Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant/ People, Organisational Development and Culture Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 August 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisation Development (OD) / Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle James, Head of Resourcing and Utilisation

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A purpose of the People, Organisational Development & Culture Committee (PODCC) is to provide assurance to the Board on best practice around the workforce and organisational development (OD) agenda.

This report provides assurance of delivery against national delivery framework targets. The dataset presented is accurate as at 30 June 2026 (unless stated otherwise e.g. for NHS Wales benchmarking datasets).

Cefndir / Background

The dashboard has been developed to report on the individual delivery plans for the 12 specific requirements, targets have been identified against the eight strategic statements of intent in the 10 year strategy to demonstrate the link between the target and progress in delivery of our strategy.

The frequency in which the dashboard in Appendix 1 is produced has been amended in line with the committee frequency and as such is reported quarterly with the full range of metrics and Key Performance Indicators (KPI's) presented annually in February.

Asesiad / Assessment

The dashboard in Appendix 1 presents performance against the following national delivery framework targets:

Overall staff engagement score – scale score method

- The response rate has fluctuated through the years. The highest response rate was seen in January 2026 at 26%, it has since dipped slightly. Ways to increase participation are continually being explored.

- The quarterly average score increased slightly from 72% (January - March 26) to 73% (April - June 26) indicating sustained staff engagement despite a reduction in response rates over the period.
- There has been a reduction in staff involvement in decisions affecting their work. The score for this measure has fallen for the third consecutive survey cycle to 44.2%, meaning fewer than half of colleagues who responded feel involved in decisions that shape their working lives.
- The organisation has many agendas that are driving positive action for staff engagement. There is currently a consultation ongoing with staff in relation to Recognition, Appreciation and Reward.
- Staff engagement and participation (NHS Wales Staff Survey data) are now key workforce escalation metrics. The Executive Improving Together sessions (EITs) Escalation Framework is reviewed during monthly monitoring sessions, where engagement scores and survey participation rates are assessed across all Clinical Care Groups (CCGs and Directorates. This information is submitted as part of the Health Board's monthly internal escalation process. Each CCG/ Directorate is informed of its escalation level within each domain. Where a CCG/Directorate is assessed at Level 3 - indicating there is no assurance that prescribed targets will be achieved within the year, or that targeted intervention is required, it is invited to meet with the relevant Executive Director to discuss performance, challenges, and improvement actions.

Agency spend as a % of total pay bill; Variable pay (agency, locum, bank & overtime: monthly position).

- As of June 2026, there are 14 Allied Health Professional agency workers across the Health Board, with exit plans in place for the majority.
- Within the Medical workforce, there are approximately 30 agency workers engaged, with over 50% having agreed exit plans. A number have successfully transitioned into substantive and bank appointments, supporting greater workforce stability and reducing reliance on temporary staffing solutions.
- Agency has remained below 5% of the total pay bill since November 2023.

Education and Commissioning template to Health Education and Improvement Wales (HEIW) aligned to the Integrated Medium-Term Plan (IMTP) submission on an annual basis.
Data in relation to Health Care Support Worker (HCSW) framework on annual basis and related requirements for funding

- Continued alignment of education commissioning and workforce planning processes has strengthened the link between workforce priorities, training requirements and available HEIW funding.
- HEIW has confirmed that once a HCSW enrols on the Clinical Induction Programme, they are recognised as being on the All-Wales Career Framework (AWCF) pathway. This has contributed to improved compliance rates for Band 2 staff entering through clinical induction, as well as learners undertaking Level 3 and 4 qualifications aligned to the AWCF.
- Continue efforts to strengthen partnership with HEIW and engage in strategic review of the framework will be prioritised, including wider scale mapping of compliance across the organisation for existing staff.

Percentage of sickness absence rate of staff

- Sickness absence figures for June show a slight increase in the monthly absence rate to 6.73%, continuing the trend of absence levels remaining above the Health Board’s target. The Health Board’s rolling 12-month sickness absence rate currently stands at 6.80%, which remains 0.6 percentage points above the organisational target of 6.20%.

- Analysis of the causes of absence continues to identify anxiety, stress and depression as the most significant contributor to sickness absence across the Health Board, accounting for 35.2% of all recorded absences. The second highest reason for sickness absence remains other musculoskeletal problems, accounting for 10.0% of all absences.
- At 6.7%, Hywel Dda's sickness absence rate ranks as the third highest amongst the six main Health Boards. While performance is less favourable than Aneurin Bevan (6.55%), Cardiff and Vale (6.38%) and Betsi Cadwaladr (6.09%), Hywel Dda continues to perform better than both Swansea Bay (7.25%) and Cwm Taf Morgannwg (7.47%). Although the current position indicates that further improvement is required, the relatively narrow variation between organisations suggests that sustained focus on attendance management, staff wellbeing and reducing long-term sickness absence can support continued progress and improve Hywel Dda's comparative position across NHS Wales.
- To further improve attendance levels and sustain progress, the Workforce teams provide targeted support as follows**:**
    - Continue monitoring sickness trends to identify emerging themes and implement targeted interventions where required.
    - Ongoing support from the Workforce Advisors for Attendance Management and the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all CCGs. Key activities include reviewing individual cases, supporting managers in the application of the Attendance Management Policy, monitoring compliance with policy requirements, and ensuring appropriate wellbeing and occupational health interventions are in place.
    - Detailed workforce data analysis and service-level deep dives continue to be undertaken to develop a greater understanding of the factors contributing to sickness absence across the organisation, to ensure underlying issues are identified and appropriate support is in place.
    - Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters
    - Ongoing development of bite size training for managers on the sickness absence process continues.
    - Work is ongoing to further develop and refresh sickness absence reporting and analysis through alignment with population health intelligence. By combining workforce absence data with wider health and demographic information, the Health Board is seeking to better understand the health needs of its workforce across different localities and staff groups. This will support the development of more targeted health promotion initiatives, preventative interventions and wellbeing programmes that address the specific health challenges affecting employees. The aim is to move towards a more proactive and preventative approach to workforce wellbeing, supporting healthier workplaces and contributing to sustainable reductions in sickness absence over the longer term.

Qualitative report providing evidence of available learning and development in line with the Good Work – Dementia Learning and Development Framework.

- The Percentage of staff completing dementia training is consistently well above the 85% target.
- The only staff group not above the 85% target are Medical and Dental. They have been increasing month on month, performance has improved from 68.2% in March 2026 to 72.2% in June 2026.

Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation

- The Health Board has returned to be above our 85% target following a slight dip in April 2026.
- There is only one staff group that is below the 85% target which is Medical & Dental. These rates continue to steadily increase and increasing by 3.1% since March 2026, currently sitting at 67.2%.
- Work with service leaders to address barriers to training completion and maximise opportunities for protected learning time.
- Continue promoting timely completion of mandatory training to sustain performance above the NHS Wales target.
- Monitor compliance trends regularly and implement focused improvement plans in areas where performance falls below target.

Percentage of headcount by organisation who have had a Performance Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training).

- The combined appraisal compliance continues to fluctuate between 82.1% and 84% with the current rate at 80.4%.
- The Health Board is performing better than NHS Wales, however we continue to fall slightly short of the 85% target.
- Discussions with colleagues suggest that a significant proportion of apparent non-compliance may reflect completed PADRs that have not been recorded or updated within ESR, rather than reviews not taking place. Feedback indicates that ESR can be challenging and time-consuming to update, which may contribute to the under-reporting of completed PADRs and therefore impact reported compliance figures. Service pressures are also a factor which colleagues have raised to us which has reduced the time available for managers to undertake and record PADRs, particularly in areas experiencing staffing challenges or higher demands.
- It is important to recognise that the compliance figure reflects the recording of PADRs within ESR rather than the quality or frequency of the regular, meaningful discussions taking place between managers and colleagues throughout the year. As such, the reported compliance position does not fully reflect the number of colleagues who have engaged with and experienced meaningful performance management.

Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job.

- The rate has fluctuated, currently sitting at 74.1% in June 2026.

Consultant/Specialty and Associate Specialist (SAS) doctors with a job plan & Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).

- There was an 8% compliance decrease in May 2026, due to the change in the compliance period from 15-months to 12-months, this reverted back in June 2026.
- The Health Board changed process in line with the National Job Plan status model as agreed by AWMD (All Wales Medical Directors). There are now only 3 categories Compliant, Non-Compliant and Excluded.
- To ensure action plans are developed to improve compliance. Maintaining compliance, All Service Teams are issued monthly reports and advised to focus on expired job plans.

Percentage of compliance for staff appointed into new roles where an adult or child barred list check is required.

- We continue to maintain 100% compliance over the last 12 months.

The targets are presented in a format which will allow PODCC to assess the alignment

between the key performance indicator and the intentions as set out in the 10-year Workforce, Organisational Development & Education Strategy.
Argymhelliad / Recommendation The People, Organisational Development & Culture Committee is requested to: • **NOTE** the content of the Performance Assurance and Workforce Metrics report and • **RECEIVE ASSURANCE** of performance in key areas of the Workforce and OD agenda

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring (HDdUHB) is recognised as a leader in this field
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Positive futures
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	2. Strengthen resilience by planning for and adapting to climate change

Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Data extracted from a range of workforce information systems.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Performance reported in a number of the key performance indicators will have an impact on the quality of patient care.
Gweithlu: Workforce:	All metrics and performance indicators contained in the report have direct relevance to the workforce agenda
Tegwch Iechyd: Health Equity:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	All data presented is anonymous
Cydraddoldeb: Equality:	Not Applicable

Strategic Planning Objective 1:
Develop and implement plans to deliver, on a sustainable basis, NHS delivery framework targets related to Workforce within the next 3 years.

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National Delivery Framework Target	Operational Delivery Lead
Overall staff engagement score – scale score method	Head of Culture and Workforce Experience
Agency spend as a % of total pay bill	Senior Workforce Manager – Workforce Efficiency
Variable pay (Agency, Locum, Bank & Overtime: monthly position)	Senior Workforce Manager – Workforce Efficiency
HEIW Planning Objective 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis	Assistant Director of People Planning
HEIW Planning Objective 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding	Future Workforce Programme Manager
Percentage of sickness absence rate of staff	Assistant Director of People Management
Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework	Clinical Education Manager
Percentage of employed NHS staff completing dementia training at an informed level	Clinical Education Manager
Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Learning & Development Manager
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Head of Culture and Workforce Experience
Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)	Head of Culture and Workforce Experience
Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months)	Head of Medical Education & Professional Standards
Percentage of compliance for staff appointed into new roles where a child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion
Percentage of compliance for staff appointed into new roles where an adult child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion

KEY: 8 Statements of Intent Contained within the 10 Year Workforce, Organisational Development(OD) and Education Strategy

1 - Delivering Collective and Compassionate Leadership
2 - Recruiting and Retaining Great People
3 - Engaging our Staff
4 - Delivering a Workforce Fit for the Future
5 - Enabling Our People to Release Their Potential
6 - Developing High Performing Teams
7 - Delivering Innovation, System Learning and Change Agility
8 - Developing Workforce Efficiency and Effectiveness

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – Overall staff engagement score – scale score method Strategic Delivery Lead: Assistant Director of Organisation Development; Operational Delivery Lead: Head of Culture and Workforce Experience

This target aligns to the following statement of intent:

3 - Engaging our Staff

Staff Engagement Score Year on Year

Year Of Survey	Sent to	Number Completed	Response Rate	Engagement Score
2023 Sample in July	985	181	18%	74%
2023 Sample in August	1002	170	17%	73%
2023 Sample in September	972	182	19%	74%
2023 Sample in November	997	152	15%	73%
2023 Sample in December	977	107	11%	72%
2024 Sample in January	939	135	14%	73%
2024 Sample in February	944	94	10%	76%
2024 Sample in March	935	120	13%	70%
2024 Sample in April	931	132	14%	75%
2024 Sample in May	947	123	13%	71%
2024 Sample in June	914	157	17%	71%
2024 Sample in July	917	171	19%	71%
2024 Sample in August	909	157	17%	72%
2024 Sample in September	900	207	23%	73%
2024 Sample in October	901	198	22%	73%
2024 Sample in November	886	203	23%	73%
2024 Sample in December	902	139	15%	71%
2025 Sample in January	899	190	21%	71%
2025 Sample in February	888	188	21%	70%
2025 Sample in March	886	166	19%	72%
2025 Sample in April	901	184	20%	73%
2025 Sample in May	877	195	22%	74%
2025 Sample in June	897	147	16%	73%
2025 Sample in July	870	185	21%	72%
2025 Sample in August	855	189	22%	72%
2025 Sample in September	872	195	22%	73%
2026 Sample in January	866	222	26%	73%
2026 Sample in February	851	179	21%	69%
2026 Sample in March	848	134	16%	74%
2026 Sample in April	1340	305	23%	72%
2026 Sample in May	1339	285	21%	72%
2026 Sample in June	1327	224	17%	74%

Engagement Score by Staff Group

Role	Jul-25	Aug-25	Sep-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Administrative and Clerical	74%	75%	75%	74%	72%	77%	73%	71%	75%
Allied Health Professionals	72%	70%	72%	71%	64%	74%	74%	72%	74%
Estates, Facilities & Support Services	69%		74%	63%			70%	67%	
Healthcare Scientists	75%	74%	78%	72%	71%	76%	69%	67%	81%
Medical and Dental	65%	66%	67%	75%	68%	77%	62%	77%	68%
Nursing and Midwifery								72%	
Nursing and Midwifery	68%	70%	71%	74%	70%	71%	71%		73%
Other Clinical Services	80%	73%		75%	71%	69%	81%		72%
Other Scientific and Technical				69%					
Other				87%					70%
Other Clinical Services								82%	

Current Performance

Following the fluctuation seen earlier in the year, staff engagement scores remained stable through April and May 2026 at 72%, before improving to 74% in June 2026. June recorded the highest staff engagement score of the quarter.

Performance Against Trend

As a thermometer measure, the staff engagement score continues to be influenced by a range of organisational and external factors. Despite monthly variation, the Staff Voice engagement score has remained broadly consistent with the established trend and aligns closely with scores from the NHS Wales Staff Survey.

Following modest improvement in the 2024 NHS Wales Staff Survey, the Staff Engagement Index declined by 0.6 percentage points in 2025 to 70.7%, marginally below the NHS Wales average. This decline has been driven principally by a sustained and worsening reduction in staff involvement in decisions affecting their work. The score for this measure has fallen for the third consecutive survey cycle to 44.2%, meaning fewer than half of colleagues who responded feel involved in decisions that shape their working lives.

Future Positive Actions

The organisation has many agendas that are driving positive action for staff engagement. There is currently a consultation ongoing with staff in relation to Recognition, Appreciation and Reward.

Staff engagement and participation (NHS Wales Staff Survey data) are now key workforce escalation metrics. The EITs Escalation Framework is reviewed during monthly monitoring sessions, where engagement scores and survey participation rates are assessed across all CCGs and Directorates.

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – agency spend as a % of total pay bill.
Variable pay (Agency, Additional, Bank & Overtime: monthly position) Strategic Delivery Lead: Assistant Director of People Planning
Operational Delivery Lead: Senior Workforce Manager – Workforce Efficiency
This target aligns to the following statement of intent:
8 - Developing Workforce Efficiency and Effectiveness

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Current Performance

Agency expenditure remained below the Welsh Government target of 5% of total pay bill throughout April to June 2026, with monthly performance ranging between 1.25% and 1.91%. This demonstrates continued achievement against the target and sustained control of agency usage across the organisation.

As of June 2026, there are 14 Allied Health Professional agency workers across the Health Board, with exit plans in place for the majority.

Within the Medical workforce, there are approximately 30 agency workers engaged, with over 50% having agreed exit plans. A number have successfully transitioned into substantive and bank appointments, supporting greater workforce stability and reducing reliance on temporary staffing solutions.

Variable pay expenditure remained stable, with additional hours accounting for the largest proportion of spend. Temporary staffing and overtime continue to support service delivery where substantive workforce capacity remains below required levels.

Agency usage has remained below 5% of the total pay bill since November 2023.

Agency Spend as a percentage (%) of the total pay bill

Month Name	2025/2026	2026/2027
April	0.95%	1.91%
May	1.59%	1.25%
June	1.11%	1.49%
July	1.34%	
August	1.37%	
September	1.45%	
October	1.63%	
November	1.43%	
December	1.98%	
January	1.85%	
February	1.85%	
March	0.90%	

Future Positive Actions

Continue implementing and monitoring agreed agency exit plans across Allied Health Professions and the Medical workforce.

Support the transition of remaining agency workers into substantive and bank posts where appropriate to improve workforce sustainability.

Maintain workforce planning support to identify and address areas of ongoing reliance on temporary staffing.

Progress work to maximise the newly qualified pipelines, increasing substantive workforce capacity and reducing variable pay expenditure.

Continue to strengthen recruitment, retention and rostering initiatives to minimise agency usage and maintain performance below the Welsh Government target.

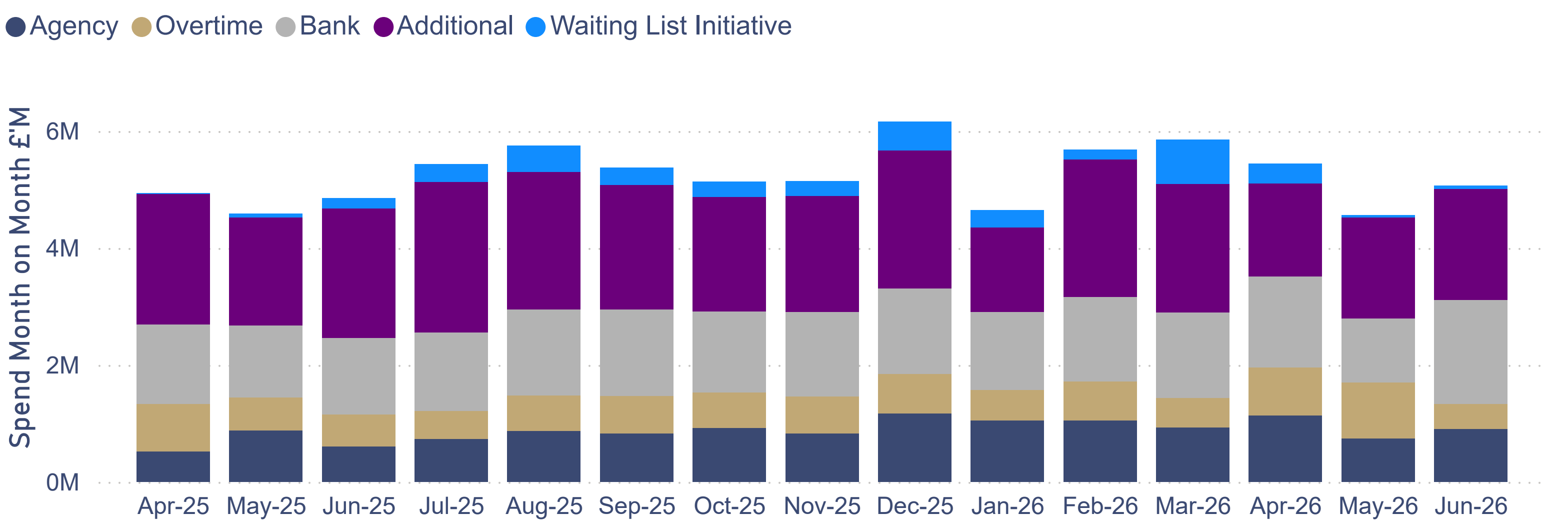
Performance Against Trend

The number of agency workers within both the Allied Health Professions and Medical workforce continues to reduce through planned exits and successful conversion to substantive and bank roles.

Ongoing workforce planning support is helping services address staffing gaps through longer-term workforce solutions rather than temporary staffing arrangements.

Variable pay expenditure remains relatively stable, although bank, overtime and additional duty hours continue to be utilised to maintain safe service delivery where recruitment challenges persist.

Variable Pay Month on Month



NHS delivery framework target: 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis Strategic Delivery Lead: Assistant Director of People Planning. Operational Delivery Lead: Assistant Director of People Planning

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People & 4 - Delivering a Workforce Fit for the Future

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Key	
(document icon)	Output known
✓	Completed
(hourglass icon)	In Progress

Plan	Education Commissioning	Status
2020/21	Out turn c2023	Output known
2021/22	Out turn c2024	Output known
2022/23	Out turn c2025	✓
2023/24	Out turn c2026	✓
2024/25	Out turn c2027	✓
2025/26	Out turn c2028	In Progress

Future Positive Actions

Continue to align education commissioning priorities with workforce plans and the Higher Awards process to maximise workforce development opportunities

Current Performance

The annual Education Commissioning submission is completed and aligned to the Health Board's Integrated Medium-Term Plan (IMTP) requirements and submitted to Health Education and Improvement Wales (HEIW).

Workforce Planning and Learning and Development colleagues are aligning education and training priorities with the Higher Awards process, ensuring HEIW funding is utilised effectively to support workforce development across staff groups.

Performance Against Trend

Continued alignment of education commissioning and workforce planning processes has strengthened the link between workforce priorities, training requirements and available HEIW funding.

NHS delivery framework target: 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding. Strategic Delivery Lead: Assistant Director of People Development

Operational Delivery Lead : Learning & Development Manager

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People , 4 - Delivering a Workforce Fit for the Future

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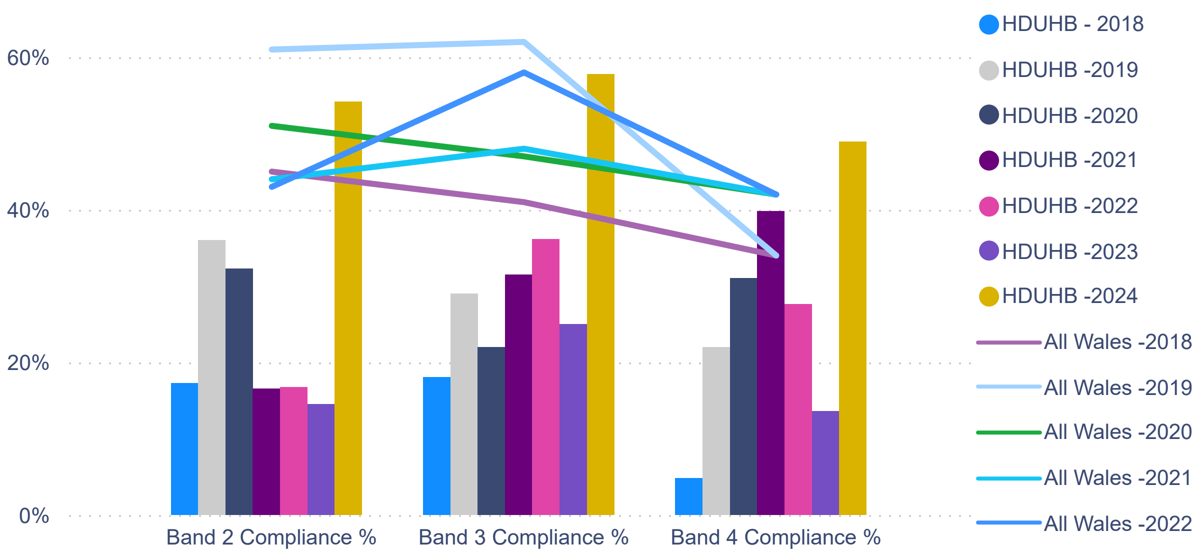
Career Framework Data



Current Performance

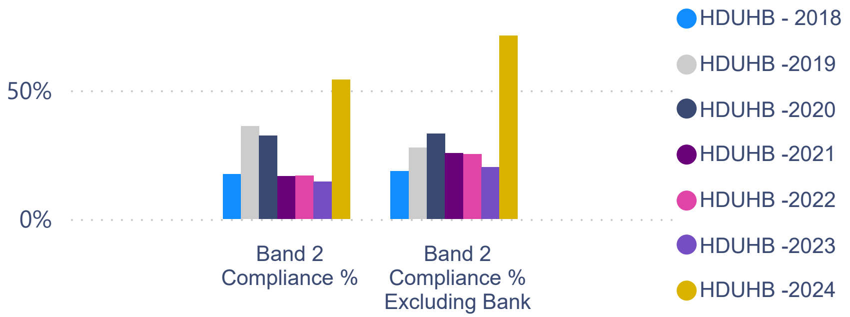
Data to inform the annual data returns relating to the Health Care Support Worker (HCSW) Framework and associated funding requirements continue to be collated.

HEIW has confirmed that once a HCSW enrols on the Clinical Induction Programme, they are recognised as being on the All-Wales Career Framework (AWCF) pathway. This has contributed to improved compliance rates for Band 2 staff entering through clinical induction, as well as learners undertaking Level 3 and 4 qualifications aligned to the AWCF.

Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Speech and Language service	0.0%	25.0%	0.0%
Radiology	100.0%	24.2%	0.0%
Physiotherapy	0.0%	52.4%	23.9%
Operating Theatres	68.2%	64.0%	100.0%
Occupational Therapy	0.0%	20.0%	6.8%
Nursing Mental Health	74.0%	73.1%	20.0%
Nursing Learning Disability	50.0%	50.0%	42.9%
Nursing Community	75.3%	70.0%	85.0%
Nursing Child	88.5%	72.4%	90.7%
Nursing Adult	70.9%	58.7%	64.6%
Maternity	57.4%	50.0%	0.0%
Dietetics	0.0%	0.0%	33.3%
Bank / Temporary Staff (on Bank only contracts)	40.9%	50.7%	58.1%

Impact of Bank Compliance on Career Framework Data



Future Positive Actions

Continue efforts to strengthen partnership with HEIW and engage in strategic review of the framework will be prioritised, including wider scale mapping of compliance across the organisation for existing staff.

Please note that where zero percent is shown; there are minimal staff at this level for these professions. Please see headcount Table.

Headcount

Profession	Headcount B2	Number at L2	Headcount B3	Number at L3	Headcount B4	Number at L4
Bank / Temporary Staff (on Bank only contracts)	1455	595	337	171	43	25
Dietetics	0	0	0	0	6	2
Maternity	61	35	2	1	0	0
Nursing Adult	846	600	143	84	65	42
Nursing Child	26	23	29	21	43	39
Nursing Community	85	64	190	133	20	17
Nursing Learning Disability	4	2	46	23	14	6
Nursing Mental Health	77	57	78	57	20	4
Occupational Therapy	0	0	5	1	44	3
Operating Theatres	22	15	25	16	7	7
Physiotherapy	1	0	21	11	46	11
Radiology	1	1	33	8	7	0
Speech and Language service	0	0	4	1	5	0
Total	**2578**	**1392**	**913**	**527**	**320**	**156**

Performance Against Trend

Compliance with the HCSW Framework has increased through enhanced monitoring and reporting arrangements, particularly for newly appointed Band 2 staff and those progressing through AWCF-aligned qualifications. This has resulted in a measurable increase in compliance for band 2 roles coming though clinical induction, as well as for learners undertaking level 3 and 4 qualifications, aligned to the AWCF

Collaboration between Workforce Planning, Learning and Development, and HEIW continues to support a more strategic and coordinated approach to workforce development across the organisation.

NHS delivery framework target: 5.A.i - Develop plans to deliver, on a sustainable basis - Percentage of sickness absence rate of staff Strategic Delivery Lead: Assistant Director of People Management Operational Delivery Lead: : Head of Workforce

This target aligns to the following statement of intent:

3 - Engaging our Staff

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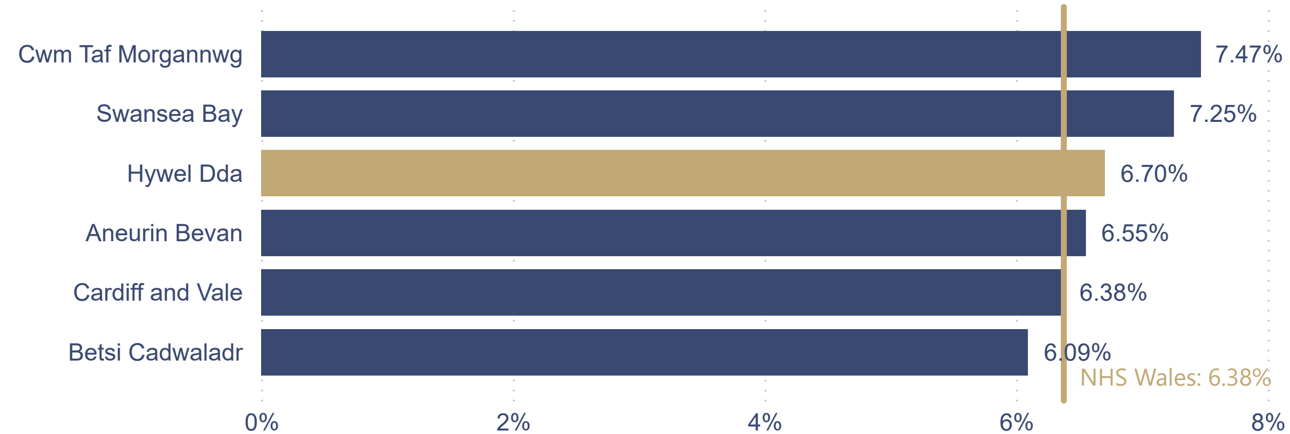
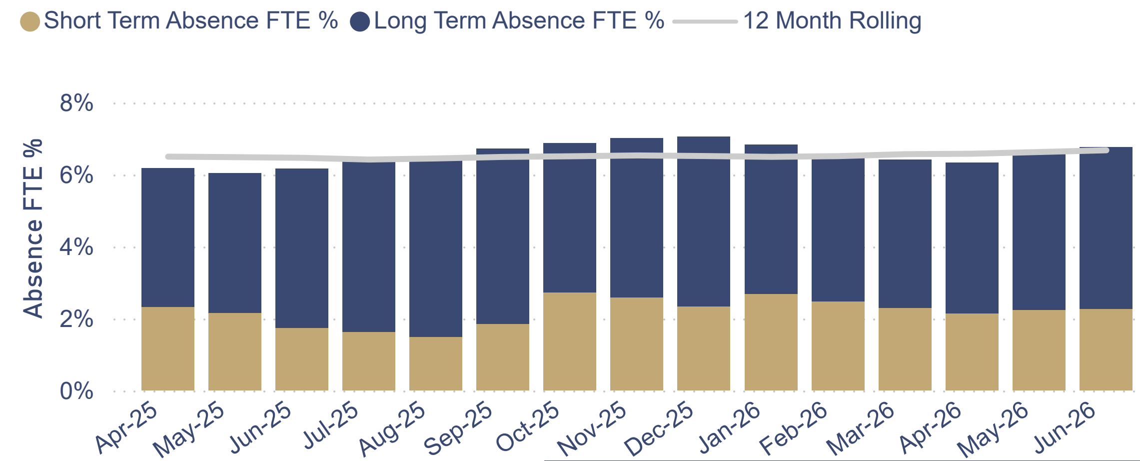
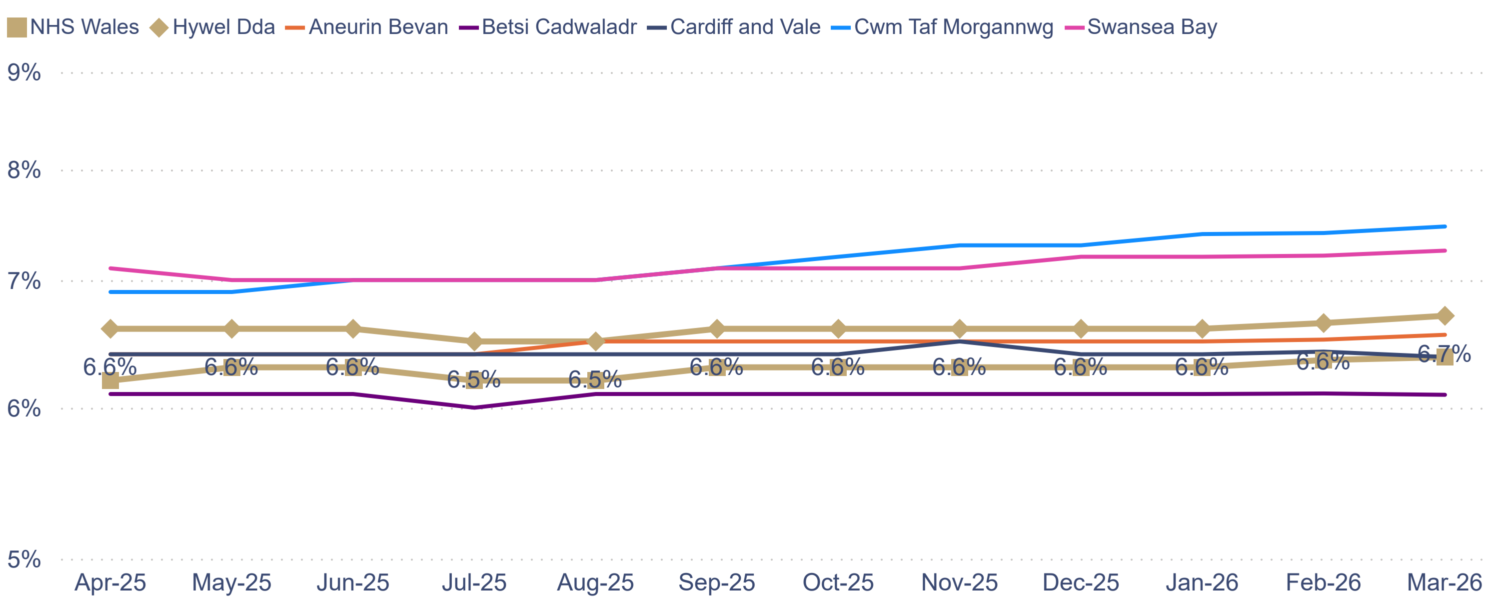
12 month rolling sickness absence rates (UHBs only) to March 2026



Hywel Dda In Month Sickness Absence by Long Term & Short Term compared to Rolling 12m



Rolling 12-month sickness absence rates, Apr 25 - Mar 26



Current Performance

The Health Board's sickness absence target has been reduced from 6.60% in the previous year to 6.20%, reflecting a continued organisational focus on improving attendance levels, enhancing staff wellbeing, and reducing the operational impact of employee absence.

Sickness absence figures for June show a slight increase in the monthly absence rate to 6.73%, continuing the trend of absence levels remaining above the Health Board's target. The Health Board's rolling 12-month sickness absence rate currently stands at 6.80%, which remains 0.6 percentage points above the organisational target of 6.20%.

Performance Against Trend

Sickness absence has increased compared with previous reporting periods and remains above the desired trajectory. Analysis indicates that long-term sickness absence continues to be the principal contributor to the current position, alongside ongoing operational pressures.. Continued focus on preventative measures, early intervention, effective case management, and targeted wellbeing support will be essential to achieving sustained reductions in absence rates.

Future Positive Actions

Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.

There remains a strong focus on prevention and early intervention. Managers are encouraged to have regular wellbeing conversations with staff, identify emerging concerns at an early stage, and facilitate access to support services such as Occupational Health, counselling services and wellbeing resources. These actions aim to support employee wellbeing, improve attendance levels, enhance workforce availability, and contribute to the delivery of sustainable services across the organisation.

NHS delivery framework target: 5.A.i - Qualitative report providing evidence of provided learning and development in line with the Good Work –Dementia Learning and Development Framework & Percentage of employed NHS staff completing dementia training at an informed level Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: Learning & Development Manager

This target aligns to the following statement of intent:

6 - Developing High Performing Teams

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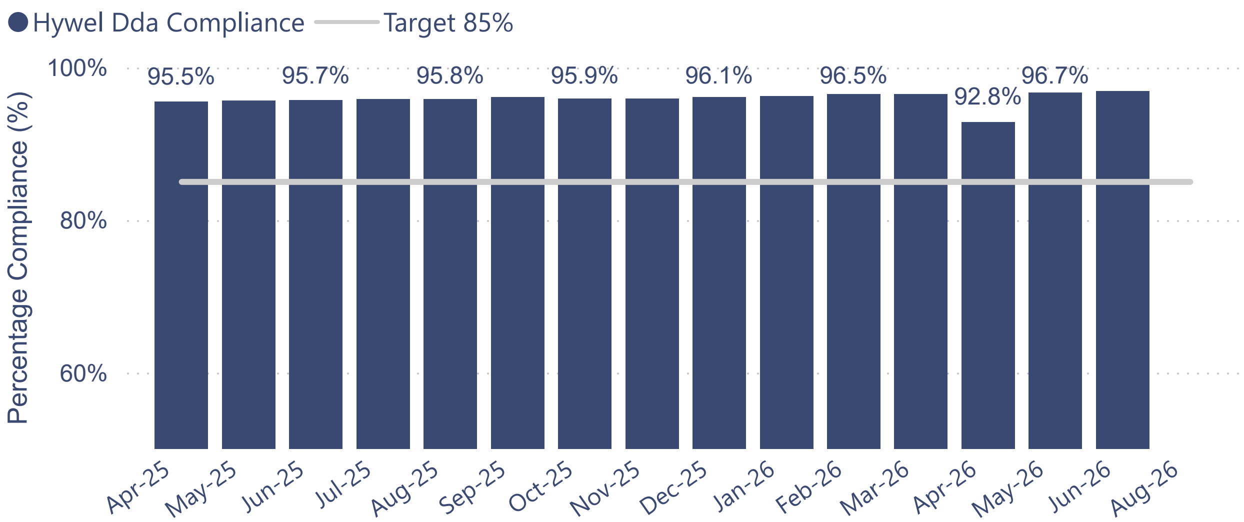
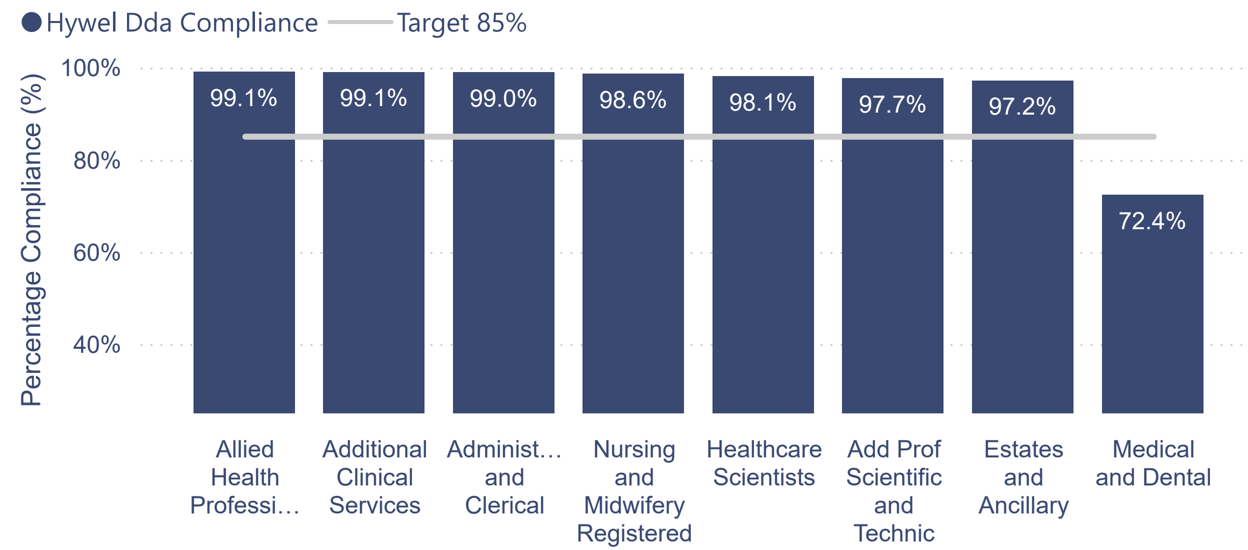
Percentage of Staff completing Dementia Training



Percentage of Staff completing Dementia Training



Current Performance

Learning and development opportunities continue to be provided in line with the Good Work – Dementia Learning and Development Framework, supported by regular qualitative reporting.

Dementia training compliance remains consistently above the organisational target of 85%, with an overall compliance rate of 96.77% for Quarter 1 2026/27 across all staff groups.

Medical and Dental staff remain the only staff group below the 85% target; however, performance has improved from 68.2% in March 2026 to 72.23% in June 2026.

Performance Against Trend

Dementia training compliance continues to perform strongly across the Health Board, consistently exceeding the 85% target.

Sustained high compliance levels demonstrate ongoing commitment to ensuring staff have the knowledge and skills required to support people living with dementia.

Medical and Dental staff have shown a positive upward trend, with a 4-percentage point increase in compliance between March and June 2026, although further improvement is required to achieve the target.

Future Positive Actions

Continue to promote and monitor dementia learning and development opportunities in line with the Good Work – Dementia Learning and Development Framework.

Maintain high levels of compliance across staff groups through ongoing training, monitoring and reporting.

Work with the Medical and Dental staff group to identify barriers to training completion and implement targeted interventions to improve uptake.

Continue to raise awareness of dementia training requirements and support flexible access to learning opportunities.

Monitor compliance trends and provide focused support to ensure all staff groups achieve and sustain and build on the 85% compliance target.

NHS delivery framework target: 5.A.i -Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation. Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: : Learning & Development Manager

This target aligns to the following statement of intent:
6 - Developing High Performing Teams

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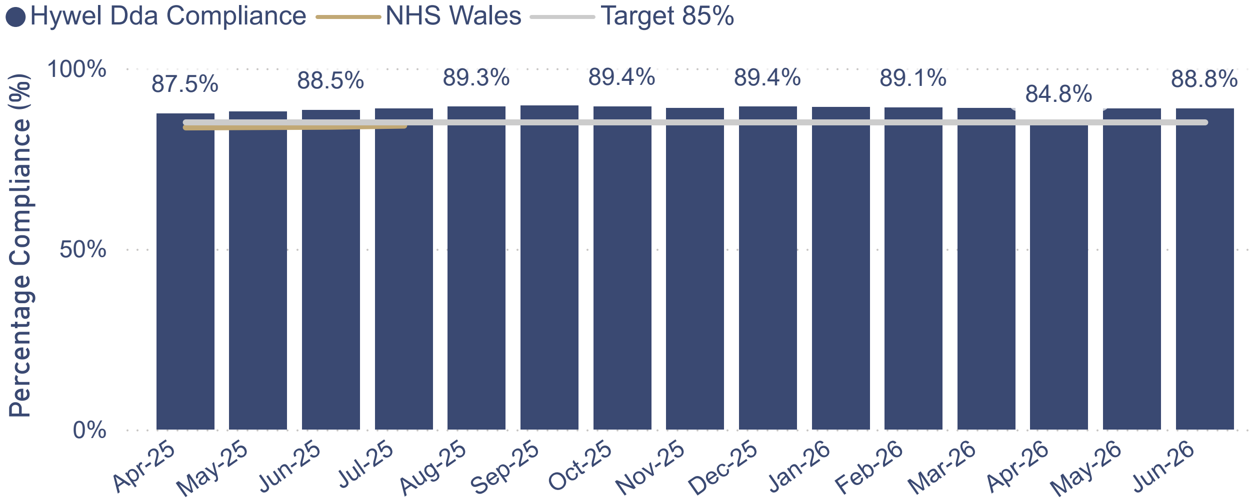
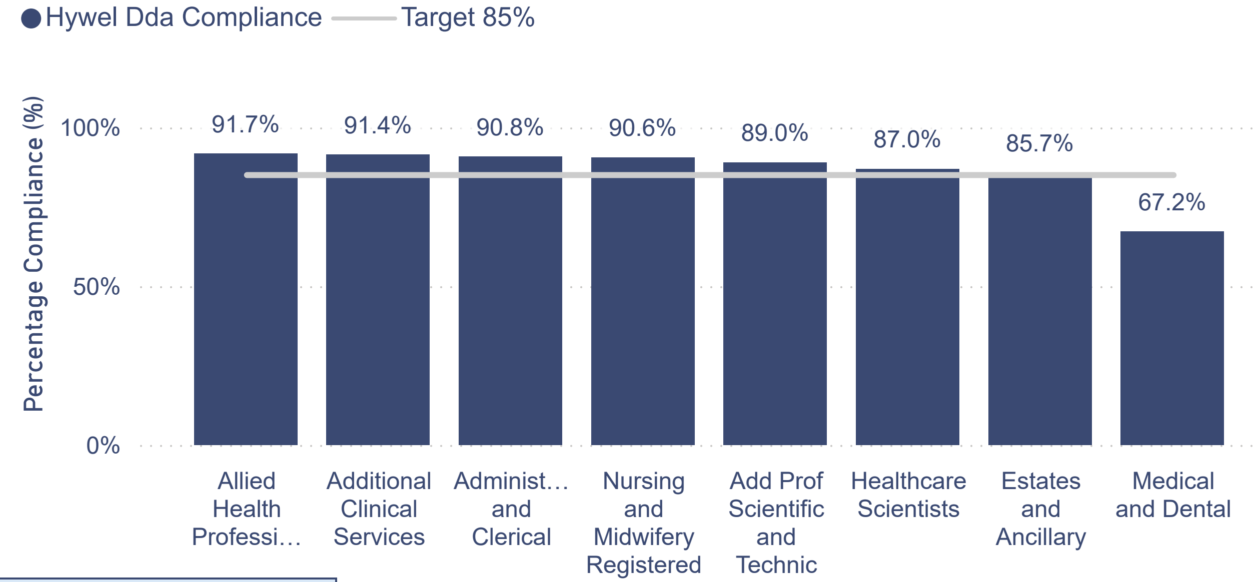
Core Skills Training Framework (CSTF) compared to NHS Wales Performance and Target of 85%



Core Skills Training Framework (CSTF) compared to Target of 85% by Staff Group



Current Performance

Compliance with the Core Skills Training Framework (CSTF) Level 1 competencies remain above the NHS Wales target of 85%, with overall compliance at 88.8% in June 2026.

Compliance has remained consistently above target throughout the reporting period, ranging from 84.8% to 89.4%, with performance recovering following a temporary dip in April 2026.

Most staff groups exceed the 85% target, with Medical and Dental being the only staff group below target at 67.2%.

Performance Against Trend

Overall CSTF compliance has demonstrated sustained performance above the 85% target throughout the year, indicating strong organisational compliance with mandatory training requirements.

Following a reduction to 84.8% in April 2026, compliance improved to 88.8% by June 2026, returning to levels comparable with previous months.

Compliance across most staff groups remains strong and consistently exceeds the NHS Wales target.

Medical and Dental staff continue to represent the main area of underperformance and remain significantly below the required compliance threshold.

Future Positive Actions

Continue targeted engagement with Medical and Dental teams to improve completion rates of mandatory CSTF Level 1 training.

Maintain robust monitoring and reporting arrangements to support compliance management across all staff groups.

Work with service leaders to address barriers to training completion and maximise opportunities for protected learning time.

Continue promoting timely completion of mandatory training to sustain performance above the NHS Wales target.

Monitor compliance trends regularly and implement focused improvement plans in areas where performance falls below target.

NHS delivery framework target: 5.A.i - Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job & Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)

Strategic Delivery Lead: Assistant Director of Organisation Development Operational Delivery Lead: Head of Culture and Workforce Experience

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Percentage of Staff from the engagement Survey who Strongly Agree or Agree that their PADR helps improve how they do their job

Jan-26	79.3%
Feb-26	70.9%
Mar-26	76.9%
Apr-26	70.5%
May-26	65.6%
Jun-26	74.1%

Current Performance

Whilst the organisational compliance percentage has reduced over the reporting period, Hywel Dda is still achieving the highest level of compliance rates for any health board in Wales. Various discussions with colleagues suggest that a significant proportion of apparent non-compliance relates not to PADRs not taking place, but to completed reviews not being recorded or updated within ESR.

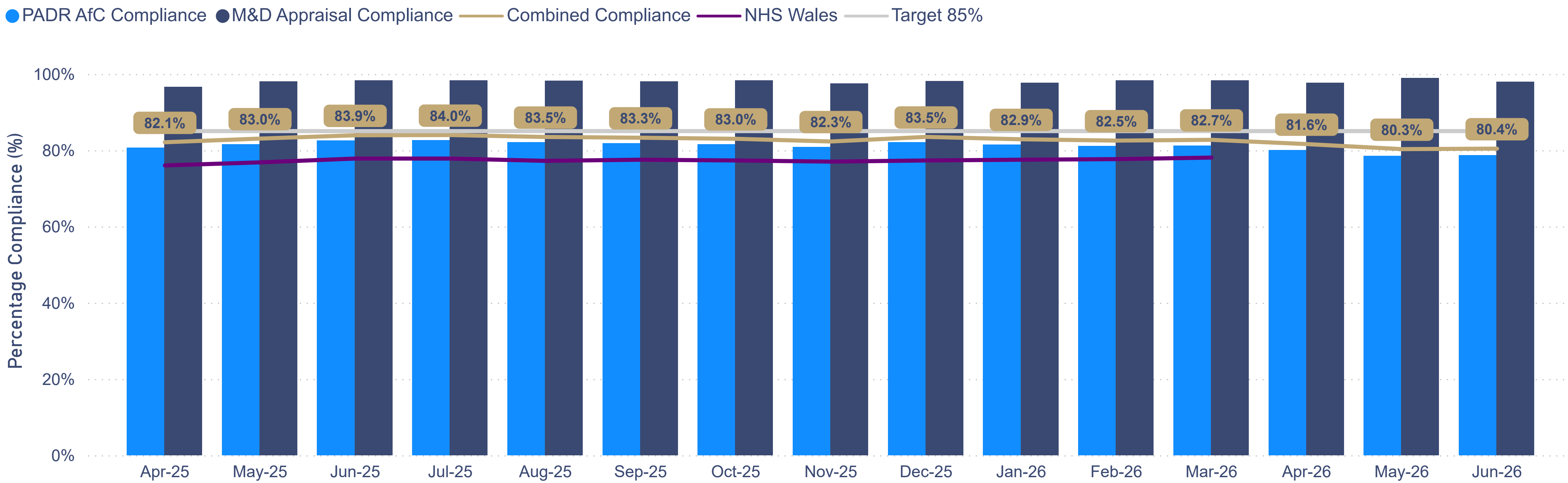
Performance Against Trend

Feedback indicates that ESR can be challenging and time-consuming to update, which may contribute to the under-reporting of completed PADRs and therefore impact reported compliance figures. Service pressures are also a factor which colleagues have raised to us which have reduced the time available for managers to undertake and record PADRs, particularly in areas experiencing staffing challenges or higher demands.

Future Positive Actions

The reduction in compliance has also coincided with a reduction in targeted improvement activity due to sickness absence and staffing levels within the team, which limited our capacity to undertake the engagement and follow-up work that had previously supported improvements in compliance levels.
This work is now being resumed again, and it is anticipated that the future introduction of the new workforce management system which will replace ESR, with improved functionality and user experience, will simplify the recording process, improve data accuracy and support increased compliance and assurance over time.

PADR Compliance to NHS Wales Performance and Target of 85%



NHS delivery framework target: 5.A.i - Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months).
Strategic Delivery Lead: Medical Director Operational Delivery Lead: Head of Medical Education & Professional Standards
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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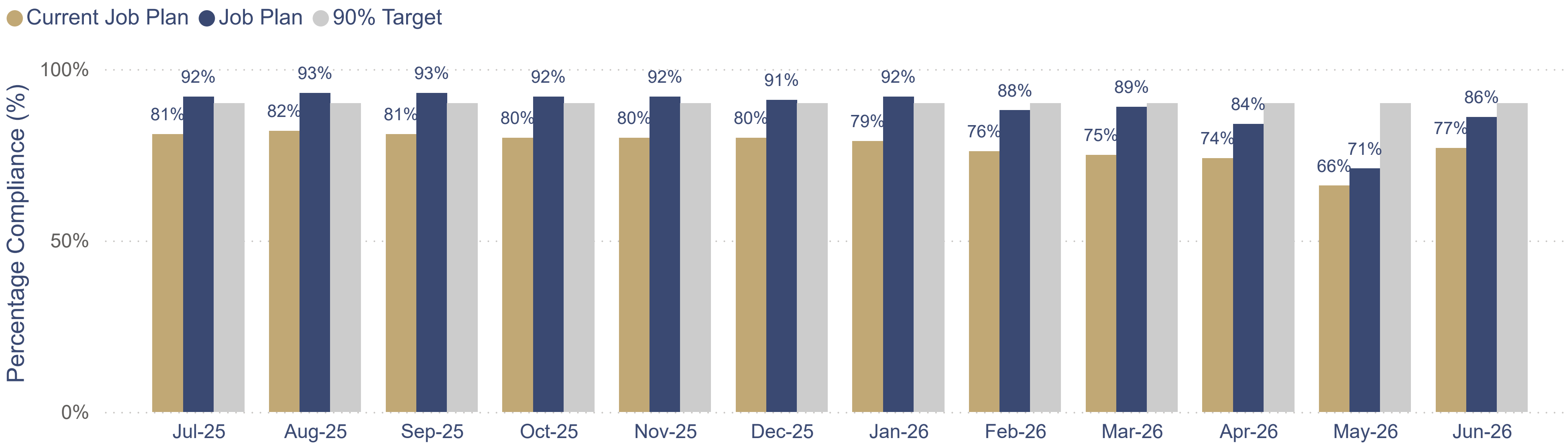
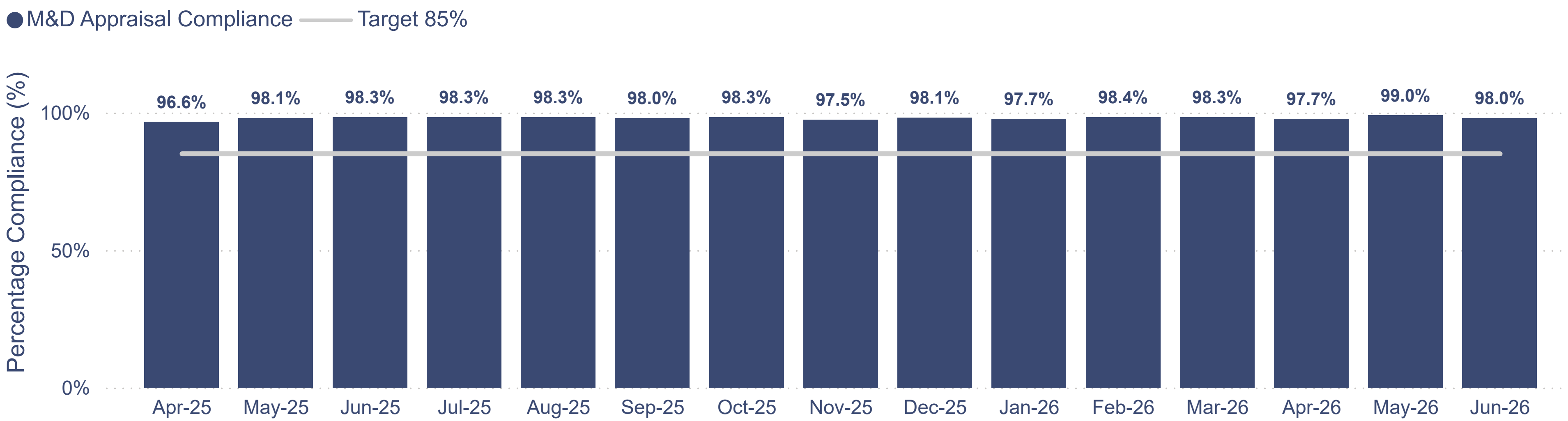
Consultants/SAS doctors with a Job Plan (Current is within 12 Months)



Medical Appraisal Compliance Performance against Target of 85%



Current Performance

Hywel Dda changed process in line with the National Job Plan status model as agreed by AWMD (All Wales Medical Directors). There are now only 3 categories Compliant, Non-Compliant and Excluded.

Performance Against Trend

There was an 8% compliance decrease in May 2026, due to the change in the compliance period from 15-months to 12-months, this reverted back in June 2026.

Future Positive Actions

Process is in place for chasing up all clinicians to sign off their job plan.
Escalation team and process in place, monthly meetings planned for all services below 90% to include Directors of Services, General Managers and Clinical Directors. To ensure action plans are developed to improve compliance.
Maintaining compliance, All Service Teams are issued monthly reports and advised to focus on expired job plans.

NHS delivery framework target: 5.B.i Percentage of compliance for staff appointed into new roles where a child barred list check is required. & Percentage of compliance for staff appointed into new roles where an adult child barred list check is required.
Strategic Delivery Lead: Assistant Director of People Management
Operational Delivery Lead: Head of Recruitment and Workforce Equality, Diversity & Inclusion
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

SWYDDI GIG NHS JOBS

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Current Performance

Performance remains compliant as per targets / expectations.

Performance Against Trend

Performance is consistently at 100%.

Future Positive Actions

Continue to perform to a high standard with robust processes to achieve required outcomes.

Compliance for staff appointed into new roles where an Adult or Child barred list check is required.
Note : All overseas recruits would have provided Overseas police checks as they cannot have a DBS until they have been in UK for 3 Months.

DBS Checks Processed

	Adult Barred Lists	Child Barred Lists	New Starters - Overseas	% Compliance
Jul-24	128	128	4	100.0%
Aug-24	168	167	2	100.0%
Sep-24	236	229	3	100.0%
Oct-24	146	141	9	100.0%
Nov-24	123	122	1	100.0%
Dec-24	95	94	4	100.0%
Jan-25	164	156	5	100.0%
Feb-25	125	125	6	100.0%
Mar-25	137	125	2	100.0%
Apr-25	93	90	7	100.0%
May-25	111	112	2	100.0%
Jun-25	137	130	2	100.0%
Jul-25	80	75	4	100.0%
Aug-25	116	114	7	100.0%
Sep-25	196	191	4	100.0%
Oct-25	171	162	3	100.0%
Nov-25	118	110	4	100.0%
Dec-25	103	100	2	100.0%
Jan-26	139	136	1	100.0%
Feb-26	109	98	5	100.0%
Mar-26	110	109	7	100.0%
Apr-26	106	99	1	100.0%
May-26	136	135	4	100.0%
Jun-26	117	103	2	100.0%