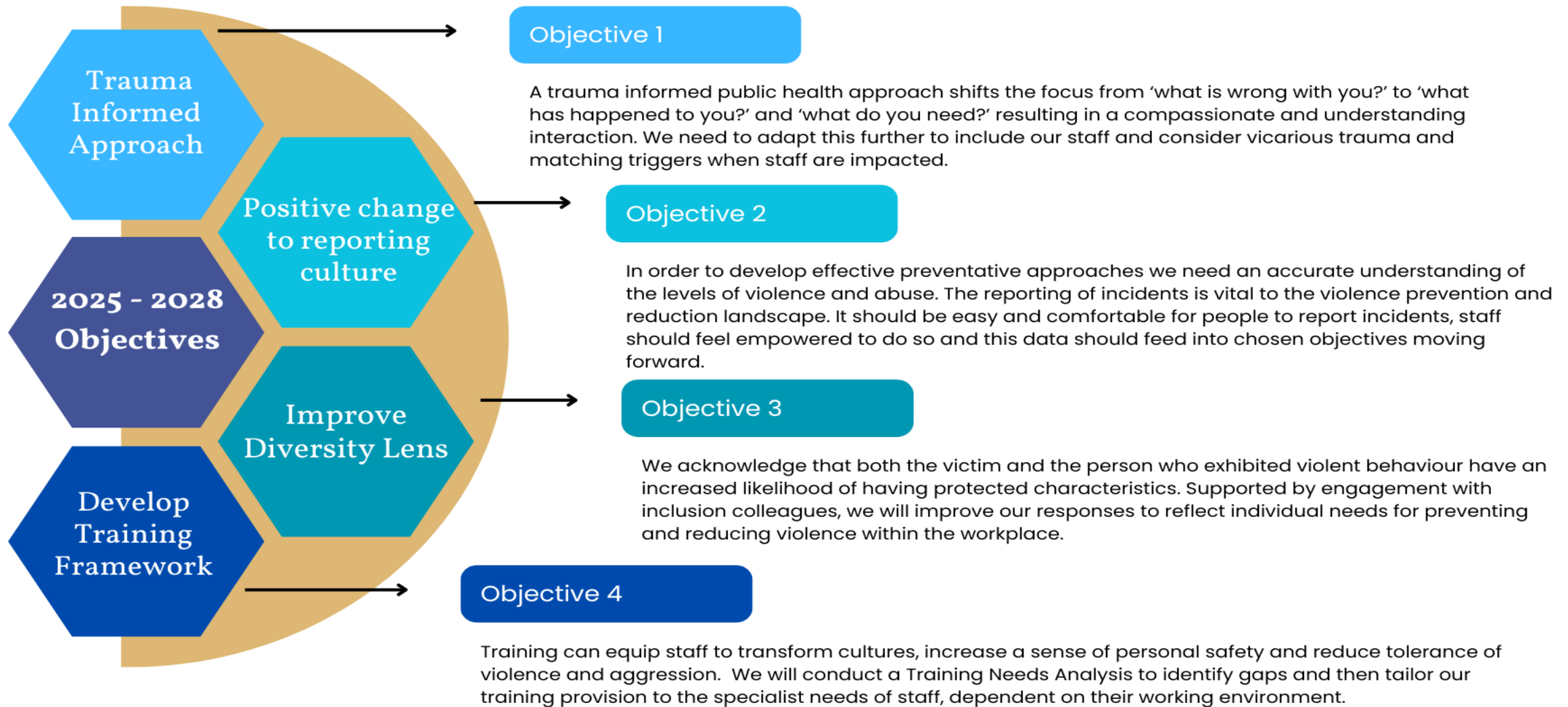


2024 NHS Wales Staff Survey reports a significant fall in staff feeling safe from abuse by patients and the public from 83.6% (2023) to 74.8% (2024), highlighting worsening perceptions of safety among NHS Wales staff. <sup>1</sup>

Under-reporting is common: many studies note that abuse and aggression are frequently under-reported, especially verbal and sexual harassment, so official counts likely understate true exposure.<sup>2</sup>

Reference: 1 [heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/](https://heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/)  
2 [heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/](https://heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/)

# Violence Prevention & Reduction Strategy 2025–2028



# Objective 1 Trauma Informed Approach

## Aim:

To embed a trauma-informed and psychologically safe culture across the organisation, recognising the impact of violence and aggression on staff and supporting recovery and resilience

## Objectives:



# Objective 2 Positive Change to Reporting Culture

## Aim:

To create an open and just culture where all staff feel safe, supported, and confident to report incidents of violence, aggression, or abuse, enabling a true understanding of the risks faced by our workforce

## Objectives:



# Objective 3 Enhancing Our Diversity and Inclusion Lens

## Aim:

To ensure our approach to preventing and responding to violence and aggression reflects equality, diversity, and inclusion principles, recognising that both victims and perpetrators may have protected characteristics.

## Objectives:



# Objective 4 Developing a Comprehensive Training Framework

## Aim:

To design and implement an evidence-based, consistent training framework that equips all staff with the skills, confidence, and knowledge to prevent, manage, and respond appropriately to incidents of violence and aggression

## Objectives:



## Measuring Positive Change



Success will be measured through a combination of quantitative data, qualitative feedback, and cultural indicators that demonstrate real improvement in safety, reporting, and staff experience.

Progress will be monitored via reductions in incidents of violence and aggression reported through the Datix system, alongside improved accuracy and consistency in reporting.

Key metrics will include staff survey results, particularly measures of perceived safety, psychological wellbeing, and confidence in organisational responses.

In addition, outcomes from the Training Needs Analysis and completion rates for violence prevention training will be tracked to assess workforce readiness and capability.

Performance will be reviewed regularly through the Health Board's governance and assurance structures, with findings reported to the Executive Board and shared with key partners, including the Anti-Violence Collaborative and local stakeholders, to ensure continuous learning and system-wide improvement.

## Key Indicators of Change

1. Increased reporting of all violent and aggressive incidents including verbal abuse and sexual assaults demonstrating improved trust and transparency in reporting systems.
2. Reduction in the overall rate and severity of violence and aggression incidents across all divisions.
3. Improved staff survey results in relation to feeling safe at work, supported by leadership, and confident in incident management processes.
4. Positive feedback from staff engagement and debriefs, reflecting a more trauma informed approach.
5. Completion and evaluation of the Training Needs Analysis (2026/27) and implementation of an all-Wales aligned training framework.
6. Increased completion rates and positive evaluations of violence prevention and de-escalation training.
7. Strengthened partnership outcomes with Gwent Police, local authorities, third sector, and statutory partners, reflecting effective multi-agency collaboration.
8. Demonstrable use of equality, diversity, and inclusion data to identify and address disparities in incidents or responses.

## Review & Continuous Improvement

This Violence Prevention & Reduction Strategy will be monitored and overseen through the Health Board's established governance and assurance structures, ensuring accountability and alignment with organisational priorities.

Progress will be reviewed regularly through reporting to the Executive Board, Health and Safety Committee, and Workforce and Organisational Development Committee, with updates provided to key partners and stakeholders as appropriate.

The strategy will operate as a three-year rolling plan, enabling flexibility to respond to emerging risks, trends, and best practice. It will be formally reviewed and updated in 2028 to reflect new data, learning, and the evolving needs of the Health Board and its workforce.

Interim reviews will be undertaken annually to assess progress against objectives, identify areas for improvement, and ensure the strategy continues to deliver a safe, inclusive, and trauma-informed culture across all services.



## Acknowledgements

The Health Board would like to extend its sincere thanks to all those who have contributed to the development of this Violence Prevention & Reduction Strategy.

Appreciation is expressed to members of the workforce who have shared their lived experiences of violence, that has enabled the development of this strategy and allowed it to be centred around learning and best practice.

We acknowledge the valuable input and collaboration from staff across all Divisions and Directorates, including our clinical, operational, and corporate teams, whose insight and experiences has shaped the direction and priorities of this work.

We recognise the important contributions of our partners in Gwent Police, local authorities, the third sector, and other statutory agencies, whose partnership working and shared learning continue to strengthen our collective approach to preventing violence and supporting staff wellbeing.

Our gratitude is also extended to Trade Union partners, staff networks, and Equality, Diversity and Inclusion representatives for their constructive challenge and commitment to creating a safer, more inclusive working environment.



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O: MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nursing, Midwifery and Specialist Community Public Health Nursing (SCPHN) Workforce Annual Report 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jenny Winslade – Executive Director of Nursing
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 2024–25 Annual Workforce Report demonstrates how Aneurin Bevan University Health Board (ABUHB) has continued to deliver *measurable improvements* across the Nursing, Midwifery and SCPHN workforce. Against sustained operational pressures—rising demand, vacancy challenges, student commissioning changes, and the national shortage of qualified registrants—the workforce strategy is driving clear progress in recruitment, retention, workforce pipeline development and leadership capability.

Significant reductions in turnover, strong international recruitment, major growth in early career pipelines, and improved student allocation indicate a health board that is stabilising its workforce and taking decisive steps to secure future nursing supply.

**Cefndir / Background**

Prior to the launch of the Workforce Strategy for Nursing, Midwifery and SCPHN (2023–2026), nursing vacancies stood at approximately 376 WTE (7.8%) for Registered Nurses (RN) and 142 WTE (5.8%) for Health Care Support Workers (HCSW), with a turnover rate of 10.2% in 2023—averaging 27 RN and 16 HCSW leaving each month. Workforce planning projections noted that vacancies could



reach 461 WTE by 2026 (including 345 WTE in general adult nursing), highlighting the critical need for recruitment and retention measures.

The multifaceted Workforce Strategy for Nursing, Midwifery and SCPHN (2023–2026) addressed current and future healthcare demands, aligning with national frameworks—including CNO Wales Priorities 2022–2024, the ABUHB People Plan, and the Integrated Medium-Term Plan (IMTP) 2022–2025—while meeting local workforce needs.

The overarching ambition of the strategy has been clear: to ensure exceptional care is delivered every time by a skilled and supported workforce. To achieve this, the strategy focuses on enabling key components that underpin workforce sustainability and excellence. These include improving recruitment effectiveness and experience, strengthening brand and marketing, ensuring compliance with professional regulation, and enhancing career and professional development opportunities. Educational pathways and retention initiatives are also central to the approach, creating a comprehensive framework that supports staff throughout their career journey.

This strategic direction focused on workforce innovation, ensuring that nursing, midwifery and SCPHN professionals are equipped to meet evolving healthcare challenges while delivering person-centred, high-quality care.



## Asesiad / Assessment

The strategy has driven the adoption of best practices and strengthened compliance with professional standards, significantly improving workforce stability and patient care quality through key recruitment and retention interventions:

### **1. Recruitment: Strengthening Supply and Broadening Entry Routes**

#### **International Recruitment**

Internationally Educated Nurses (IENs) have provided a critical source of skilled staffing at pace. In 2024/25:

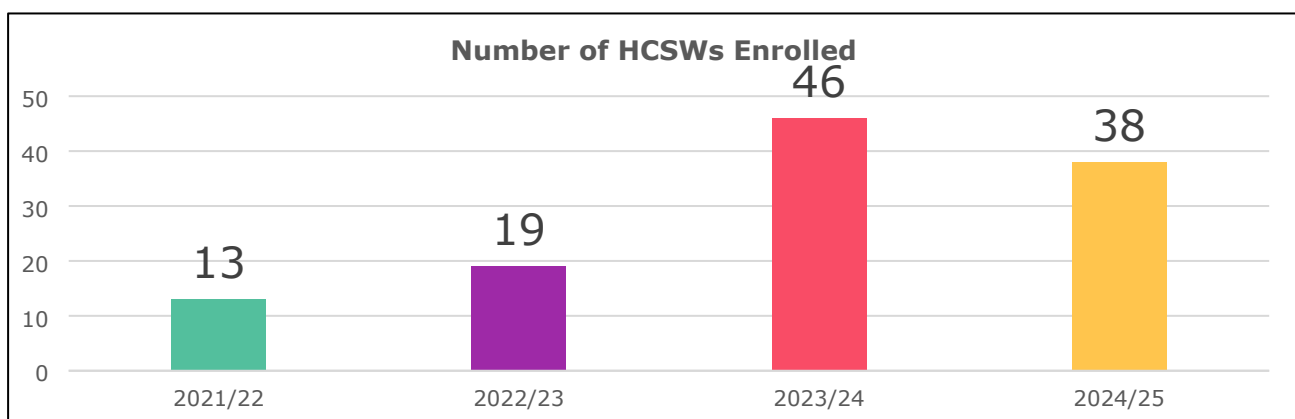
- 89 IENs were recruited, surpassing the target of 75.
- 14 mental health nurses were supported via a customised OSCE preparation model.
- The programme achieved a 100% OSCE pass rate, demonstrating the effectiveness of the clinical education and pastoral model.

Beyond the numbers, international nurses have become an integral part of teams across the Health Board. The OSN Café and other pastoral supports have fostered strong retention and integration, positioning the health board as a supportive and inclusive employer on the global stage.

#### **Future Nurse Academy (FNA)**

The Academy continues to be a flagship workforce innovation, offering a seamless 'earn as you learn' pathway from HCSW to RN. It has become a major contributor to long-term workforce sustainability.

#### **HCSW Enrolment (FNA) Over Time**



Even with a reduction in commissioned numbers, enrolment remains high. The successful pilot of the Level 4 distance learning- Certificate (with Llandrillo Menai) demonstrates the appetite for flexible educational models and supports a more accessible pipeline for working adults.

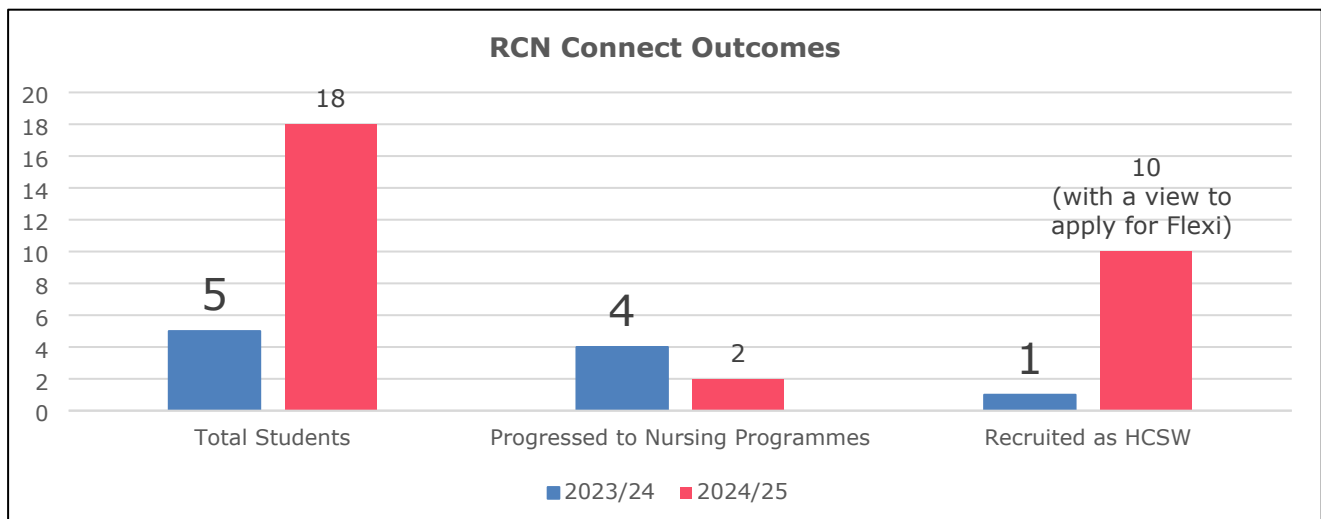


The Academy's strength lies not just in numbers, but in culture: it is widening access, growing local talent, and reducing reliance on external labour markets.

### Expanding the Pre-Registration Pipeline

Programmes such as the RCN Healthcare Connect and RCN King's Nursing Cadets are building early interest in nursing careers.

- RCN Connect increased from 5 to 18 students, with 10 progressing directly into HCSW roles within ABUHB.



33 King's Nursing Cadets joined in 2024/25, with 88% reporting positive or extremely positive experiences.

These initiatives ensure that nursing careers are accessible, visible, and supported from school age onwards.

## 2. Retention: Workforce Stability and Improved Experience

Retention indicators are among the strongest signals that workforce programmes are taking effect.

### Turnover Improvements

Staff Group	2023/24	2024/25	Change
Registered Nurses (RN)	7.59%	6.09%	▼ 1.5%
Nursing HCSW	9.99%	9.23%	▼ 0.76%
Registered Midwives (RM)	8.45%	4.07%	▼ 4.4%
Midwifery HCSW	14.4%	14.6%	▲ 0.2%

The reduction in RN and RM turnover is especially significant. A drop of more than 4% in midwifery turnover reflects the impact of enhanced supervision, team



support, and improved career flexibility. Retention investment is directly improving clinical stability and reducing pressure on recruitment pipelines.

At the heart of these gains are key initiatives:

- restorative clinical supervision (now embedded)
- positive preceptorship
- flexible rostering models
- rotational and lateral movement schemes

These measures contribute not just to retention statistics, but to a workforce culture where staff feel supported and able to grow.

### 3. Recruitment Efficiency: Faster Hiring and Reduced Temporary Staffing

#### Talent Pool

The HCSW Talent Pool has transformed entry level- recruitment. In 2024/25:

- 61% of HCSW Band 2 vacancies were filled directly from the Talent Pool
- 107.36 WTE posts filled
- 2,684 days saved by bypassing the advertising/shortlisting/interview cycle
- Division level- fill rates ranged from 53% to 100%

Division	Vacancies (WTE)	Filled (WTE)	% filled	Days saved
Medicine	98.85	52.84	53%	1321
Mental Health	7	6	86%	150
PCC	1	1	100%	25
Surgery	50.78	37.24	73%	931
Urgent Care	19.39	10.28	53%	257
<b>Grand Total</b>	<b>177.02</b>	<b>107.36</b>	<b>61%</b>	<b>2684</b>

This more agile model supports safer staffing by reducing lag time between vacancy and appointment, while also improving the candidate experience. Faster recruitment translates into fewer unfilled shifts, less reliance on agency, and improved continuity of care at the bedside.

### 4. Student Workforce & Education: Securing Long-Term Supply

#### Commissioned Student Numbers

For 2025/26, ABUHB's commissioned training numbers include:

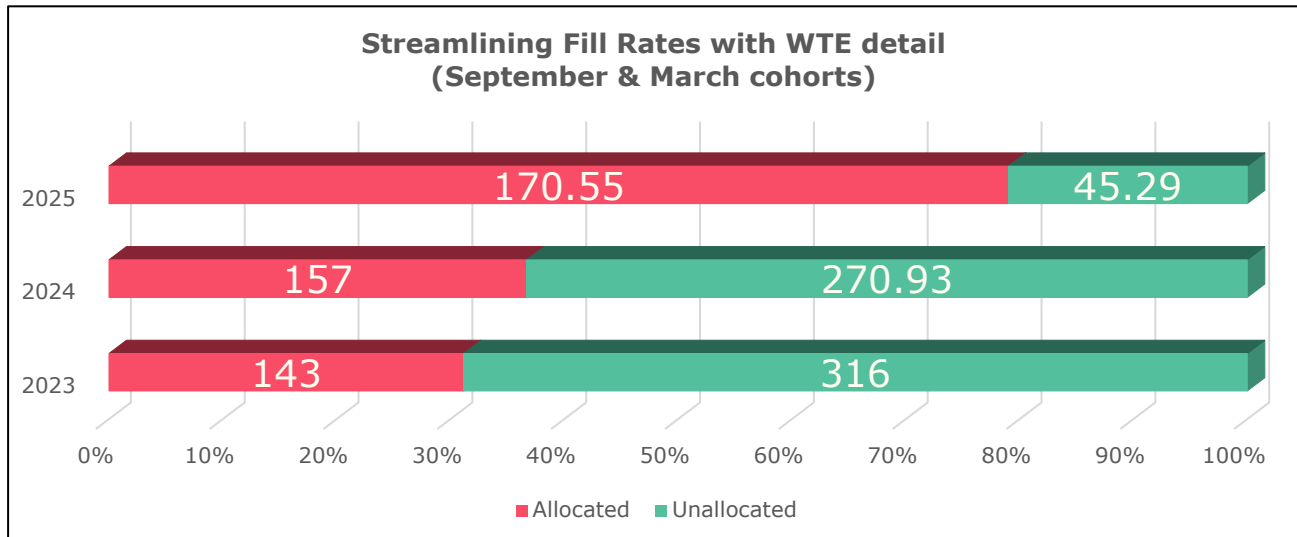
- 180 Adult BN (+21 part-time)
- 32 Child
- 26 Mental Health (+20 part-time)



- 11 Learning Disability
- 43 Midwifery

These volumes reflect national recognition of the need to scale up future nursing supply. However, reductions in Cardiff University’s intake pose a material risk to local accessibility. The Health Board’s work with HEIW on developing a Gwent based provision is crucial to securing long- term- resilience.

### Student Streamlining Improvements



This reflects an 85% reduction in unallocated WTE over two years, marking a significant accomplishment. It demonstrates that ABUHB is increasingly regarded as an employer of choice among students, supported by positive placement experiences and strong engagement from both teams and practice educators.

Unfilled allocations can be attributed to several factors: the number of vacancies exceeded the available pool of nurses; some candidates prefer specific, highly competitive specialties; others accept positions outside ABUHB (for example, in nursing homes, general practice settings, or other sectors); and a portion of students who do not complete their training on time may need to re-sit assessments, resulting in delayed start dates.

### 5. Professional Development & Leadership: Strengthening Capability

The Health Board continues to build an empowered, skilled workforce through investment in education and leadership.

#### Educational Investment (2024/25)

- 127 postgraduate modules funded, including:
  - 80 MSc Advanced Practice
  - 39 MSc Professional Practice
  - 36 Level 7 Prescribing
  - A wide range of specialist clinical and leadership modules



## Leadership Development

- 27 Band 7–8b leaders progressed through the Leadership Academy
- LEAD6 expanded beyond pilot sites due to demonstrable impact
- The Journey of Excellence programme embeds leadership from first employment

This investment directly supports succession planning, reduces risk in critical leadership pipelines, and builds a culture of compassionate, values based- leadership.

## 6. Workforce Experience: Supporting Culture, Confidence and Professional Pride

### Restorative Supervision

The health board has been implementing the mandate outlined within WHC (2024) 012 on Nursing Preceptorship & Restorative Clinical Supervision. A pilot commenced using both Professional Nurse Advocates and RESTORE-trained supervisors within the Primary Care & Community Division - to facilitate restorative supervision to RNs. Throughout 2025 this offer has expanded across all divisions with positive feedback and continues to grow and embed.

### End-of-Life Care Communication Training

- 167 nurses and midwives completed SAGE & THYME
- Participants report improved confidence in difficult conversations

### Conferences

- Nursing, Midwifery & SCPHN Conference 2025: 150 in person, 100 online, 99% would recommend - The event provided an opportunity to showcase examples of innovation and celebrate achievements across the breadth of Nursing, Midwifery, and SCPHN practice.
- Assistant Practitioner Conference: 75 attendees – the theme was 'celebrate and collaborate' and recognised the exceptional contribution of this vital segment of the workforce.

These events play an important role in morale, connection and professional identity—especially in high pressure- environments.

## 7. Summary

### Progress Across Workforce Strategy Priorities 2024/25

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



Nursing workforce turnover has reduced as outlined in this report and the vacancy position for March 2025 stands at:

- RN: 155.88 WTE (298.39 WTE in April 2024)
- RM: over established by 23 WTE (4 WTE vacancies in April 2024)
- HCSW: 80 WTE (10 WTE in April 2024)

Projected that there will be 0 vacancies within RN / RM from March 2025 – however there will remain areas that are under recruited – plans in progress to address this.

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

## 8. Priorities for 2025–26

Focus areas include workforce sustainability, diversity and inclusion, mental health and wellbeing and continuous professional development to improve workforce satisfaction and patient outcomes.

Key actions:

- Drive Workforce Planning and Vacancy Reduction: Continue to collaborate with Workforce and Organisational Development (WOD) to implement targeted strategies that close vacancy gaps and improve recruitment and retention. Develop a sustainable strategy to ensure a continuous pipeline of nursing students by securing a Gwent-based education provision, safeguarding the future nursing workforce.
- Establish a Comprehensive Nursing Workforce Support Framework: Position preceptorship and restorative clinical supervision (RCS) as core components of a sustainable workforce model.
- Strengthen Leadership Capacity Across the Organisation: Create new and build upon existing programmes that enable leadership development at all levels
- Implement an Integrated Education Strategy: Embed evidence-based education for both registered and unregistered staff, ensuring alignment with future workforce needs and service priorities.
- Advance Clinical Practice and Career Progression: Embed principles of enhanced, advanced, and consultant-level practice to support career development and service transformation.
- Ensure Organisational Readiness for Emerging Roles: Prepare systems, processes and teams for the integration of Registered Nursing Associates



(RNAs) and Band 2–3 HCSWs, ensuring role clarity and effective deployment.

- Strategy review and renewal: Evaluate the current Strategy and begin developing a future-focused Strategy for 2026–29.

**Argymhelliad / Recommendation**

The Committee is asked to note the Nursing, Midwifery, and SCPHN Workforce Annual Report 2024-2025



<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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 7.1 Workforce 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
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:	

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
	<b>Is EIA Required and included with this paper</b> <b>No does not meet requirements</b>
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>



<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio</b>  <b>Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Choose an item.  Choose an item.</p>
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WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# NURSING, MIDWIFERY, SCPHN WORKFORCE ANNUAL REPORT 2024-25



# Nursing Workforce Context & Strategic Response

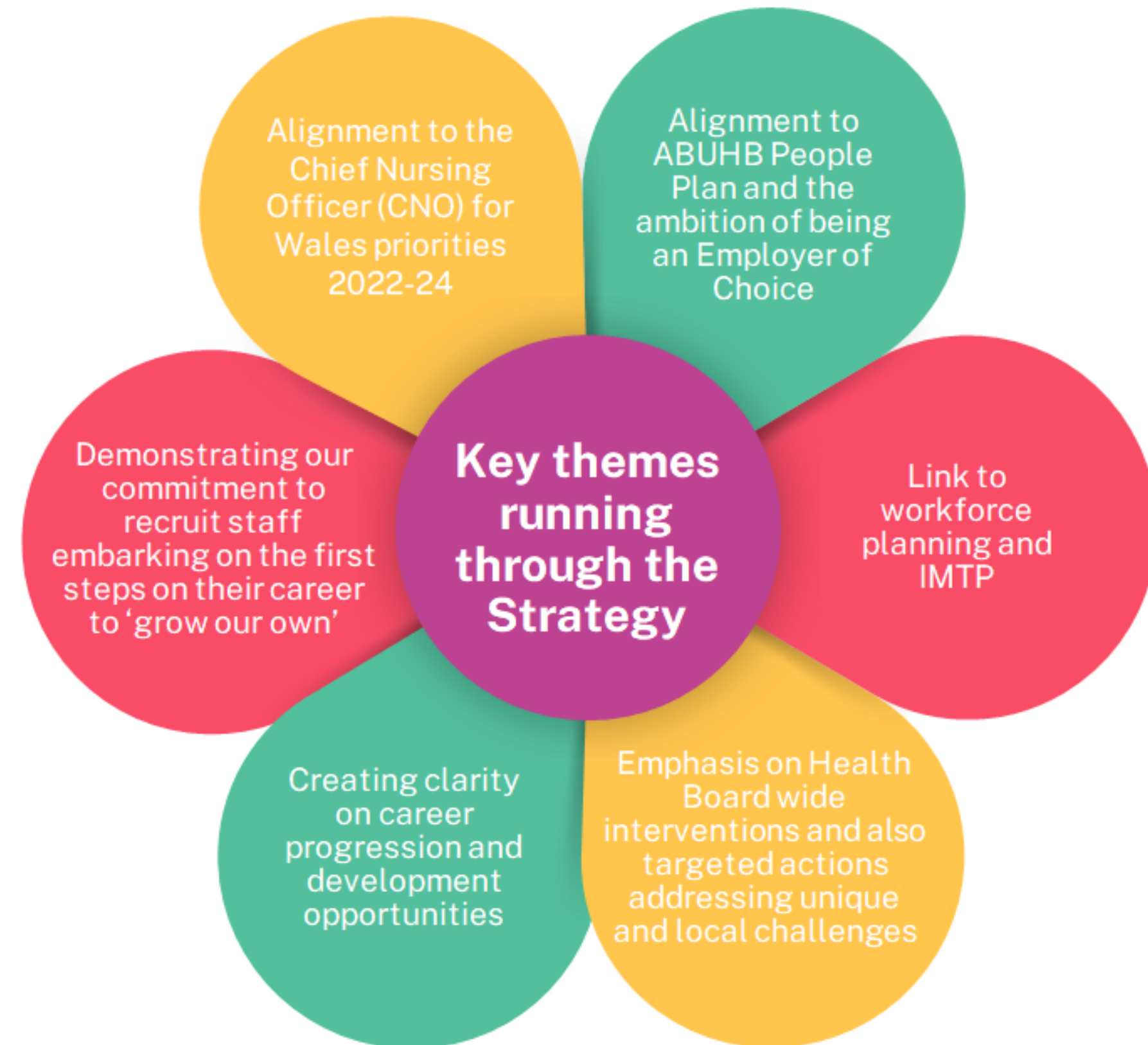
Prior to the strategy launch, nursing vacancies stood at approximately 376 WTE Registered Nurses (7.8%) and 142 WTE Health Care Support Workers (5.8%), with a turnover rate of 10.2% in 2023—averaging 27 RNs and 16 HCSWs leaving each month. It was noted that workforce planning projected vacancies could reach 461 WTE by 2026 (including 345 WTE in general adult nursing), highlighting a critical need for retention measures.

In response, Aneurin Bevan University Health Board (ABUHB) developed a multifaceted Workforce Strategy for Nursing, Midwifery and SCPHN (2023–2026) to address current and future healthcare demands. This strategy aligned with national frameworks—including CNO Wales Priorities 2022–2024, the ABUHB People Plan, and the Integrated Medium-Term Plan (IMTP) 2022–2025—while meeting local workforce needs.

The overarching ambition of the strategy is clear: **to ensure exceptional care is delivered every time by a skilled and supported workforce.**

To achieve this, the strategy focuses on enabling key components that underpin workforce sustainability and excellence. These include improving recruitment effectiveness and experience, strengthening brand and marketing, ensuring compliance with professional regulation, and enhancing career and professional development opportunities. Educational pathways and retention initiatives are also central to the approach, creating a comprehensive framework that supports staff throughout their career journey.

This strategic direction promotes workforce innovation, ensuring that nursing, midwifery and SCPHN professionals are equipped to meet evolving healthcare challenges while delivering person-centred, high-quality care.



# Look back at 2024/25 Priorities

Theme	Actions	Progress	Comments
<b>Overall Focus</b>	<ul style="list-style-type: none"> <li>➤ Continue tracking achievement from 2023/24 to ensure progress against expected outcomes.</li> </ul>		
<b>Career Development &amp; Education</b>	<ul style="list-style-type: none"> <li>➤ Promote nurse-led services</li> <li>➤ Integrate Professional Framework</li> <li>➤ Align education/resources</li> <li>➤ Support RN Associate readiness</li> <li>➤ Secure education facility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Good progress on framework</li> <li>▪ Collaboration underway</li> </ul>	Education facility – limited progress
<b>Retention</b>	<ul style="list-style-type: none"> <li>➤ Positive preceptorship</li> <li>➤ Embed restorative clinical supervision</li> <li>➤ Upscale self-rostering</li> <li>➤ Support flexible working</li> <li>➤ Talent mapping via PADR</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pilot complete for supervision</li> <li>▪ Self-rostering uptake</li> <li>▪ Progressing rotation pilots and lateral movement scheme</li> </ul>	On-going for flexible working and embedding RCS
<b>Recruitment Experience</b>	<ul style="list-style-type: none"> <li>➤ Target hard-to-recruit roles</li> <li>➤ All-Wales IEN recruitment</li> <li>➤ Refresh induction</li> <li>➤ Review flexible route student nurse process</li> </ul>	<ul style="list-style-type: none"> <li>▪ IEN recruitment complete</li> <li>▪ Induction refreshed</li> </ul>	Additional support provided
<b>Recruitment Effectiveness</b>	<ul style="list-style-type: none"> <li>➤ Attract retire-and-return</li> <li>➤ Map commissioned student numbers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Engagement events with HEIs</li> </ul>	
<b>Brand and Marketing</b>	<ul style="list-style-type: none"> <li>➤ Explore SLA with Coleg Y Cymoedd</li> <li>➤ Market career pathways</li> <li>➤ Explore rotational opportunities</li> </ul>	<ul style="list-style-type: none"> <li>▪ SLA not secured</li> <li>▪ Streamlining events held</li> </ul>	Placement supported via Coleg Gwent

# SPOTLIGHT ON RECRUITMENT



# International Nurse Recruitment & Retention

We committed to recruiting 75 International Educated Nurses (IEN) per year between 2023-26 in line with the All-Wales process.

Dedicated teams ensure our international colleagues are welcomed and supported from the point of recruitment, whilst preparing for NMC registration and ahead of working within our clinical areas. Ongoing pastoral support is provided with established supportive communities including the "OSN Café" which provides educational and social opportunities and welcomed support in settling into a new life within Wales.

This holistic approach has driven high retention rates and strengthened ABUHB's international reputation as an employer of choice.

- ✓ 2024/25 - 89 International Nurses recruited. 14 of which were mental health nurses requiring a bespoke approach to OSCE.
- ✓ 100% pass rate at OSCE.



# Future Nurse Academy

The Future Nurse Academy is a unique and varied pathway from school leavers to gaining registration as a nurse. The uniqueness of the programme supports individuals to step into the Academy and step out at any point in their career; the Academy door is always open.

The opportunities to work as a Healthcare Support Worker (HCSW) alongside the completion of studies to achieve the desired career pathway, has the strapline "Earn as you learn" and is proving incredibly popular.

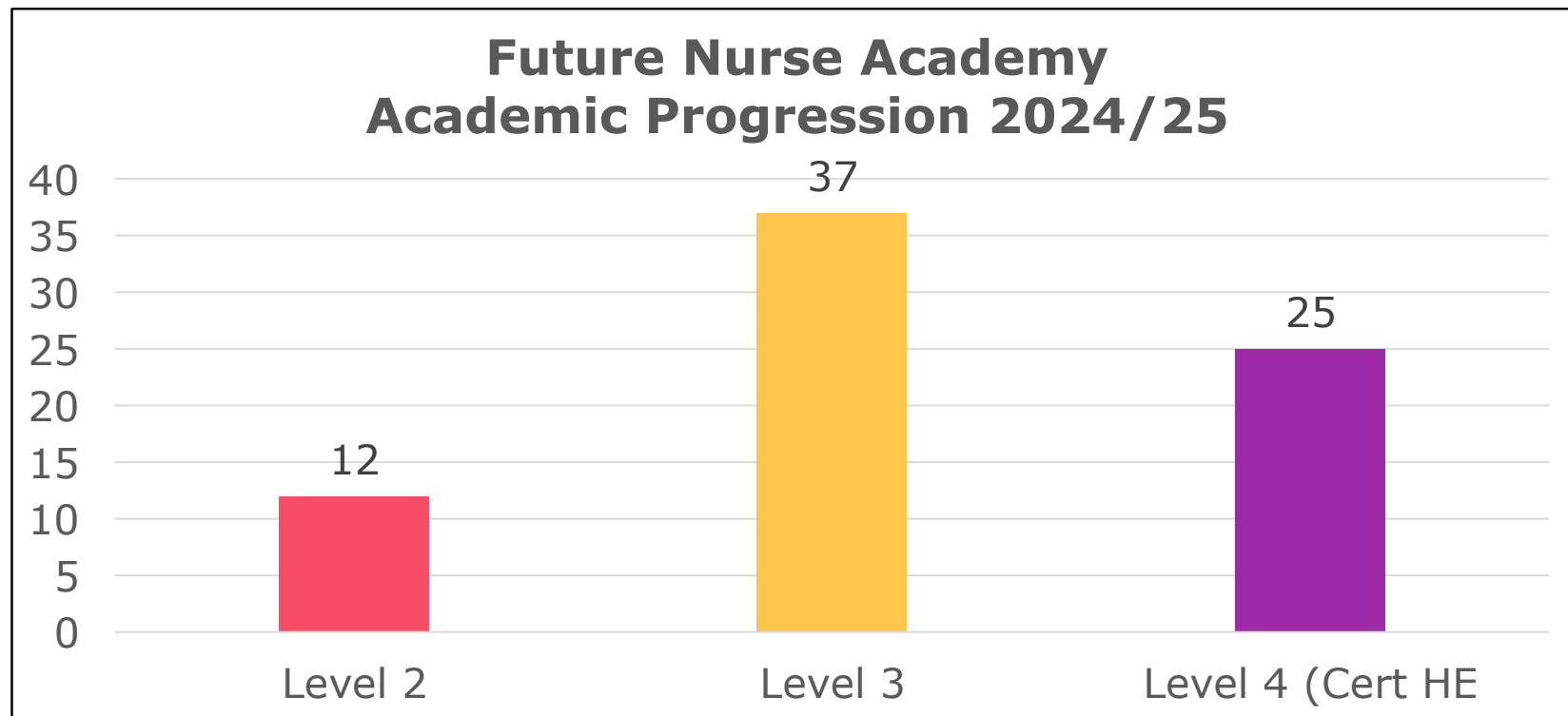
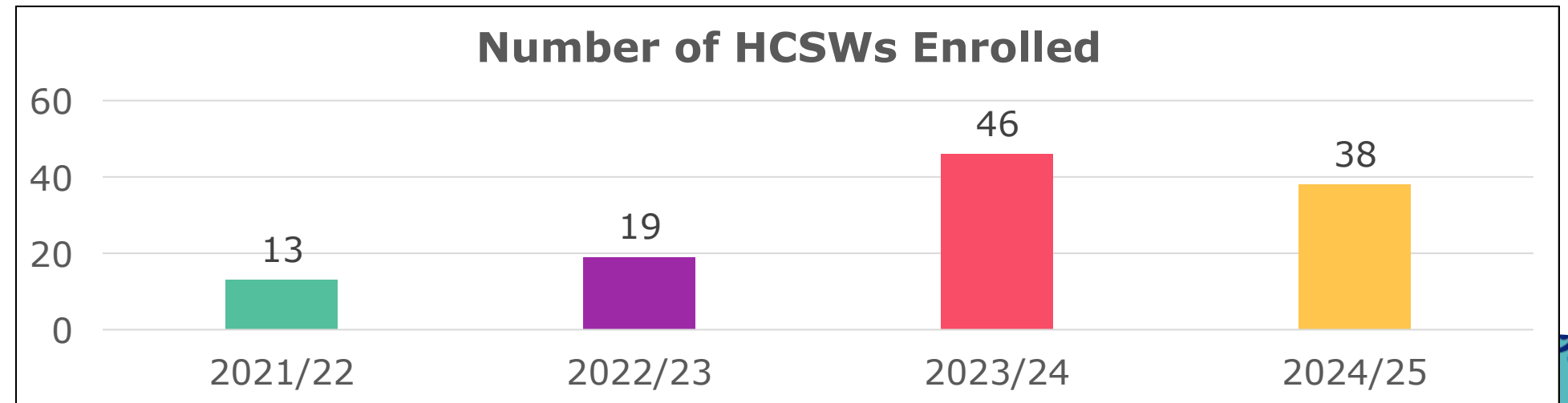


2024/25 saw significant academic progression among HCSWs within the Future Nurse Academy.

This year introduced an exciting development – a pilot of a distance learning Level 4 Certificate in Higher Education delivered in partnership with Llandrillo Menai, which has now been successfully evaluated.

Alongside this, many HCSWs continued to advance through Level 2 and Level 3 programmes, reinforcing the commitment to building a skilled and future-ready nursing workforce.

The flexible route to nursing continues to be a popular choice. This innovative "grow your own" approach widens access for ABUHB employees to achieve their chosen career pathway and supporting workforce sustainability. Uptake of this model continues to increase year on year, reflecting its success and the enthusiasm of staff to develop professionally. The table below illustrates the growth in participation:



It is important to note that the commissioned numbers for 2024/25 were reduced, meaning that participation remains strong despite fewer places being available.

The Future Nurse Academy not only strengthens retention and career progression but also positions ABUHB as an employer of choice.

**ALREADY HAVE A LEVEL 3 QUALIFICATION?**  
If you want to apply for Band 4 Assistant Practitioner roles, we can support you to achieve a Level 4 Certificate of Higher Education.

**ALREADY HAVE A LEVEL 2 QUALIFICATION?**  
If you want to apply for a Band 3 HCSW post, we can support you to achieve a Level 3 in Clinical Healthcare Support.

**FLEXIBLE AND PART TIME DEGREE IN NURSING**  
We can support you to complete your BSc in Nursing whilst you continue to work.

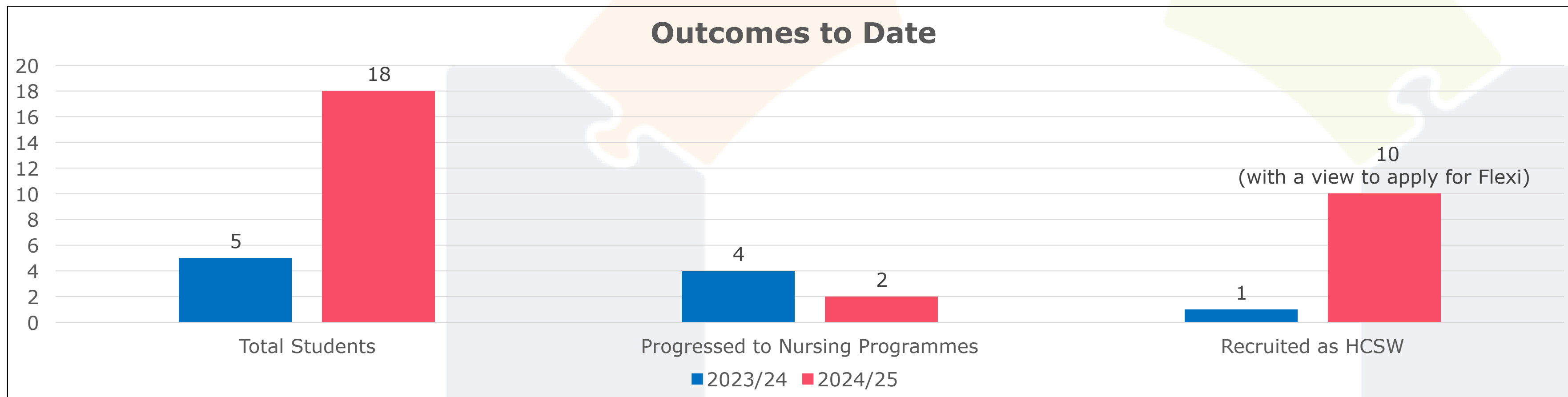
All branches of nursing are available:  
Adult, Child, Mental Health or Learning Disabilities

# RCN Healthcare Connect Programme

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

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

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



# RCN Kings Nursing Cadets

The RCN Kings Nursing Cadets Scheme engages, enables and empowers young people to make a valuable contribution to society and their local communities and be proactive about the health and wellbeing of themselves and others. It is a partnership with young learners to develop skills for life and employment in nursing and the nursing family.

Following the success of Cohorts 1 & 2, ABUHB proudly welcomed 33 new Cadets in Cohorts 3 & 4.

Feedback from participants has been overwhelmingly positive, with 88% reporting that the programme had a positive or extremely positive impact on their perception of nursing.

Early tracking also shows encouraging trends, with many Cadets progressing into nursing-related roles and training pathways.



## Cadet Feedback: A Testament to Collaboration and Commitment

The voices of our Cadets reflect the dedication of ABUHB nursing teams, workforce colleagues, and Higher Education Colleges & RCN, whose joint efforts make the RCN Kings Cadet Scheme a success.

Their experiences highlight the power of partnership in shaping the future nursing workforce.

# Our Future Workforce: Nursing and Midwifery Students

The Health Board has symbiotic partnerships with the University South of Wales, Cardiff University and the Open University with a strong tradition of collaboration and alignment of strategic priorities.

ABUHB are committed through an organisational charter to ensuring student nurses and midwives have the best learning experience. Our dedicated team of practice educators, practice supervisors and assessors are equipped and supported to develop and support our future workforce into becoming confident and competent at the point of registration.

Supporting students within practice has been a Health Board key priority in 25/26 with a range of activities including:

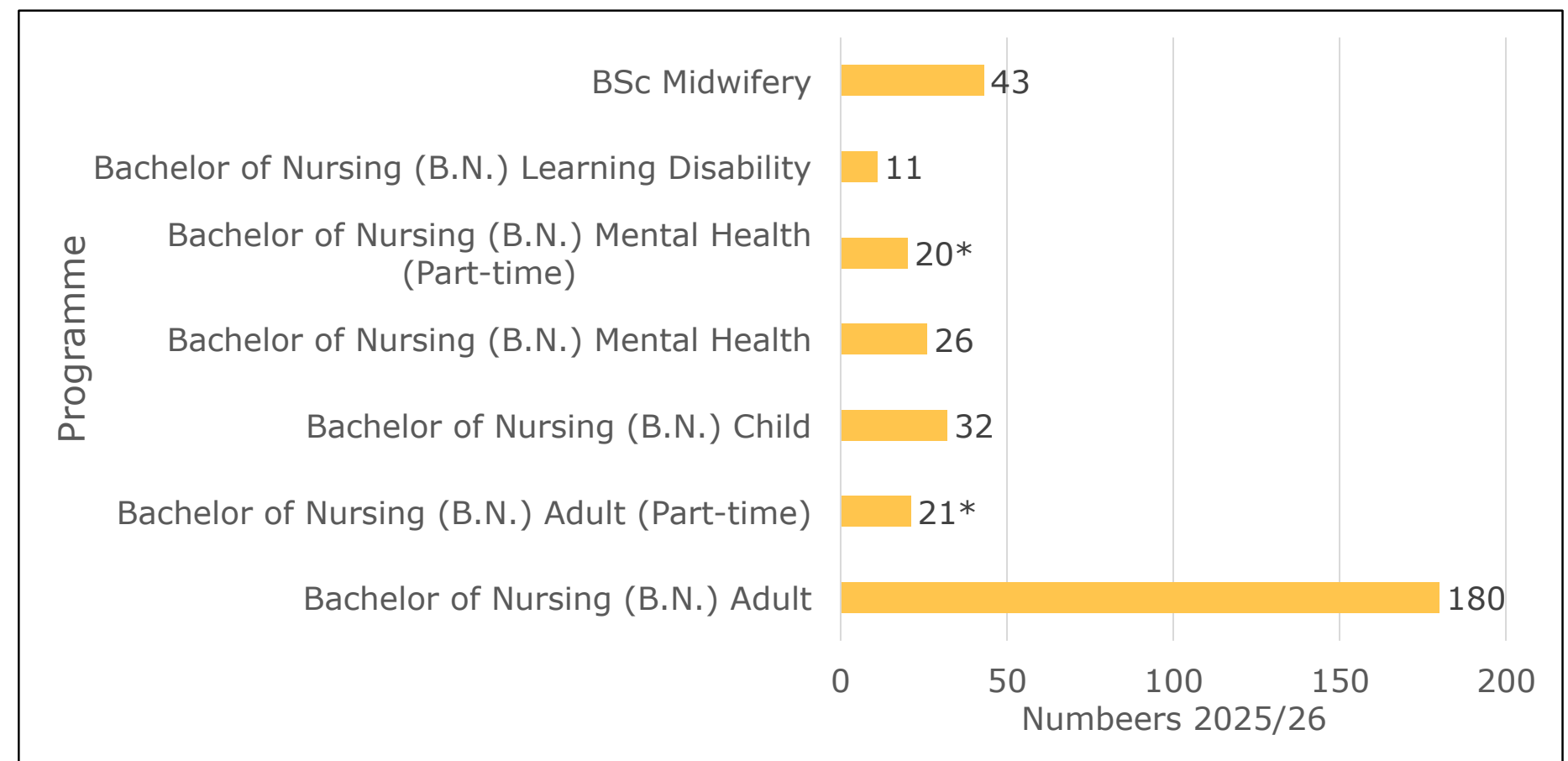
- Welcome meetings for all students into the Health Board prior to their first placement, including a presentation on cultural intelligence to help support international students.
- Coffee and Connect sessions for students to “drop-in” to discuss issues.
- Development and embedding a student Padlet, an electronic platform that can be accessed from a personal device. This replaces student notice boards and contains all relevant information for students.

With Cardiff University reducing student intake, the Health Board is working closely with HEIW to develop a strategy that ensures a sustainable pipeline of nursing students, including securing a Gwent-based provision to protect the future workforce.

## Health Education and Improvement Wales (HEIW) & Student Commissioning

To ensure there is a sufficient pipeline of new graduates within nursing and midwifery, an assessment is undertaken to determine the future demand. Known as educational commissioning, it is part of the ABUHB IMTP submission and is submitted directly to the strategic workforce and education body for NHS Wales.

HEIW determine the funding and placement numbers and as commissioned numbers have increased over the years, this has been mirrored by HEIW and Welsh Government with increased places and funding for undergraduate courses. In 2024/25:

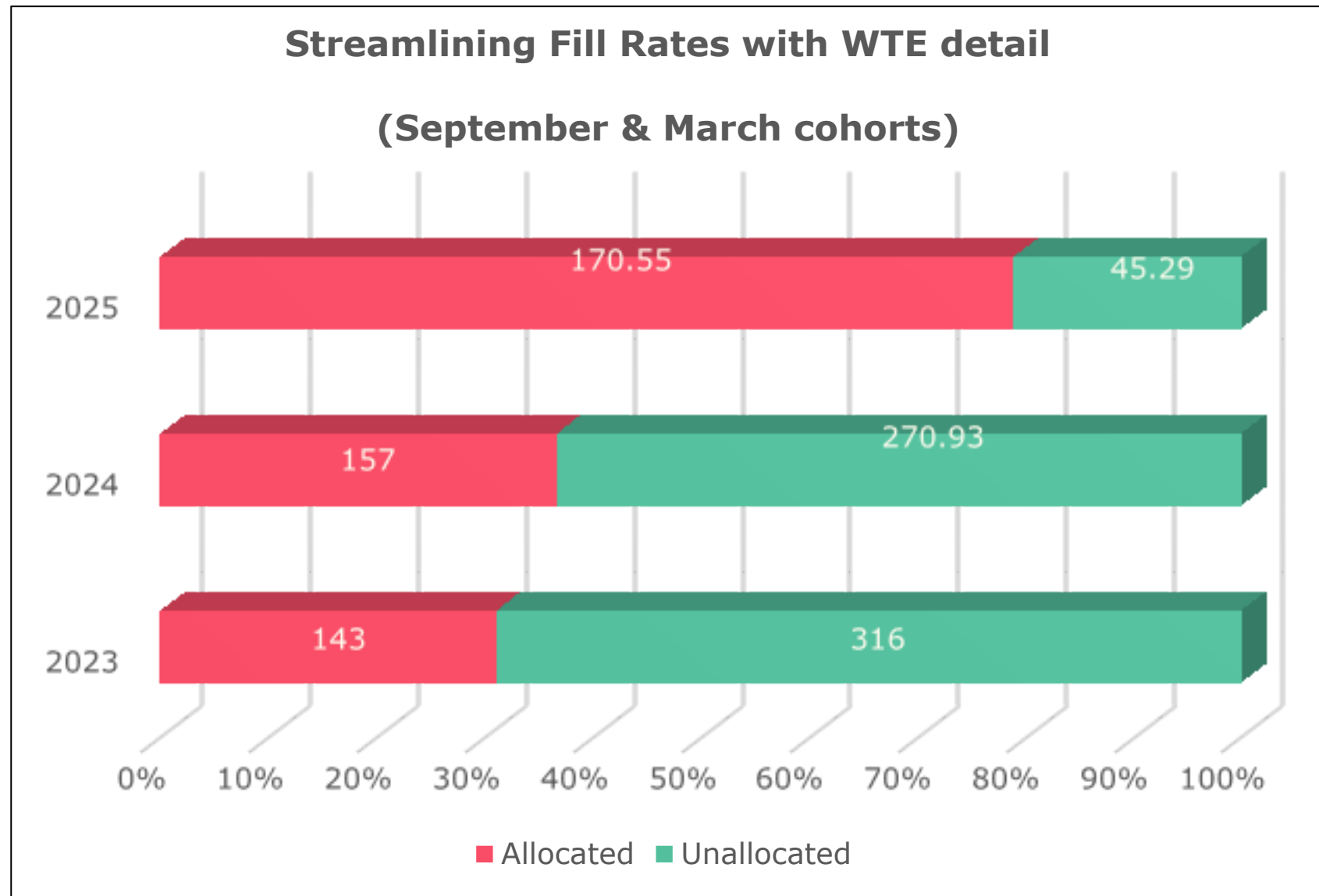


\*An additional 209 part time / distance courses available for allocation across Health Boards

# Our Future Workforce: Nursing and Midwifery Students

## Student Streamlining

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



In 2024/25, 172 students were recruited and ABUHB demonstrated significant progress in streamlining fill rates for nursing cohorts. The chart below illustrates a strong upward trend in allocation over time. In 2023, a substantial proportion of positions remained unallocated, but by 2025, the gap between allocated and unallocated WTE positions had almost closed.

Unfilled allocations can be attributed to several factors: the number of vacancies exceeded the available pool of nurses; some candidates prefer specific, highly competitive specialties; others accept positions outside ABUHB (for example, in nursing homes, general practice settings, or other sectors); and a portion of students who do not complete their training on time may need to re-sit assessments, resulting in delayed start dates.

This improvement reflects effective workforce planning and recruitment strategies, ensuring that ABUHB is well-positioned to meet future staffing needs.

# Talent Pool

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

## Key Outcomes:

1

### Reduced Time to Hire

Vacancies can be filled more quickly, supporting safe staffing levels across clinical areas.

2

### Lower Temporary Staffing Costs

Earlier substantive appointments reduce reliance on bank and agency workers, delivering financial efficiencies.

3

### Improved Patient Care

A more stable HCSW workforce contributes to consistency, team stability, and better patient experience.

4

### Better Candidate Experience

Streamlined processes and quicker decisions help position the organisation as an employer of choice.

The Talent Pool provides a more efficient recruitment route that supports both operational and clinical priorities. In 2024/25, 61% of HCSW band 2 vacancies were filled from the Talent Pool, saving 2684 days.

We have recruited the following from Talent Pool between April 2024 and March 2025:

Division	Vacancies (WTE)	Filled (WTE)	% filled	Days saved
Medicine	98.85	52.84	53%	1321
Mental Health	7	6	86%	150
PCC	1	1	100%	25
Surgery	50.78	37.24	73%	931
Urgent Care	19.39	10.28	53%	257
<b>Grand Total</b>	<b>177.02</b>	<b>107.36</b>	<b>61%</b>	<b>2684</b>

Up to 25 days can be saved if appointing from the Talent Pool, saving time taken for advertising, shortlisting and interview. If a vacancy is unfilled the cost saving is the saving of the salary per shift, however, to calculate the cost saving per 25 days is calculated by the cost of the 12 hours shift (depending on how it was filled either bank or agency) minus the cost of the shift if it was substantively filled.

# SPOTLIGHT ON RETENTION

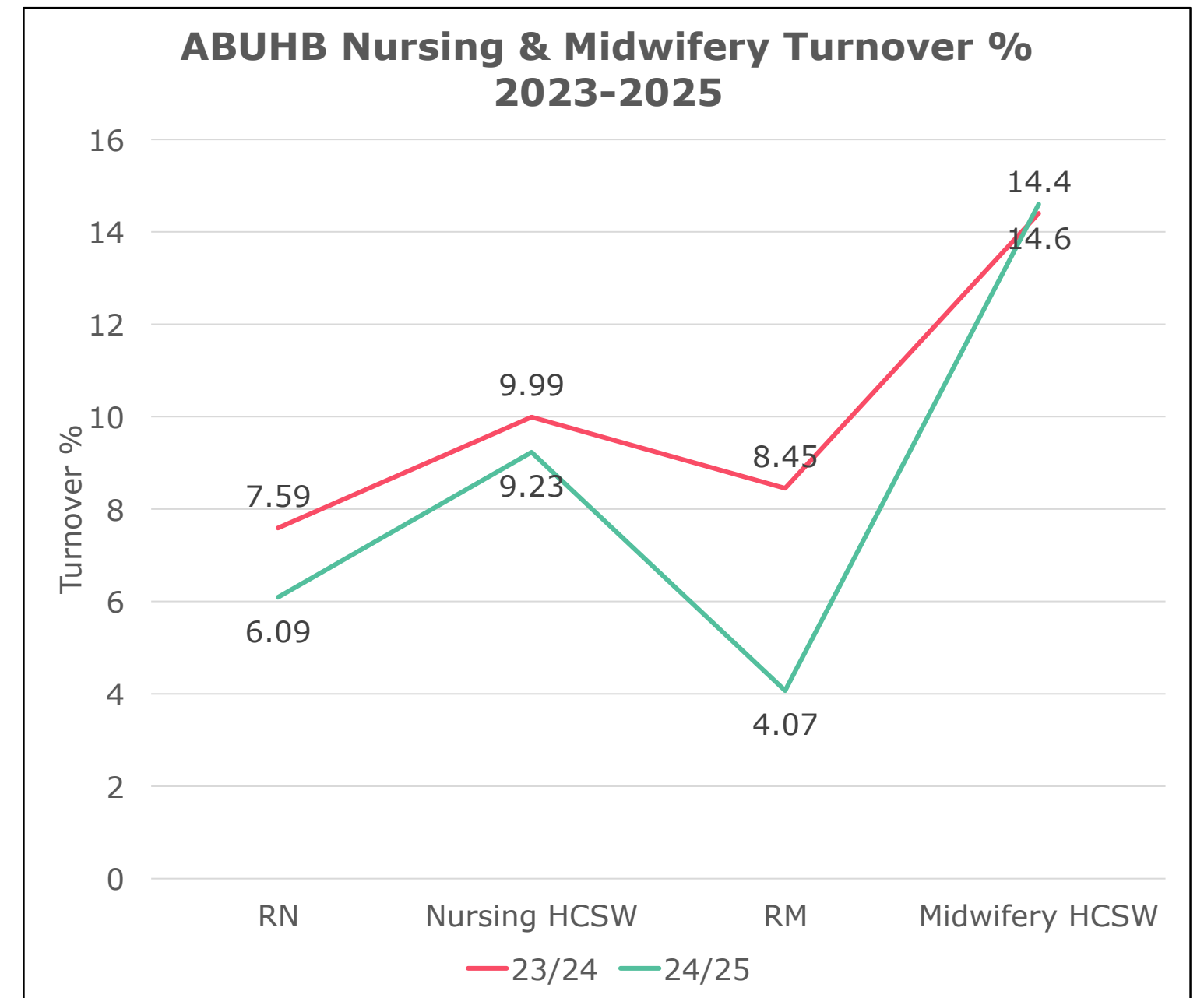


# Powering Care Through Retention



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

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





A key objective of the End-of-Life Care Board is to standardise and increase opportunity for education to improve and enhance the experience of those at end of life. SAGE & THYME is an accredited course which supports the listening and response to patients, clients, or carers who are distressed or concerned and is the communication tool adopted by ABUHB. SAGE & THYME is a mnemonic to guide staff and central to this model is the belief that individuals with physical illnesses can understand and take some responsibility for their own wellbeing.

Progress for 2024/25 includes:

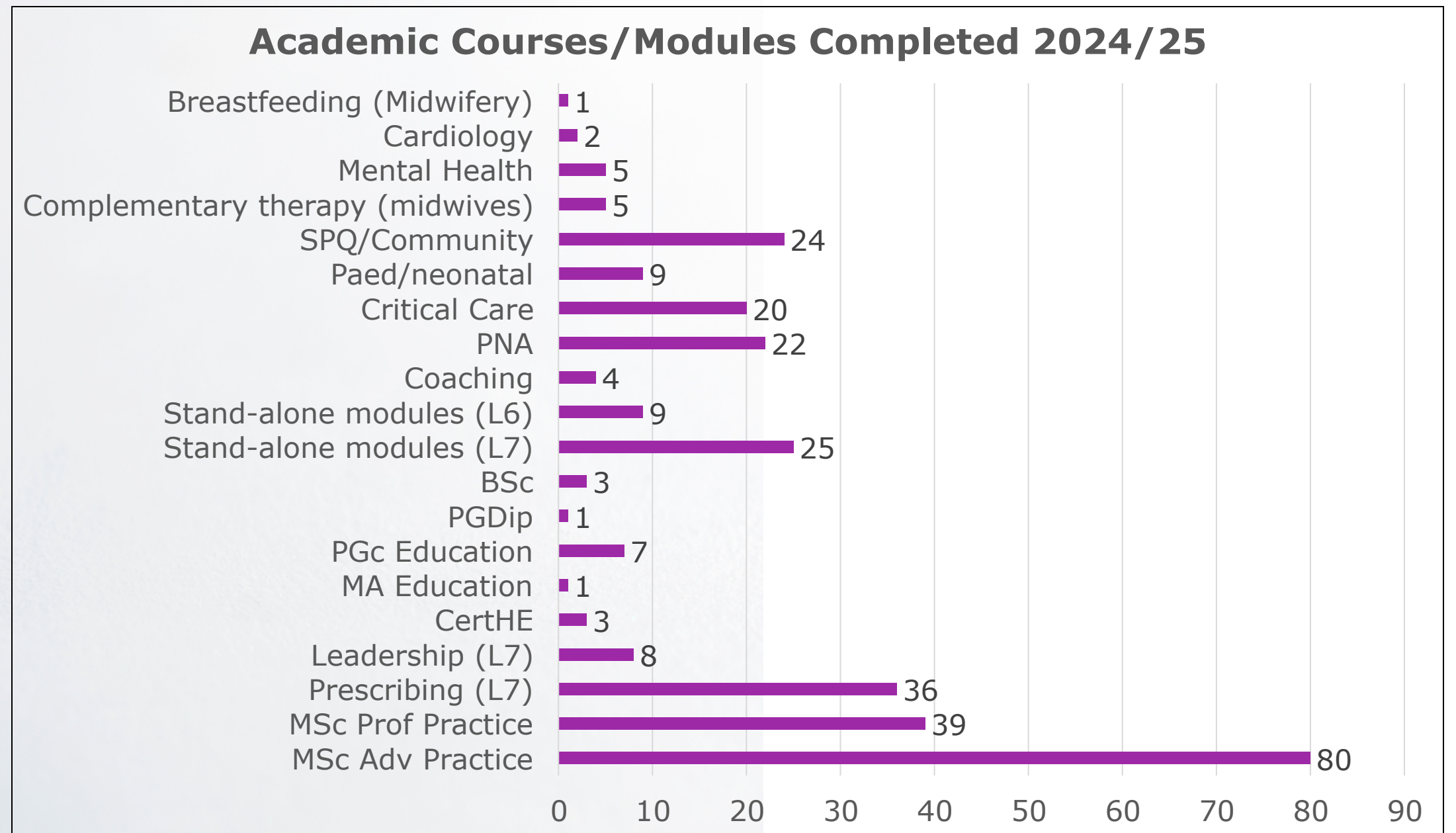
- 167 Nurses and Midwives successfully completed Sage & Thyme training.
- Participants report increased confidence in managing conversations with distressed individuals, using a structured approach that promotes empathy and clarity.
- This training strengthens the Health Board's commitment to delivering person-centred care and supports staff wellbeing by providing tools to handle emotionally challenging interactions effectively.

# Commitment to Professional Development



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

In 2024/25 we supported 127 modules at Masters level.



# Conferences 2024



Building on the success of previous years, the annual Nursing, Midwifery and SCPHN Conference in 2024 focused on the theme of innovation and person-centred care. The event provided an opportunity to showcase examples of innovation and celebrate achievements across the breadth of Nursing, Midwifery, and Specialist Community Public Health Nursing (SCPHN) practice within ABUHB.

To accommodate as many nursing, midwifery and SCPHN colleagues as possible, the conference was also offered virtually to maximise attendance, ensuring accessibility for staff across the organisation. New features introduced this year included Bevan's Den and An Audience With..., both of which were highly evaluated for their inspirational and motivational impact.

The conference attracted 150 attendees in person and 100 online, demonstrating strong engagement. Feedback was overwhelmingly positive, with 99% of participants stating they would recommend the conference to a colleague, reinforcing its value as a key professional development and networking event.

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



# Leadership for All: Driving Excellence Across Nursing

## Nursing & Midwifery Leadership Academy



The Nursing and Midwifery Leadership Academy has continued to grow in strength, providing a dedicated space for developing professional and compassionate leadership. Designed specifically for nurses and midwives, the Academy welcomed **two cohorts (27 aspiring leaders) during this reporting period.**

Recognising a gap in leadership development for deputy heads of service, the programme was adapted to offer a bespoke pathway for **Band 8b leaders.** Many graduates have successfully progressed into promoted roles, demonstrating the impact of this investment. All graduates join an **Alumni network**, meeting quarterly to continue their leadership journey. The programme has attracted interest from other Health Boards, highlighting its reputation as a model of best practice.



## Journey of Excellence (JOE) Programme



The refined **Journey of Excellence (JOE)** programme now incorporates **compassionate leadership principles**, ensuring that newly registered nurses begin their leadership journey from the very start of their careers. This approach strengthens confidence, promotes professional growth, and aligns with ABUHB's commitment to embedding leadership at every level.

## LEAD6



The Leading, Empowering and Development for Band 6 Programme (LEAD6) was piloted within Medicine and Surgery to strengthen leadership capability at ward level. Based on the success of the pilot, a faculty has been established and the programme refined, with plans to scale delivery across the organisation in the coming year. This initiative ensures that leadership development is embedded at every level, supporting a culture of empowerment and excellence.

# Progress across Workforce Strategy Priorities 2024/25

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

Nursing workforce turnover has reduced as outlined in this report and the vacancy position for March 2025 stands at:

**RN:** 155.88 WTE (298.39 WTE in April 2024)

**RM:** over established by 23 WTE (4 WTE vacancies in April 2024)

**HCSW:** 80 WTE (10 WTE in April 2024)

Projected that there will be 0 vacancies within RN/RM from March 2025 – however there will remain areas that are under recruited – plans in progress to address this.

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

# Priorities 2025/26

Priority Area	Key Actions
<b>Career Development / Educational Opportunities</b>	<ul style="list-style-type: none"> <li>➤ Continue tracking achievements</li> <li>➤ Focus on nurse-led services</li> <li>➤ Integrate frameworks</li> <li>➤ Secure education facility</li> <li>➤ Enhance leadership for all</li> </ul>
<b>Retention</b>	<ul style="list-style-type: none"> <li>➤ Implement supervision recommendations</li> <li>➤ Positive preceptorship</li> <li>➤ Embed restorative clinical supervision</li> <li>➤ Upscale self-rostering</li> <li>➤ Support flexible working</li> <li>➤ Lateral moves scheme and rotational posts</li> </ul>
<b>Recruitment</b>	<ul style="list-style-type: none"> <li>➤ Focus on hard-to-recruit roles</li> <li>➤ Emphasise career advancement</li> <li>➤ Review recruitment process for flexible route student nurses</li> <li>➤ Develop a sustainable strategy to ensure a continuous pipeline of nursing students by securing a Gwent-based education provision, safeguarding the future nursing workforce</li> </ul>



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O: MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Committee Strategic Risk and Assurance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Head of Corporate Risk and Assurance

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

Ar Gyfer Trafodaeth/For Discussion

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

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation & Cefndir / Background**

Since the last report to the Committee in October 2025, 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
<b>SRR 001</b> <b>Theme</b> People <b>Appetite</b> 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.	<b>High (12)</b>	<b>Y</b>
		b) Due to a deterioration in, and a failure to improve, the well-being of our staff.	<b>High (12)</b>	<b>Y</b>
		c) Due to insufficient and ineffective leadership levels throughout the organisation.	<b>High (12)</b>	<b>Y</b>
		d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.	<b>Extreme (16)</b>	<b>Y</b>

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.

To strengthen the management and mitigation of risks, and to ensure appropriate oversight of strategic risks, the Director of Workforce and Organisational Development, supported by the Corporate Governance Directorate, has developed a number of high-level operational risks. These are outlined in Table 2 and reflect areas with the potential to impact delivery of both the Integrated Medium-Term Plan (IMTP) and the People Plan.

**Table 2**

<b>Workforce Corporate Risks aligned to Strategic Risks</b>			
<b>Risk</b>	<b>Alignment to Committee Purpose</b>	<b>Key Impact</b>	<b>Risk Score Likelihood x Impact</b>
Compliance with statutory social duties (Equality Act, Welsh Language, Social Partnership Duty)	Creating an inclusive environment, valuing staff, promoting equity	Legal/regulatory non-compliance, inequity in staff/service user experience, reputational damage	<b>4 x 3 = 12 (High)</b>

National Contract Reform and amendments	Workforce stability, planning and service delivery	Workforce instability, increased costs, reduced service flexibility, challenges in service continuity	<b>3 x 4 = 12 (High)</b>
Sustainability of Occupational Health services	Staff wellbeing and support services	Reduced OH service availability, staff support delays, impacts on wellbeing, regulatory compliance risks	<b>4 x 3 = 12 (High)</b>
Job Planning	Workforce planning and oversight of medical capacity	Reduced oversight of workforce capacity, inefficiencies in planning, failure to meet national expectations	<b>4 x 3 = 12 (High)</b>

Table 2, above, demonstrates that all corporate risks currently score within the high-risk category and require moderate action. In recognition of their organisational impact and recent audit findings, and while all corporate risks are overseen by the Executive Team, enhanced executive scrutiny has been applied specifically to Job Planning. This reflects the Limited Internal Audit outcome and its direct correlation with the Health Board's current Level 4 escalation status for finance, strategy and planning.

The Job Planning risk is jointly owned with the Medical Director and is being actively managed in response to emerging challenges affecting the Health Board's ability to meet the Welsh Government compliance target of 90%. This area has been subject to audit scrutiny and ongoing review by the Audit Risk and Assurance Committee (ARAC). ARAC recently received an update on progress, noting the strengthened approach to improving compliance and the actions in place to ensure sustained performance; however, it also noted that the People and Culture Committee should continue to closely monitor performance and seek the required assurance on behalf of the Board.

Over the coming months, these operational 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  <a href="#">Link to IMTP</a>	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  <a href="#">Strategic Equality Objectives 2020-24</a>	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)**

<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	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
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							×		•		◊		
			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)	<u>Patient</u>	<u>Staff</u>	<u>Organisation</u>		
	<ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<ul style="list-style-type: none"> <li>Non-compliance with safe staffing principles and standards.</li> <li>Increased Workload</li> </ul>	<ul style="list-style-type: none"> <li>Operational Disruptions</li> <li>Quality of Services</li> <li>Reputational Damage</li> <li>Financial strain – use of agency and bank staff</li> </ul>	<b>Risk Appetite Threshold - Score 17 and below.</b> 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.	
<b>SUMMARY</b>					
The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.					
Lead Director	Director of Workforce & Organisational Development	<u>Risk Exposure</u>	<b>Current Level</b>	<b>Target Level</b>	
Monitoring Committee / Group	People & Culture Committee	<b>Likelihood</b>	3 (Possible)	3 (Possible)	
Initial Date of Assessment	01 June 2023	<b>Impact</b>	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2026	<b>Risk rating</b>	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 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"> <li>Monitoring Framework to support roll-out of the People Plan.</li> <li>Workforce Dashboard to track activity – recruitment, turnover, sickness absence.</li> <li>Supply and demand tracker (Nursing and HCSW).</li> <li>People Plan tracker to support delivery of actions within the People Plan 2022-25.</li> <li>Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board.</li> <li>Management of attendance through All Wales Management Attendance at Work Policy.</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.</li> <li>Nurse Staffing Levels (Wales) Act 201625b/25c.</li> <li>Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP.</li> <li>Workforce planning supported by Compendium of new roles to support innovative workforce models.</li> <li>Recruitment KPI's.</li> <li>IMTP (Integrated Medium-Term Plan) Educational Commissioning.</li> <li>Workforce Establishment controls national working group has been instigated.</li> <li>Value and Sustainability Board.</li> <li>Implementation of the Collective Agreement (Non-Pay Deal) 2022/24.</li> <li>Real Living Wage Employer.</li> </ul> <p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>Engagement with national recruitment campaigns such as BAPIO, M&amp;D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor.</li> <li>Annual programme of Apprentice recruitment.</li> <li>Overseas Nursing (All Wales Recruitment programme).</li> </ul>	<p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>Approval to overrecruit to newly qualified nurses in September 2025 resulting in zero forecasted RN vacancies in rostered areas.</li> <li>Approval to overrecruit to newly qualified nurses in March 2026 to maintain zero forecasted RN vacancies in rostered areas and to reduce Variable Pay. Consideration will be given to over-recruit where appropriate for September 2026 in line with commissioned numbers</li> <li>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.</li> <li>Working closely with HEIW for earlier notification of unfilled and part-time training posts.</li> </ul> <p><b>Retention</b></p> <ul style="list-style-type: none"> <li>Development of career pathways (e.g., non-clinical to clinical).</li> <li>Implementation of Talent Management and succession planning workshops.</li> <li>NHS Wales Nurse Retention Plan quarterly updates being reviewed, submission update in September 2025.</li> <li>HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover being reviewed monthly.</li> <li>Introduction of new starter surveys in collaboration with Nursing and Midwifery directorate</li> <li>Over 50 positive retention stories across all divisions collated and on the intranet.</li> <li>Organisational turnover and exit reviewed and analysed leading to an initial deeper dive into estates and facilities.</li> </ul> <p><b>Variable Pay Reduction</b></p> <ul style="list-style-type: none"> <li>Development of action plan based on WHC to support the reduction in bank and agency usage.</li> </ul>

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

#### Variable pay reduction

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

#### E- Systems

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

#### Development of Alternative and New Roles

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

#### Training

- The HEIW Education & Training Plan 2025/26 continues the investment in education and training in Wales that has been increasing over past years.
- The 2025/26 education training plan demonstrated increases in a number of medical training places in medical, surgical, diagnostics and mental health specialities. This is to support areas of high vacancies, population health predictions and Welsh Government Priorities. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing (adult, health visiting, practice. Training numbers in Therapies and Health Care Science programmes will remain static at previous year's numbers.

#### 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 increased to 59.2% as of 01 September 2025.
- Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles.

#### Development of alternative and new roles

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

#### Workforce Supply and Demand Modelling

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

#### Training

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

- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.
- Ongoing investment in the Primary and Community Care Academy Network will be a key enabler to delivering innovation and transformation through the Strategic Workforce Plan for Primary Care and the Strategic Programme for Primary Care.
- Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active.
- K102 bridging model now being offered to support HCSW pathways into registered nursing.
- 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. Current completion is 80% as a result of anticipated funding queries and medical staffing being excluded due to ability register wte against job planned sessions and resident doctors residing with SLA (NWSSP). A bespoke model will be developed to support medical staffing. An establishment dashboard has been developed which will be rolled out in February 2026.

**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. This will re-band many Band 2 staff in nursing, maternity, and theatres to Band 3, improving engagement, retention, and recruitment.

<b>Sources of Assurance</b> <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	<b>Gaps in Assurance</b> <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	<b>Actions to Address Gaps</b> <i>(What further evidence is required to provide the effectiveness of controls)</i>
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> <li>• Workforce reports to the Nurse Strategic Workforce Group.</li> <li>• Monthly sickness monitoring reports.</li> <li>• Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN.</li> <li>• Medical Staffing Co-ordinator review of medical rotas.</li> <li>• Cross site operational calls.</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational Health and Wellbeing dashboards report KPIs.</li> <li>• Recruitment KPIs</li> <li>• Medical &amp; Dental and Student Streamlining fill rate reports</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> <li>• Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25</li> <li>• Workforce Dashboard presented to the Executive Committee, P&amp;CC Committee, and the Board.</li> <li>• Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation.</li> <li>• Measurements of Wellbeing through the ABUHB</li> </ul>	<ul style="list-style-type: none"> <li>• (Aneurin Bevan University Health Board) Staff Survey</li> <li>• Routine Reporting against nurse staffing levels.</li> <li>• Variable Pay Programme Board reporting to Value and Sustainability Board</li> </ul>	<ul style="list-style-type: none"> <li>• Governance processes</li> <li>• risk management input (register, risk assessment)</li> </ul>
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>		

<ul style="list-style-type: none"> <li>• Internal Audit Reviews 2023 -24</li> <li>• Long Term Sickness Absence Management (Q4)</li> <li>• Flexible Working (Q4)</li> <li>• External quarterly vacancy reporting to WG</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• External reporting on Nursing Staffing Levels</li> <li>• National Acuity Audits (Nursing)</li> <li>• Workforce planning external audit action plan 2024 and Structured Assessment Response August 2025</li> <li>• Resident Doctor Contract Reform</li> </ul>	<ul style="list-style-type: none"> <li>• Latest local survey saw a reduction in staff wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Internal Audit Staff Culture Q3 2024/25</li> </ul>
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**Assurance Rating** (*Overall Assessment of controls and assurances*) Guidance

<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>POSITIVE</b>
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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 (As a result of)	Due to a deterioration in, and a failure to improve, the well-being of staff.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<b>Patient</b>	<b>Staff</b>	<b>Organisation</b>		
	<ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<ul style="list-style-type: none"> <li>High absence levels, with some sustained long periods</li> <li>Non-compliance with safe staffing principles and standards</li> </ul>	<ul style="list-style-type: none"> <li>Reputational damage to the health board as an employer</li> <li>Work-related claims</li> <li>Financial Implications</li> </ul>		
<b>Risk Appetite Threshold - Score 17 and below.</b> 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.					
<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.					
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 January 2025	Risk rating	= 12 (High)	= 9 (High)	
Next Review (Quarterly based on risk score)	01 April 2025				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<b>General</b> <ul style="list-style-type: none"> <li>Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard</li> <li>Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity</li> <li>Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority</li> <li>Strategic Equality Plan</li> <li>Rest and Facilities Charter – monitoring and compliance</li> <li>Staff related policies</li> <li>National Staff Survey and Health Board Employee Experience Survey</li> <li>External Employee Assistance Programme</li> <li>Speaking up Safely Action Plan</li> <li>Race/LGBT groups</li> <li>Wellbeing resources</li> <li>Staff diversity networks</li> <li>Regular Schwartz rounds arranged across the Health Board</li> <li>Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own</li> <li>Close links with the Arts in Health programme</li> <li>Chaplaincy service for staff</li> <li>Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being</li> <li>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>Increase wellbeing initiatives, including long term strategic programmes within large departments (e.g., Maternity)</li> <li>Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders)</li> <li>Take a data-based approach to improve our approach to Respect and Resolution processes, and supporting resources</li> <li>Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues</li> <li>Trained mediators so there is team and organisational resilience and network</li> <li>Enhanced our financial well-being offer</li> <li>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management</li> <li>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.</li> <li>Implement, develop and embed the Speaking up Safely process in line with the Welsh Government Framework</li> <li>We are planning a series of events to celebrate 10 Years of Schwartz Rounds within ABUHB</li> <li>'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</li> <li>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.</li> </ul> <b>Occupational Health.</b> <ul style="list-style-type: none"> <li>Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Current Demand and Capacity review completed.</li> </ul>

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

- Regional occupational health partnership working being explored with Cardiff and Vale and also Cwm Taff, Phase 1 collaborative physician procurement process completed and implemented
  - Submission of response to All Wales KPI delivery and ongoing data analysis review in place
  - Support equality and diversity of workforce
  - Review of staff diversity networks
  - Review of National Staff survey to understand variations within diverse workforce demographic profile
  - Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms
  - Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing
- Staff Survey Action Plan**
- Findings from the staff survey 2024/25 indicate improvements with culture and diversity
  - An ABUHB action plan is in development to address staff engagement, work related stress and to improve retention of staff
  - Planning for 2025 staff survey underway to improve compliance and value of outcomes

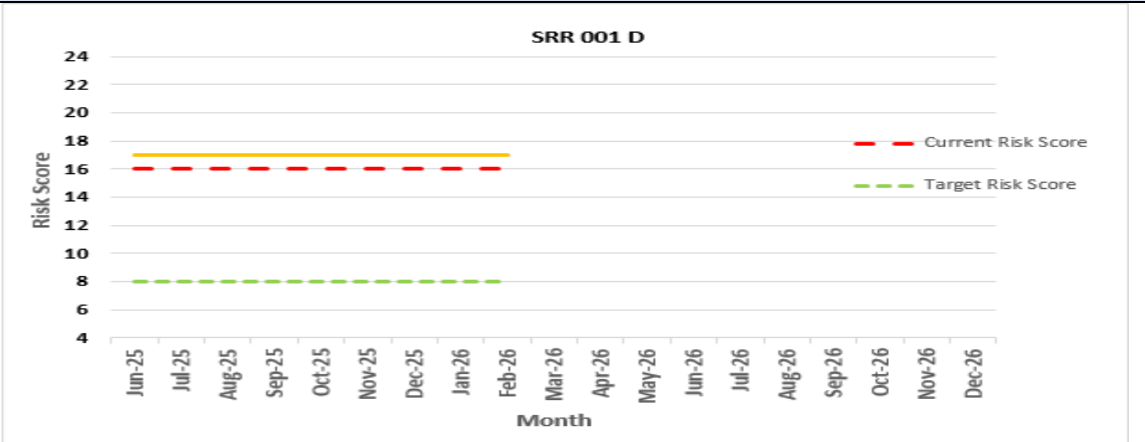
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the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

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><b>Patient</b></p> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings;</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Adverse impacts on staff recruitment and retention</li> </ul>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Failure to deliver health board priorities, required improvements and achieve sustainability;</li> <li>Poor levels of accountability and delivery;</li> <li>Reputational damage to the health board as an employer;</li> </ul>	<p><b>Risk Appetite Threshold - Score 17 and below.</b> 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><b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> 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	01 January 2026	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 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"> <li>Talent and Succession Planning framework published</li> <li>Monitoring Framework to support roll out of the People Plan – Focus on Talent and Succession Planning.</li> <li>Monitoring Frameworks with HEIW</li> <li>Lead appointed July 2023 on secondment funded by HEIW to create organisational talent management framework to enable to organisation to be deliberate and consistently attract, identify and develop talent for critical roles across ABUHB.</li> <li>HEIW schemes</li> <li>1 x HEIW funded graduate management trainee successfully appointed August 2025 following additional recruitment process.</li> <li>Develop Leadership Capabilities</li> <li>Leadership journey and programmes mapped, and 1 pager flyer designed and on intranet. Leadership development offer now available for entry level leaders and managers, clinical directors, directorate managers (DMx), senior nurses and multi-disciplinary teams. Considering very senior leader programme.</li> <li>Learning masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing team and having courageous conversations.</li> <li>Leading People Programme (started cohort 9 May 2025), CDx cohort 5 starting November 2025.</li> <li>2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire council; our graduate joined the health board in March 2023 and is supporting the decarbonisation agenda.</li> </ul>	<p><b>Talent and Succession Planning</b></p> <ul style="list-style-type: none"> <li>Development workshops being rolled across the Health Board, open for all leaders to attend. Ongoing and planned throughout 2026/27</li> <li>Designated Talent and Management succession planning resources available on ABUHB intranet and updated regularly.</li> </ul> <p><b>Development leadership capabilities</b></p> <ul style="list-style-type: none"> <li>Currently exploring leadership funding options with USW to maximise Governmental Grants and utilisation of the apprentice levy.</li> <li>Continued commitment to NHS graduate schemes.</li> <li>Continued bespoke development and support for senior management teams in clinical and non-clinical settings focusing on leadership, team dynamics and thriving.</li> <li>Working with HEIW to inform a national development programme for managers</li> <li>Engagement with the management competency framework which will be adopted in Wales (following implementation in NHS England).</li> <li>Review of current leadership journey and training with planning starting to develop a very senior leadership development programme in 2025/26</li> <li>Specific leadership and culture work starting in MHLD division with methods being developed to scale across the Health Board in 2026.</li> </ul>

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>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>WOD Divisional reporting</li> <li>Evaluation of internal leadership programmes and regular review of our internal offer</li> </ul>			
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Reporting to People and Culture Committee - progress against People Plan 22-25 / 2025 – 2028.</li> </ul>			
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>Internal Audit Review</li> <li>Talent and Succession Board</li> </ul>			
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>POSITIVE</b>

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)	<b>Patient</b> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Non-compliance with safe staffing principles and standards</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage to the health board and loss of public confidence</li> </ul>	<b>Risk Appetite Threshold - Score 17 and below.</b> 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. <b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.
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	01 January 2026	Risk rating	= 16 (Extreme)	= 8 (Moderate)
Next Review (Monthly based on risk score)	01 February 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"> <li>All Wales Industrial Action Planning Group.</li> <li>Local Health Board planning arrangements.</li> <li>Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and</li> <li>CODE OF PRACTICE Industrial Action Ballots and Notice to Employers.</li> <li>Business Continuity Processes - Redeployment Principles and Risk Assessment agreed.</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.</li> <li>Effective derogation processes including Christmas Day cover definition.</li> <li>Local Negotiating Committee (LNC).</li> <li>Services Business continuity plans in place.</li> <li>Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance.</li> <li>Command and control structure and leads established.</li> <li>Derogation test completed.</li> <li>Executive and Senior Manager leads established links with national planning cells.</li> <li>All Wales training sessions provide by legal and risk to support industrial action.</li> <li>Reducing impact on patients - Support for early supported discharge prior to industrial action.</li> <li>Picketing guidance supported and agreed.</li> <li>Workforce Peer Networks – WOD's and DEWOD's.</li> <li>Resident Doctor Contract agreed and implementation plan to commence</li> <li>Living Wage uplift to be applied from April 2026 as per WHC</li> <li>Band 2/Band 3 assessments initiated</li> </ul>	<ul style="list-style-type: none"> <li>Agreement reached in England for Medical &amp; Dental Staff – re-commencement of negotiations in Wales for Medical &amp; Dental Staff.</li> <li>Issue of WHC AFC non pay elements of collective agreement 2022-24.</li> <li>Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment).</li> <li>Communication plans- public, stakeholders and partners.</li> <li>Establish working mechanisms with NWSWP to consider derogations for junior doctors (who are the employer) and pay application.</li> <li>Consideration of further additional national legal advice.</li> <li>Early notification of consultative ballot outcomes via NHS Employers/WG.</li> <li>Local negotiation and response to grievances related to band 2/band 3 job descriptions for HCSWs.</li> <li>Awareness of national TU ballot responses regarding pay dispute – early notification ahead of any strike action ballots for planning purposes.</li> <li>Resident Doctor contract reform planning structure in place in conjunction with Medical Director.</li> <li>CPD/Statutory and Mandatory training review in progress with TU colleagues.</li> </ul>

Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Actions to Address Gaps (What further evidence is required to provide the effectiveness of controls)

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



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O: MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	People & Culture Comm- Committee Forward Work Plan 2026/27
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Board Business Manager/Governance Support Officer

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

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

- Fulfil its Terms of Reference; and,
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference.

**Cefndir / Background**

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

In line with good governance practice, a Committee Forward Workplan has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The workplan can therefore be utilised as a tool

for informing and pre-empting committee business and support the agenda setting process.

### Asesiad / Assessment

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

### Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee workplan for 2026/27 and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities <a href="#">Link to IMTP</a>	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 <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

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

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Not Applicable Choose an item.

## **Annual Programme of Business for 2026-27**

### **People & Culture Committee**

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

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2025/26
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

#### **Area of Focus as per Standing Orders:**

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

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

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

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June  16th June 2026	QTR 2 July to Sept  No Meeting	QTR 3 Oct to Dec  20 <sup>th</sup> October 2026	QTR 4 Jan to Mar  2 <sup>nd</sup> February 2027
<b>Preliminary Matters</b>						
Attendance and Apologies	Chair	SI	✓		✓	✓
Declarations of Interests	Chair	SI	✓		✓	✓
Minutes of the Previous Meeting	Chair	SI	✓		✓	✓
Action Log and Matters Arising	Chair	SI	✓		✓	✓
<b>Committee Governance</b>						
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"> <li>Annual Review of Committee Terms of Reference 2026/27</li> </ul>	DoCG	AN				✓

<ul style="list-style-type: none"> <li>Annual Review of Committee Effectiveness 2026/27</li> <li>Outcome of the annual review of Committee effectiveness 2026/27</li> </ul>						
Committee Risk Report	DoCG	SI	✓		✓	✓
<b>Culture, Values &amp; Behaviours</b>						
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				✓
<b>Organisational Development</b>						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	AN	✓			✓
Annual Assurance Report on Medical Revalidation	MD	AN	✓			
<b>Workforce Performance</b>						
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	✓			✓

<b>Lead Officer</b>	
<b>Key</b>	
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	
<b>SI</b>	Standing Item
<b>An</b>	Annual
<b>1/4ly</b>	Quarterly
<b>BI</b>	!/2 yearly
Schedule of Meetings	
<b>v</b>	Scheduled agenda item in FWP
<b>D</b>	Deferred from this agenda
<b>vD</b>	Deferred Scheduled agenda item
<b>W</b>	Withdrawn from FWP
<b>T</b>	Transferred to another Committee
<b>IC</b>	Matter discussed In Committee

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	10 February 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	People and Culture Committee
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	People & Culture Committee – Review of Committee Forward Work Plan 2025/26
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Governance Support Officer

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**  
**SBAR REPORT**

Sefyllfa / Situation

The People & Culture Committee is asked to review the agreed Committee Forward Work Plan appended to this report. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2025/26 and to enable the Committee to: -

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

Cefndir / Background

In line with good governance practice, the Committee has a Forward Work Plan that was developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The Forward Work Plan can therefore

be utilised as a tool for informing and pre-empting Committee business and support the agenda setting process.

To aid the Committee when reviewing its programme of business, the Forward Work Programme captures the timing of when reports are to be submitted, identifies items that have been deferred and captures new requests for reports and enables the Committee to monitor and review its business at each meeting.

During the period the following requests and/or changes to the forward work plan have been included:

**Items Deferred on the Forward Work Plan**

- Committee Annual Report 2025/26 was deferred and would be reported in the June 2026 meeting;
- Review and Refresh of ABUHB Values & Behaviours Framework was deferred and would be reported in the June 2026 meeting;
- Training, Development and Education was deferred and would be reported in the June 2026 meeting;

**Additional reports on the Forward Work Plan**

- Violence Prevention and Reduction Strategy was an action from the Patient, Quality, Safety and Outcomes Committee and would be reported in February 2026 meeting;
- Update on survey outcomes and action plans was an action from October’s meeting and would be reported in February 2026 meeting;
- DBS update was an action from October’s meeting and would be reported in February 2026 meeting;
- Update on Legal advice in regards to resolution for the length of employee suspensions was an action from October’s meeting and would be reported in February 2026 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**.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
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  <a href="#">Link to IMTP</a>	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  <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>

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

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

Not Applicable  
Choose an item.

## **Annual Programme of Business for 2025-26**

### **People & Culture Committee**

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

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

#### **Area of Focus as per Standing Orders:**

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

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

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

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June  11th June	QTR 2 July to Sept  No Meeting	QTR 3 Oct to Dec  15 <sup>th</sup> October	QTR 4 Jan to Mar  10 <sup>th</sup> February
<b>Preliminary Matters</b>						
Attendance and Apologies	Chair	SI	✓		✓	✓
Declarations of Interests	All Members	SI	✓		✓	✓
Minutes of the Previous Meeting	Chair	SI	✓		✓	✓
Action Log and Matters Arising	Chair	SI	✓		✓	✓
<b>Committee Governance</b>						
Development of Committee Annual Programme of Business 2026/27	Chair DoCG	Annually				✓
Review of Committee Programme of Business 2025/26	Chair DoCG	SI	✓		✓	✓
Annual Review of Committee Terms of Reference 2025/26	Chair DoCG	Annually	✓			✓ D
Annual Review of Committee Effectiveness 2025/26	Chair DoCG	Annually	✓		✓ D	✓ D
Outcome of the annual review of Committee effectiveness 2025/26	Chair DoCG	Annually	✓			✓ D
Committee Annual Report 2025/26	Chair DoCG	Annually	✓			✓ D

Committee Risk Report	DoCG	SI	✓		✓	✓
<b>Culture, Values &amp; Behaviours</b>						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓ D
Annual Review and Refresh of the People Plan and its Priorities (Deferred to June 2025)	DoW&OD	Annually	✓			
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually			✓	
Violence & Aggression against Staff across ABUHB	DoT&HS/C OO	Annually			✓ D	✓
Speaking Up Safely Report	DoW&OD	Annually			✓ D	✓
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	Annually				✓
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓			
Employee Experience Strategy (Deferred from February)	DoW&OD	Annually	✓		✓	
Update on Job Planning <b>PCC/1510/10</b> (Deferred to June)	DoW&OD	Action	✓			
Body Camera Update	DoW&OD	Add Hoc				✓

Mandatory Training Update	DoW&OD	Add Hoc				✓
<b>Organisational Development</b>						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓ D
Annual Assurance Report on Medical Revalidation	MD	Annually	✓			
Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes of feedback	Assistant Director of Communications	Action	✓			
<b>Workforce Performance</b>						
Workforce Performance Dashboard incorporating Key Performance Indicators	DoW&OD	SI	✓		✓	✓
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓			
People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually			✓	
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually				✓
Report from the Director of Workforce & OD, including	DoW&OD	Quarterly	✓		✓	✓

Employee Relations & Suspensions over 4 months						
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓	
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	Annually			✓ D	✓
DBS Review – Health Board Position	DoW&OD	BI			✓	✓
Assurance on the Development and Delivery of an Agile Working Framework <b>PCC/1806/3.3</b>	DoW&OD	Action	✓ D		✓	
A headcount comparison report detailing organisational growth over the past five years <b>PCC/06/11/14</b>	DoW&OD	Action			✓	
Violence Prevention and Reduction Strategy <b>Transferred PQSOC 0110/19</b>	DoAHPs&HS	Action				✓
Update on survey outcomes and action plans <b>PCC/1510/06</b>	DoW&OD	Action				✓
DBS update <b>PCC/1510/09</b>	DoW&OD	Action				✓
Update on Legal advice in regards to resolution for the length of employee suspensions. <b>PCC/1510/11</b>	DoW&OD	Action				✓

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

<b>Frequency of Inclusion</b>	
<b>Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions</b>	
<b>SI</b>	Standing Item
<b>An</b>	Annual
<b>1/4ly</b>	Quarterly
<b>BI</b>	!/2 yearly
<b>Schedule of Meetings</b>	
<b>v</b>	Scheduled agenda item in FWP

<b>D</b>	Deferred from this agenda
<b>√D</b>	Deferred Scheduled agenda item
<b>W</b>	Withdrawn from FWP
<b>T</b>	Transferred to another Committee
<b>IC</b>	Matter discussed In Committee