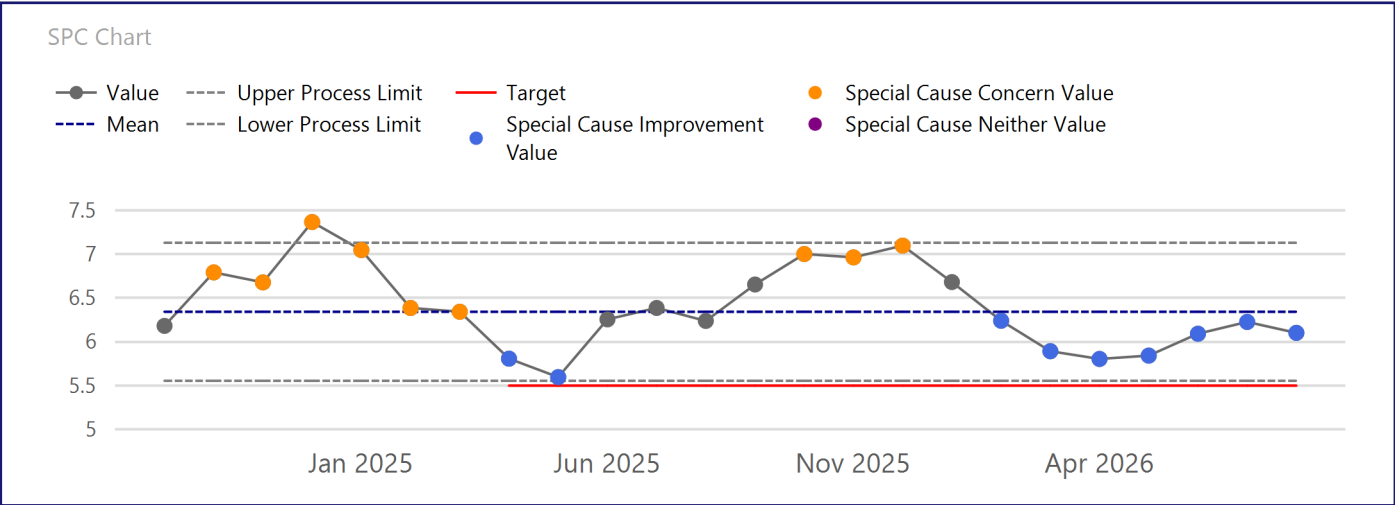


Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	6.1026	5.5			Executive Director of People and Culture



Narrative

The in-month sickness absence rate was 6.10% in August 2026, compared with 5.80% in April, and remains above the UHB target of 5.50%. The position is, however, better than August 2025, when the rate was 6.24%. Unless the SPC chart identifies a special-cause signal, the variation should be treated as common cause, requiring continued system-level improvement combined with targeted action in hotspot areas.

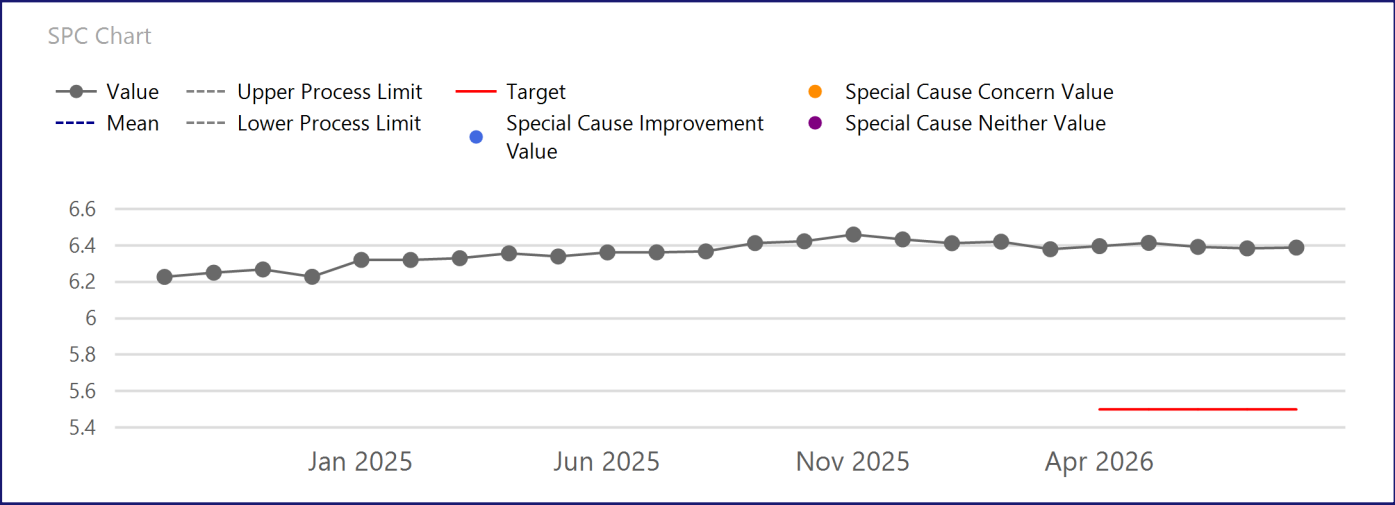
Actions and Owners

Further grip is still required, particularly on long-term absence, stress-related absence, data quality and timely case progression. The focus will be on scaling what works, strengthening Managing Attendance at Work compliance, preparing for winter pressures and improving insight to support prevention.

Concerns

Performance remains above target. There is limited assurance that current improvement will be sustained without stronger Clinical Board recovery trajectories, consistent attendance-management practice and demonstrable impact from targeted interventions. There is evidence that targeted intervention is making a difference, with improvements seen in numerous areas, some of these are identified in the report. Focused case management, sickness workshops, attendance panels and management coaching as well as additional signposting and wellbeing for staff have supported with these improvements.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	6.3883	5.5			Executive Director of People and Culture



Narrative

The 12-month cumulative sickness absence rate remains above the organisational target of 5.5%, with the latest reported position at approximately 6.4%. The SPC chart demonstrates a stable pattern of variation with no evidence of significant special cause improvement or deterioration during the reporting period. Following a gradual increase during 2025, absence levels have remained consistently elevated throughout 2026.

Whilst the absence rate has stabilised in recent months, performance continues to be materially above target, indicating that sickness absence remains an ongoing workforce challenge. The absence trajectory suggests that current interventions may be mitigating further deterioration but have not yet delivered the sustained improvement required to achieve the target level.

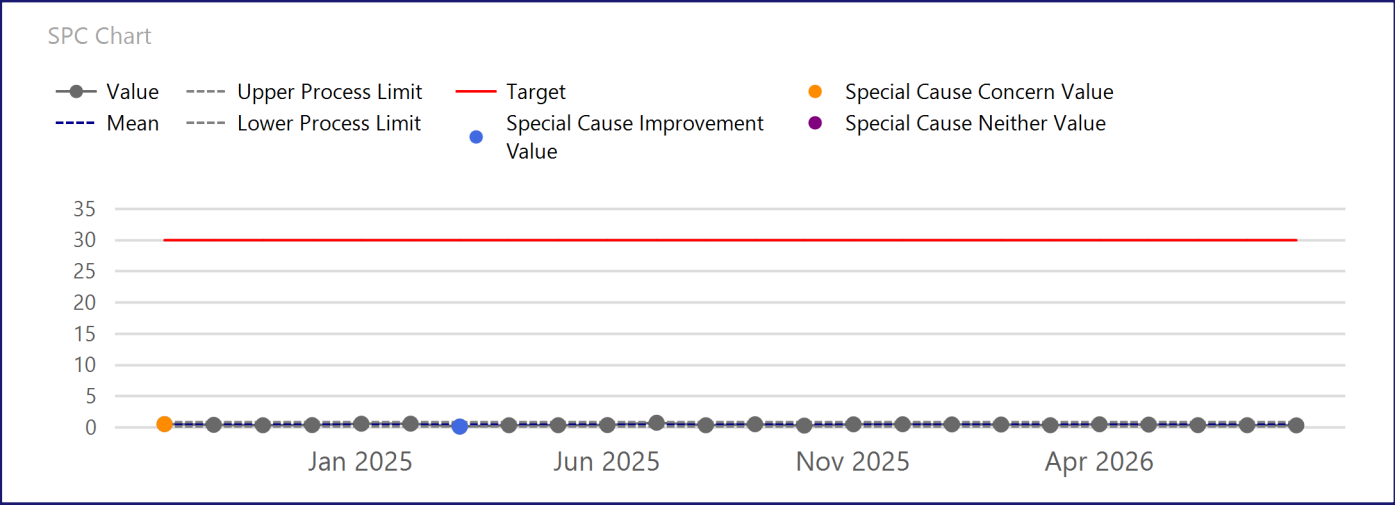
Actions and Owners

Continue targeted hotspot reviews within services reporting sickness absence above UHB average. Strengthen compliance monitoring of Managing Attendance at Work policy, including trigger meetings, return to work interviews and case reviews.

Concerns

Continued focus is required on reducing long-term absence, improving attendance management compliance, and targeting support within areas demonstrating the highest absence rates. Given the cumulative nature of the measure, any improvement actions undertaken are likely to take several months before generating a significant downward shift in the reported metric.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	0.3689	30			Executive Director of People and Culture



Narrative

Agency spend as a percentage of the total pay bill was 0.37% in August 2026, with the SPC chart indicating common cause variation. This suggests that performance is stable, predictable and operating within expected limits, with no evidence of unusual variation or deterioration in agency reliance. The Health Board continues to demonstrate strong control of agency expenditure, reflecting ongoing workforce management actions, effective deployment of substantive staff, and reduced reliance on temporary staffing solutions. The current position provides a high level of assurance that agency expenditure is being effectively managed and is supporting the organisation's financial recovery objectives

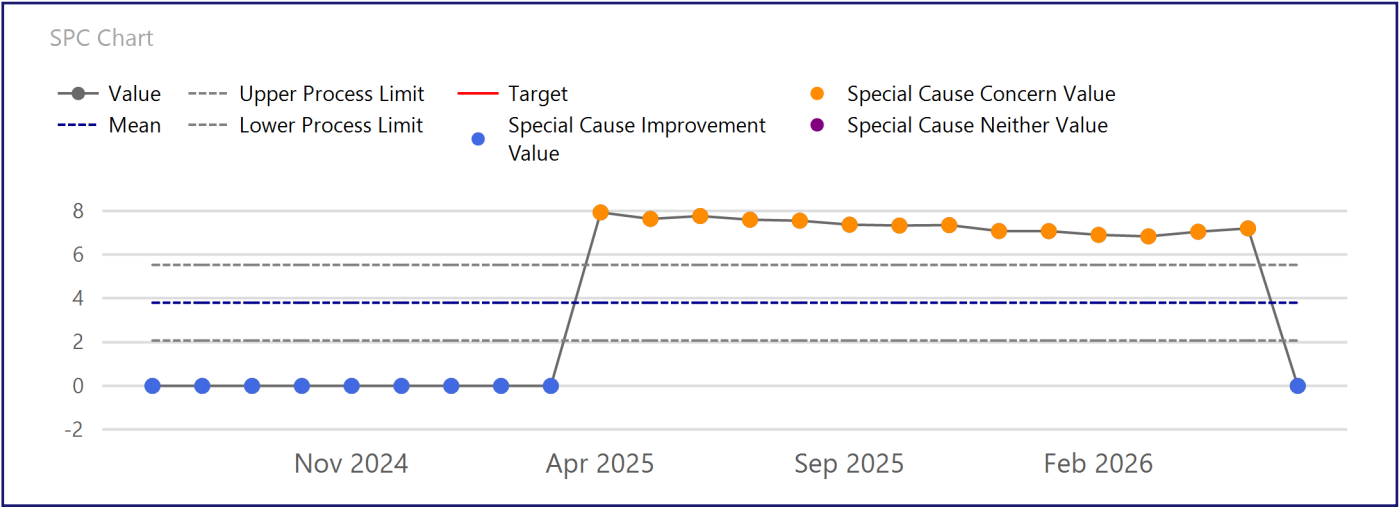
Actions and Owners

- Continue monthly monitoring of agency expenditure by Clinical Board, Directorate and staff group to identify emerging hotspots and address any upward trends at the earliest opportunity.
- Ensure vacancies are actively reviewed through workforce planning and recruitment control processes, with priority given to substantive recruitment and alternative staffing solutions where appropriate.
- Maintain scrutiny of agency usage through established financial recovery and workforce governance arrangements.
- Support Clinical Boards to maximise bank utilisation and workforce redesign opportunities before agency engagement is approved.
- Regularly review high-spend areas and require recovery plans where agency expenditure begins to increase beyond expected limits.

Concerns

Although performance remains favourable, the SPC chart demonstrates a stable pattern rather than continued improvement, indicating that further reductions may become increasingly difficult to achieve without addressing underlying workforce supply challenges. Ongoing workforce pressures, recruitment challenges, sickness absence, or service demand increases could result in renewed reliance on agency staffing if not actively managed. Continued vigilance is required to ensure compliance with national and local controls on agency expenditure and to prevent cost pressures emerging in high-risk service areas. Any deterioration in substantive workforce availability could quickly impact agency utilisation and expenditure levels.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0				Executive Director of People and Culture



Narrative

HEIW publish this data on a quarterly basis. The narrative below is the same as reported previously, this will be updated when a refresh of the data is provided.

The SPC chart indicates that the turnover rate for nursing, midwifery, medical and dental registered staff leaving NHS Wales remains below the 7–9% target range, with the latest reported value for June 2026 at 0.0. The chart is showing improvement/low variation, suggesting that the metric is not currently demonstrating adverse movement; however, the very low reported position may need to be interpreted with caution due to known data quality limitations in recording future employment destination on termination forms.

Actions and Owners

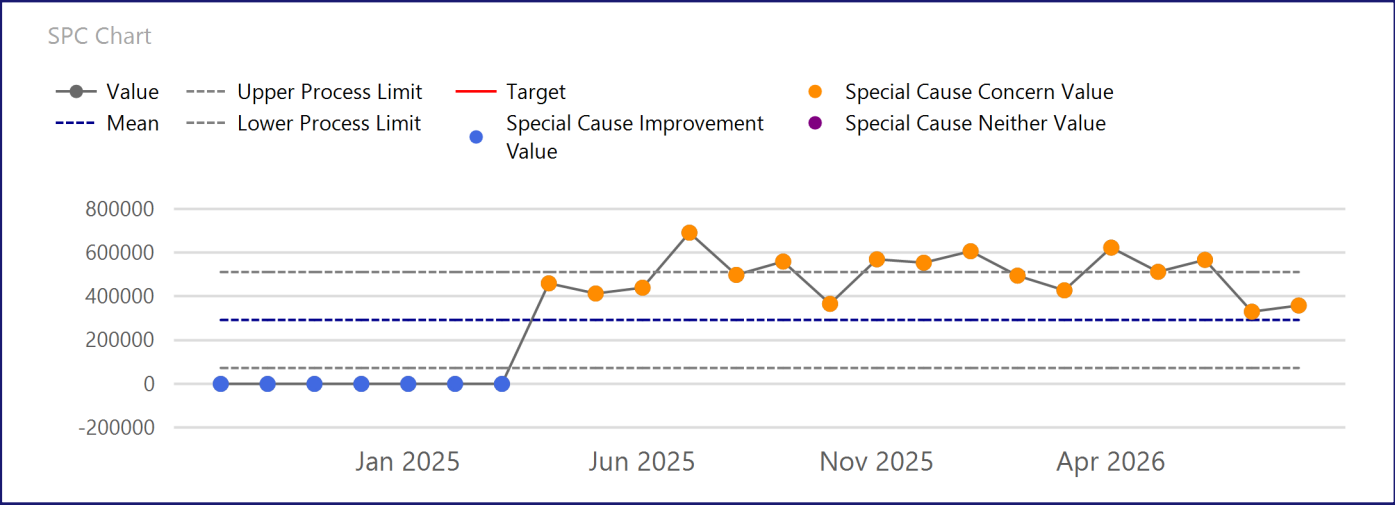
- Reinforce to managers the importance of accurately completing termination forms/SMA, particularly the future employment destination field.
- Strengthen communication with managers and People & Culture Business Partners to improve compliance and consistency of recording.
- Review data completeness on a monthly basis to identify areas where termination forms are incomplete or inconsistently recorded.
- Use improved leaver destination data to support retention analysis and identify any emerging workforce risks or themes.

Owner: Workforce Information Team/People Analytics Team

Concerns

- The turnover rate is currently below the expected 7–9% target range, although this may not fully reflect the true position due to incomplete capture of staff destination data.
- There is a data quality concern: the organisation does not have an accurate picture of leavers’ future employment because this relies on managers completing the relevant section of the termination form/SMA.
- This limits the ability to understand whether staff are leaving for other NHS Wales organisations, non-NHS employment, retirement, career progression, or other reasons.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	358596				Executive Director of People and Culture



Narrative

Agency expenditure remains above the trajectory required to achieve the Welsh Government target of a 30% reduction. Whilst expenditure reduced in July to £330k, this position should be interpreted with caution as it includes the reclassification of Radiology insourcing costs rather than a wholly recurrent reduction in agency utilisation. Agency costs increased to £358k in August 26 and was below the monthly ceiling of £374k. However, cumulative spend to Month 5 remains £522k above the profiled ceiling required to deliver the annual target.

Actions and Owners

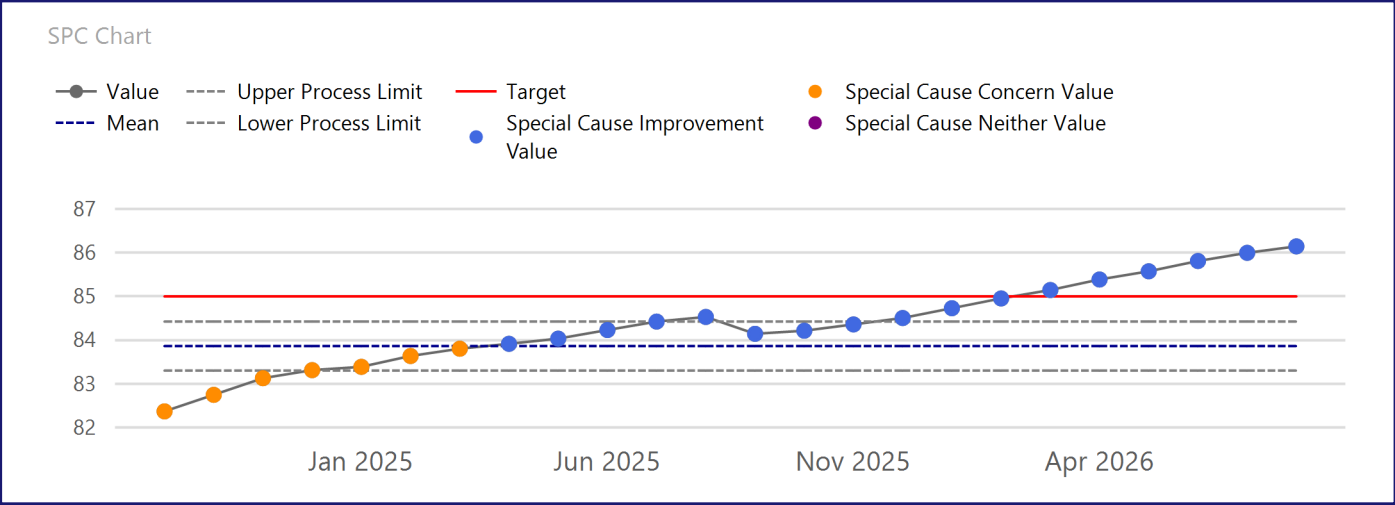
Continued executive scrutiny and conversion of agency workers to bank or substantive employment will be required if the Health Board is to recover the year-to-date variance and achieve the full 30% reduction target.

Agency expenditure should be reviewed by the clinical boards to Progress should be reviewed monthly using the SPC chart, with any special-cause variation or sustained adverse movement investigated and supported by named actions, owners and delivery dates.

Concerns

Jul–Aug show improvement, but the current full-year forecast remains materially above the 30% reduction ceiling.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	86.1452	85			Executive Director of People and Culture



Narrative

Disability data completeness continues to improve, increasing from 85.81% in June 2026 to 86.15% in August 2026, an improvement of 0.34%. Performance remains above the organisational target of 85%, providing increased confidence in the completeness of the dataset. The sustained positive direction suggests that existing workforce processes, including staff engagement, onboarding and routine prompts to review equality information, are supporting improved data completeness. More complete disability information strengthens workforce equality reporting and supports a better understanding of workforce representation and staff experience.

Actions and Owners

- Embed equality monitoring discussions into routine staff conversations, appraisals and onboarding processes.

Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service level and target support to low-performing areas.

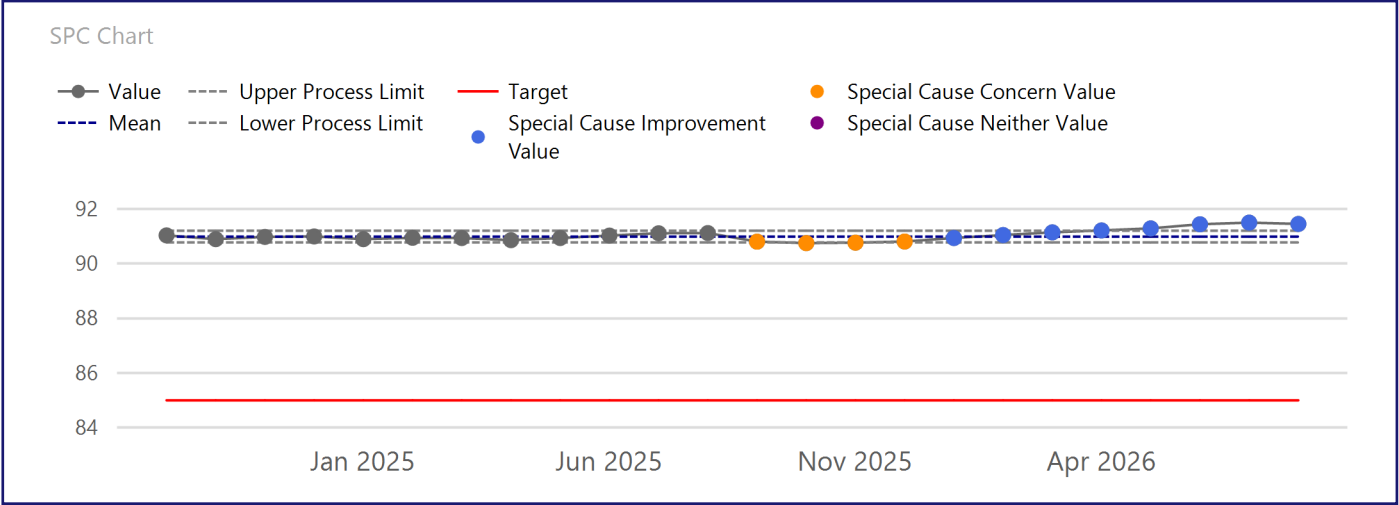
Owner: Equality & Inclusion Team/People Analytics Team
- Continue communications to improve understanding of how disability data is used to support staff and reasonable adjustments.

Owner: Equality & Inclusion Team

Concerns

Whilst performance is above target, approximately 14% of staff have not disclosed disability status. As disability remains a sensitive disclosure area, there is a risk that improvement may plateau without further targeted engagement. Incomplete data may also limit the accuracy of Workforce Equality Standard reporting and understanding of staff experience.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	91.4533	85			Executive Director of People and Culture



Narrative

Ethnicity data completeness remains strong, increasing marginally from 91.44% in June 2026 to 91.45% in August 2026. Performance remains 6.45% above the organisational target of 85%. The consistently high completion rate indicates that ethnicity data collection is well embedded within workforce processes and provides a strong foundation for workforce planning and Workforce Race Equality Standard reporting. However, high data completeness does not in itself demonstrate equality of workforce outcomes, and the data must continue to inform action on representation, experience and progression.

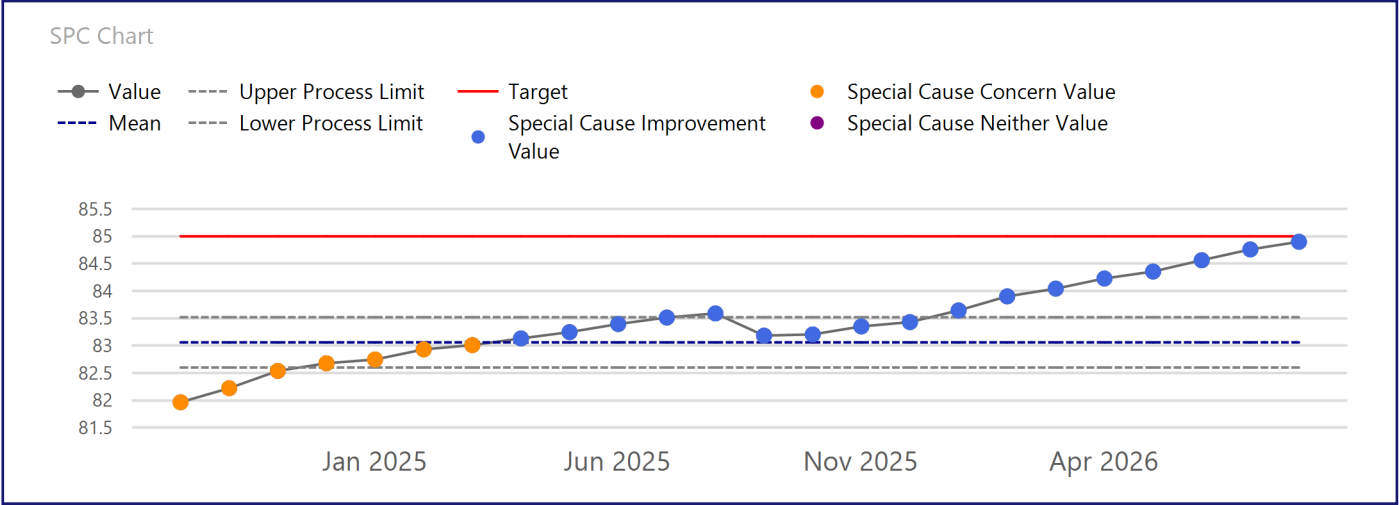
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
Owner: Equality & Inclusion Team/People Analytics Team
- Continue targeted communications to reinforce the purpose and value of ethnicity data collection.
Owner: Equality & Inclusion Team
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets
Owner: Equality & Inclusion Team

Concerns

Performance has plateaued, with approximately 9% of staff not declaring ethnicity. This may indicate that existing approaches have reached the limits of their effectiveness, and pockets of lower completion may be masked within organisational-level reporting. Incomplete data may reduce the accuracy of future WRES reporting and limit understanding of workforce representation and experience.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	84.9	85			Executive Director of People and Culture



Narrative

Religion and belief data completeness increased from 84.56% in June 2026 to 84.90% in August 2026, an improvement of 0.34%. Performance is now only 0.10% below the organisational target of 85%. The direction of travel remains positive and suggests that existing workforce processes and engagement activity are supporting gradual improvement. Greater completeness strengthens the reliability of workforce equality reporting and understanding of workforce demographics.

Actions and Owners

Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.

Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service and Clinical Board level, escalating areas of lower performance.

Owner: Equality & Inclusion Team/People Analytics Team

Continue communications to reinforce the purpose, confidentiality and value of religion and belief data collection.

Owner: Equality & Inclusion Team

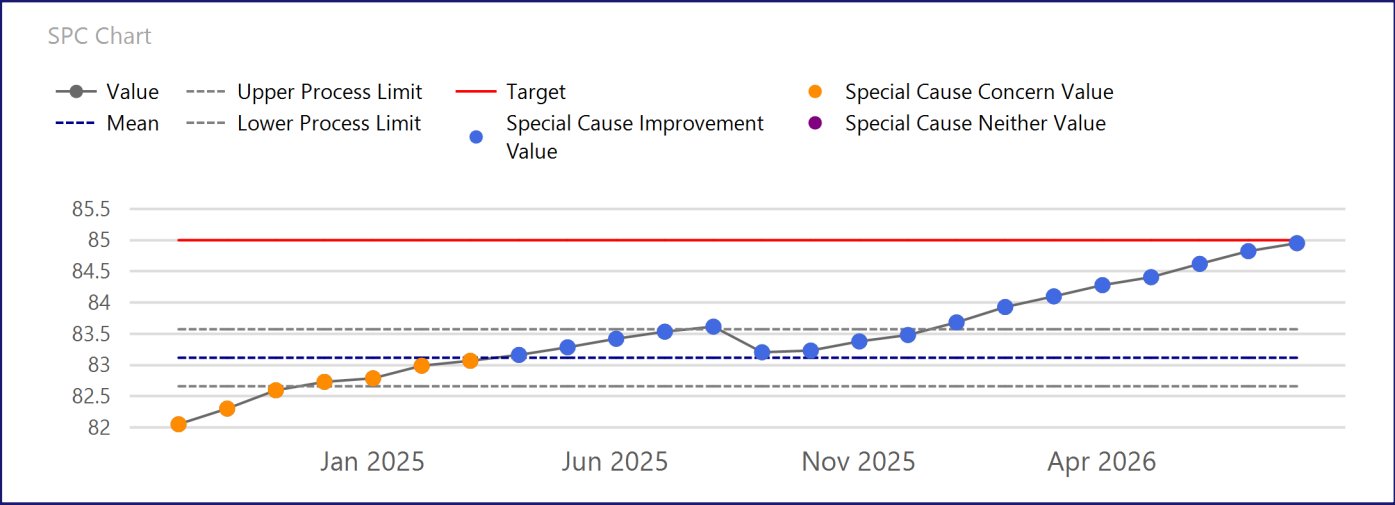
Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Owner: Equality & Inclusion Team

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their religion or belief status. Religion remains a sensitive disclosure area, and concerns relating to relevance, confidentiality or personal choice may continue to limit completion rates. Without further targeted interventions, improvement is likely to remain gradual, potentially affecting the completeness and reliability of workforce equality reporting.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	84.9527	85			Executive Director of People and Culture



Narrative

Sexual orientation data completeness increased from 84.62% in June 2026 to 84.95% in August 2026, an improvement of 0.33%. Performance is now only 0.05% below the organisational target of 85%. The sustained upward movement suggests that workforce processes and engagement activity are supporting improved data completeness. Improved information strengthens the reliability of workforce equality reporting and the Health Board's understanding of workforce diversity and staff experience.

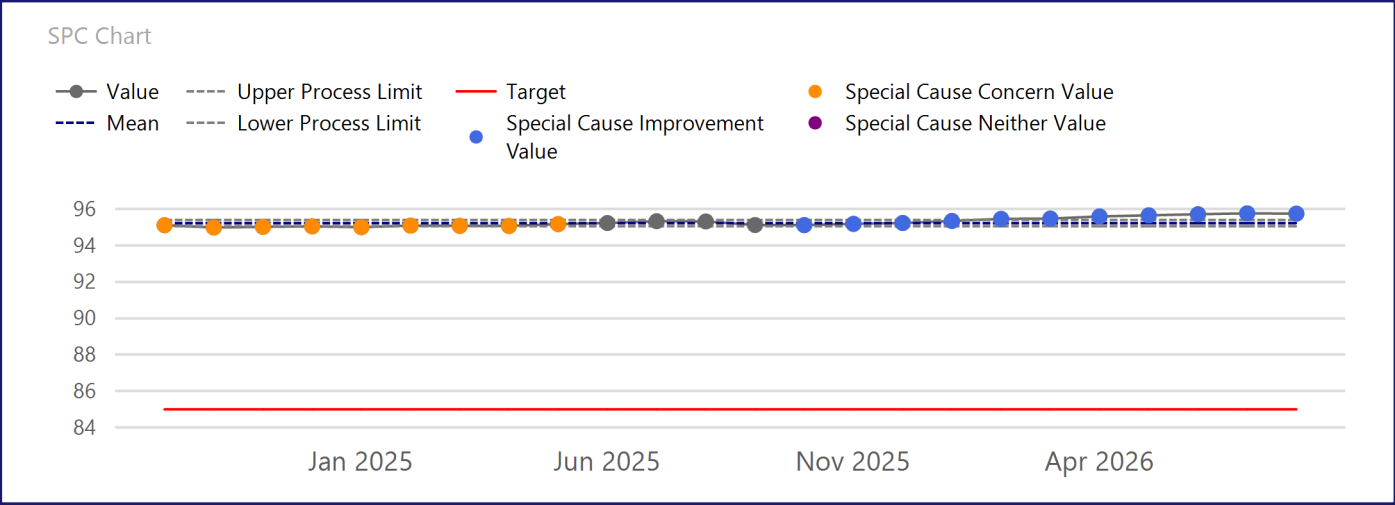
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
Owner: Equality & Inclusion Team/People Analytics Team
- Continue targeted communications to reinforce the purpose, confidentiality and value of sexual orientation data collection.
Owner: Equality & Inclusion Team
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.
Owner: Equality & Inclusion Team

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their sexual orientation. As this remains a sensitive disclosure area, progress may plateau without further targeted engagement to build confidence in the purpose, use and confidentiality of the data. Incomplete data may also limit the reliability of workforce equality reporting and understanding of staff experience.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	95.7442	85			Executive Director of People and Culture



Narrative

Marital status remains one of the highest-performing equality monitoring dataset, increasing slightly from 95.71% in June 2026 to 95.74% in August 2026. Performance remains 10.74% above the organisational target of 85%. The consistently high level of completion provides strong assurance regarding the quality of the dataset and supports reliable workforce reporting and analysis. Existing collection processes appear to be well embedded and should be maintained.

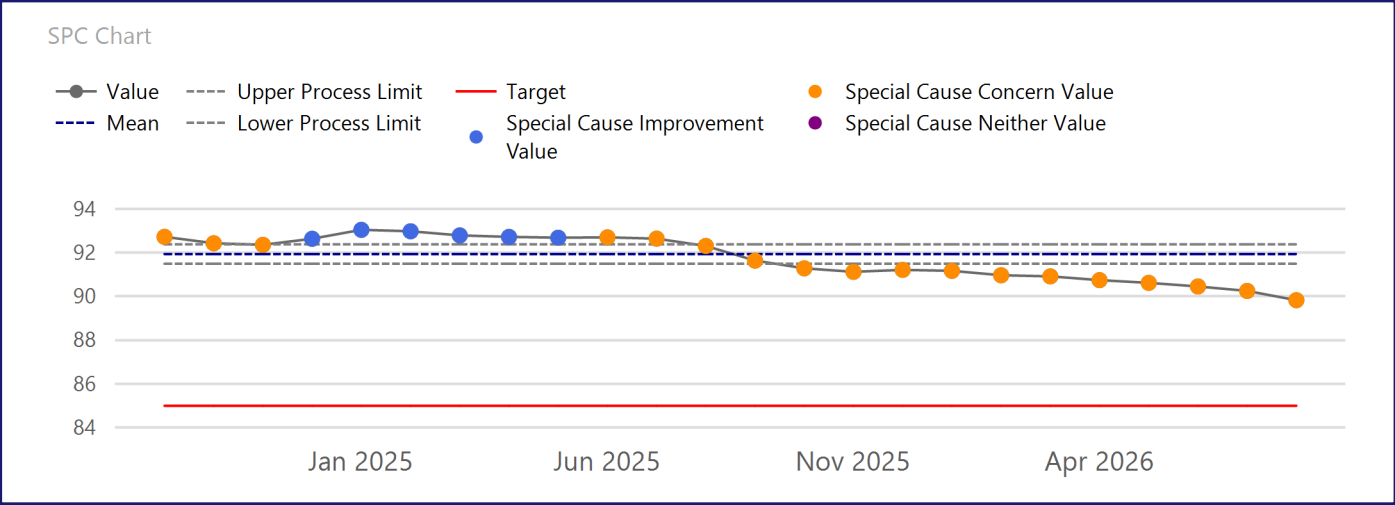
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance where required.
Owner: Equality & Inclusion Team/People Analytics Team
- Maintain existing processes and communications that support high levels of data completeness.
Owner: Equality & Inclusion Team
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.
Owner: Equality & Inclusion Team

Concerns

There are minimal concerns associated with this measure. Whilst a small proportion of staff remain non-declared, the high level of completeness means this is unlikely to have a significant impact on reporting, analysis or decision-making. Continued monitoring is required to ensure performance is maintained and that any pockets of lower compliance are identified promptly.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	89.8281	85			Executive Director of People and Culture



Narrative

Nationality data completeness decreased from 90.46% in June 2026 to 89.83% in August 2026, a reduction of 0.63%. Although performance remains 4.83% above the organisational target of 85%, the continued reduction requires monitoring. Accurate nationality information supports workforce planning, equality reporting and understanding of workforce demographics. Further analysis is required to establish whether the reduction is concentrated within particular services or workforce groups and whether it reflects a sustained change.

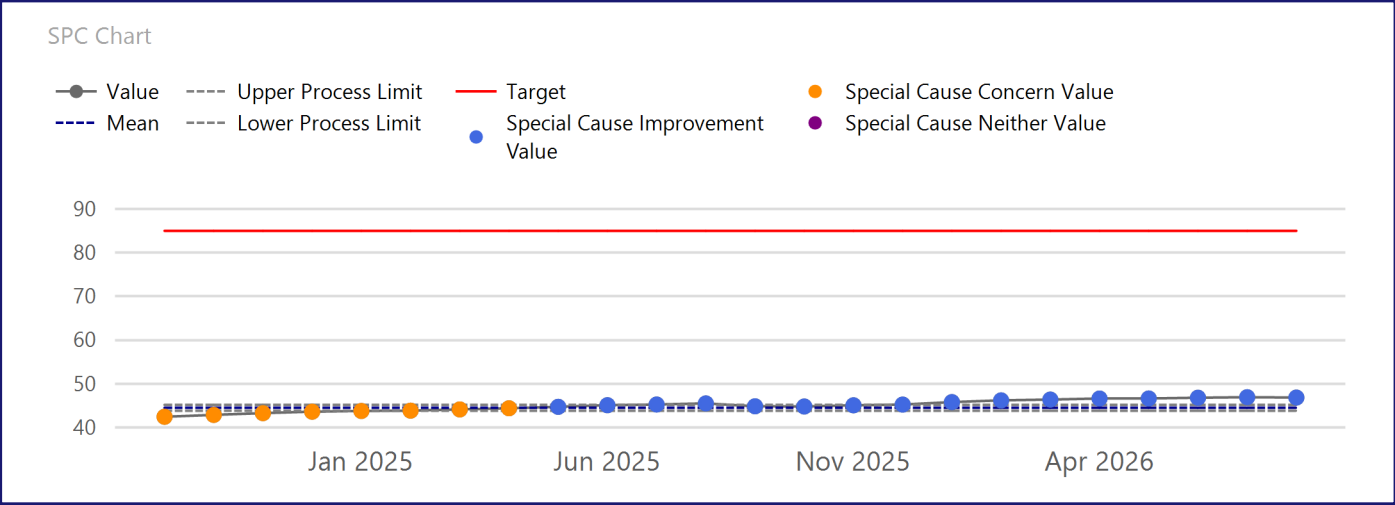
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service and Clinical Board level, identifying and escalating areas showing declining completion rates.
Owner: Equality & Inclusion Team/People Analytics Team
- Continue targeted communications to reinforce the purpose, confidentiality and value of nationality data collection.
Owner: Equality & Inclusion Team
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.
Owner: Equality & Inclusion Team

Concerns

The sustained downward trend is a concern, with approximately 10% of staff now not declaring nationality. This may indicate reduced confidence or willingness to disclose information, potentially influenced by wider external factors or a lack of understanding regarding how the data is used and protected. If the trend continues, it may reduce the reliability of workforce equality reporting and limit the organisation's understanding of workforce demographics

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	46.8783	85			Executive Director of People and Culture



Narrative

Country of Birth remains the lowest-performing equality monitoring dataset, increasing marginally from 46.85% in June 2026 to 46.88% in August 2026, an improvement of only 0.03%. Performance remains 38.12% below the organisational target of 85%. The minimal movement indicates that current processes are not generating meaningful improvement. More focused intervention is required to establish why this field remains substantially less complete than other equality monitoring information and to strengthen its collection through workforce data processes.

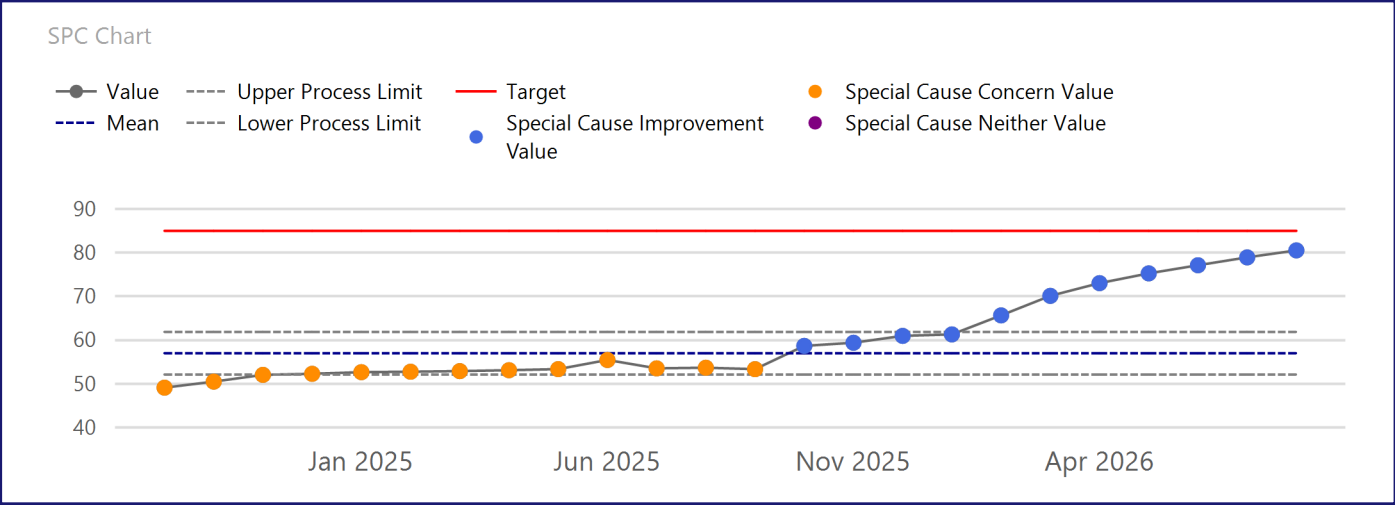
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service and Clinical Board level, identifying and escalating areas with particularly low completion rates.
Owner: Equality & Inclusion Team/People Analytics Team
- Increase communications to explain the purpose and value of collecting Country of Birth data and how confidentiality is maintained.
Owner: Equality & Inclusion Team
- Review current collection processes to identify opportunities to increase completion rates through ESR and other workforce data touchpoints.
Owner: Equality & Inclusion Team
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.
Owner: Equality & Inclusion Team

Concerns

More than half of staff have not provided Country of Birth information, significantly limiting the usefulness and reliability of the dataset for reporting and analysis. The low completion rate suggests that the data field may not be routinely discussed, prioritised or understood by staff. Without targeted intervention, improvement is likely to remain slow, reducing the value of the dataset for workforce planning and equality reporting.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	80.5332	85			Executive Director of People and Culture



Narrative

Welsh language skills registration increased from 77.48% in June 2026 to 80.53% in August 2026, an improvement of 3.05%. This represents substantial continued progress, although performance remains 4.47% below the 85% target. Welsh language skills registration remains an organisational priority following the Welsh Language Commissioner’s Standards Enforcement Investigation relating to Standard 96. The improvement indicates that targeted communications, staff engagement and enhanced organisational oversight are having a positive impact. Continued focus is required to achieve the outstanding target and ensure that recorded information remains current and reliable. Identification of Welsh Language Skills measures the proportion of staff who have recorded a Welsh language skill level. It is distinct from Welsh Language Skills Levels 1–5, which measures the proportion reporting Welsh language capability at Level 1 or above.

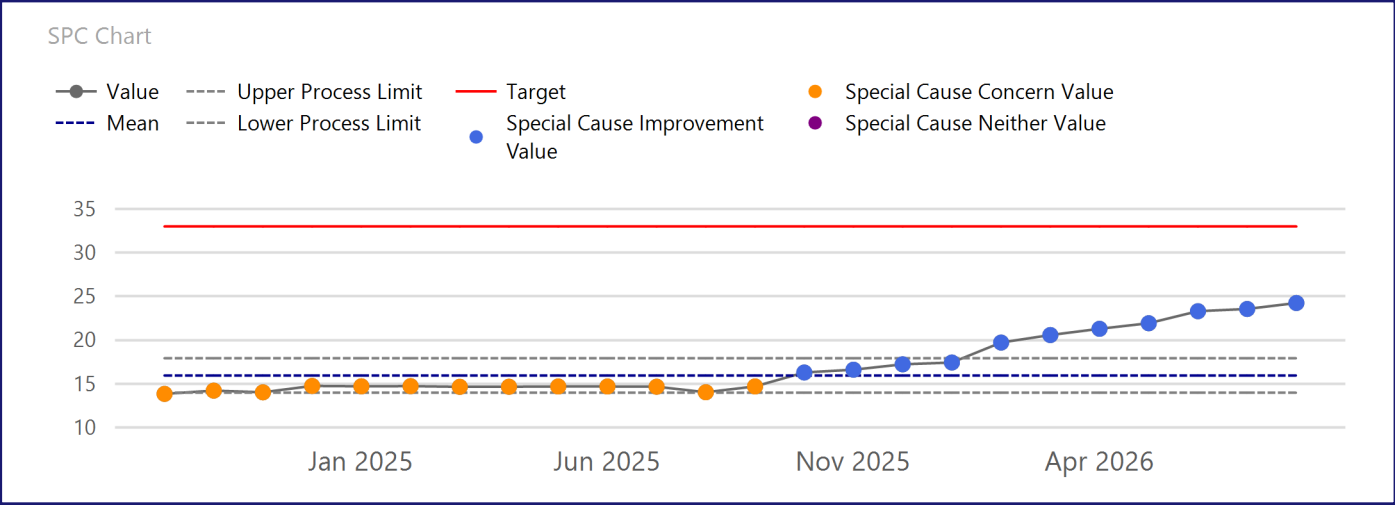
Actions and Owners

Executive Director of People & Culture

Concerns

Approximately 19.47% of staff had not recorded a Welsh language skills assessment in August 2026. Although progress remains positive, performance is still below the 85% target, and further improvement may become more challenging as activity focuses on staff who have not responded to previous engagement. The Health Board did not achieve the 85% Welsh language skills registration target by 31 July 2026, as required by the Welsh Language Commissioner following a Standards Enforcement Investigation relating to Standard 96. The Health Board has not yet received formal correspondence from the Commissioner regarding the missed target. However, given the repeated failure to achieve the targets set through the enforcement process, there is a risk that the Commissioner may consider further regulatory action.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	24.25	33			Executive Director of People and Culture



Narrative

The proportion of staff recording Welsh language capability at Levels 1–5 increased from 23% in June 2026 to 24.25% in August 2026, an improvement of 1.25%. Performance remains 8.75% below the organisational target of 33%. Analysis shows that 15.44% of the workforce is recorded at Level 1, while 8.81% is recorded across Levels 2–5. Within the higher skill levels, 1.64% at Level 3, 1.77% at Level 4 and 2.46% at Level 5. Level 1 therefore accounts for the majority of currently recorded Welsh language capability.

Continued improvement in registration and capability strengthens the Health Board’s ability to understand the Welsh language skills available within its workforce. However, achieving the longer-term target will require increased activity that supports staff to develop and progress their Welsh language skills via the Dysgu Cymraeg Caerdydd learning opportunities.

Welsh Language Skills Levels 1–5 measures the proportion of staff who report Welsh language capability at Level 1 or above. It is distinct from the overall registration measure.

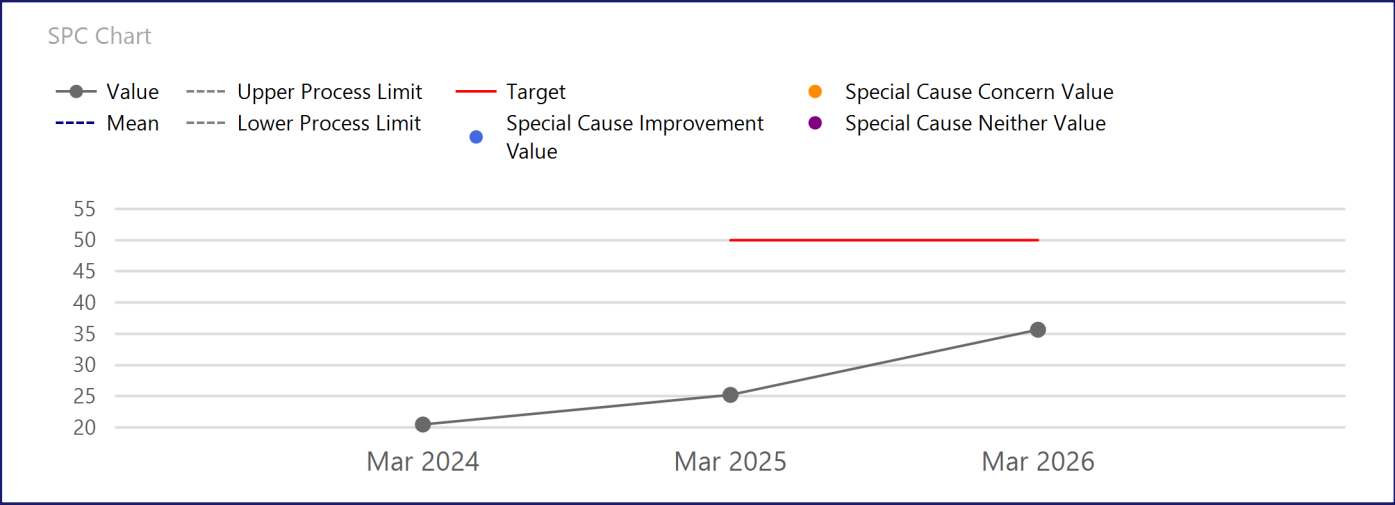
Actions and Owners

Assistant Director of OD, Culture & Education

Concerns

Performance remains substantially below the 33% target, with the majority of recorded capability at Level 1. The concern is that current Welsh language capability may not yet be sufficient to support the organisation’s longer-term ambitions for bilingual service delivery, and further progress will depend on continued staff engagement and uptake of learning opportunities.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	35.6755	50			Executive Director of People and Culture



Narrative

The data has not changed since the previous report as the staff survey is annual. The next staff survey launches on 5th October 2026. The Staff Survey Participation Rate was 36% in March 2026, against a target of 50%. As this is an annual measure reported following the staff survey in Quarter 4, SPC interpretation is limited due to the small number of data points available. The latest result demonstrates an improvement compared to the previous year, indicating increased staff participation in providing feedback. Whilst the direction of travel is positive, participation remains below the organisational target and further improvement is required to ensure staff views are fully representative of the workforce.

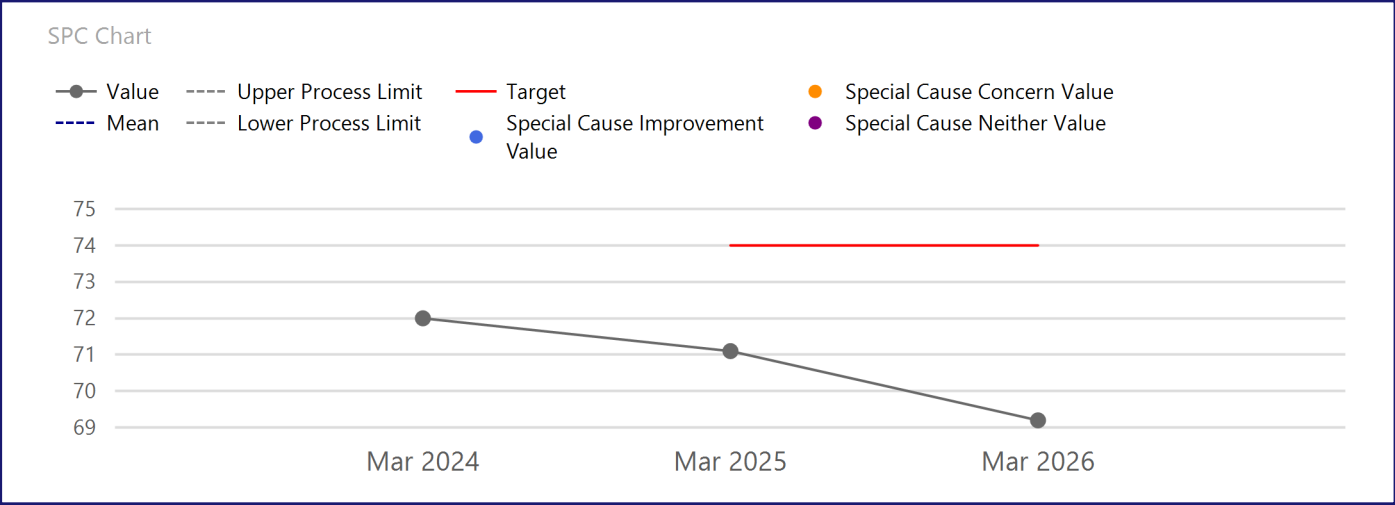
Actions and Owners

- Clinical Boards are working with staff to develop and deliver co-produced local actions that demonstrate how staff feedback is being listened to and acted upon.
- Targeted engagement activity will continue to promote participation and increase awareness of the value and impact of staff survey feedback.
- Progress against staff survey actions and improvement plans is monitored through Executive Performance Reviews at Clinical Board level, providing oversight and accountability for delivery.
- Learning from areas with higher participation rates will be used to inform future engagement and survey campaigns.

Concerns

Participation remains below the organisational target of 50%. Lower response rates may limit confidence that survey findings fully reflect the experiences and views of the wider workforce. Some staff groups or services may be under-represented within survey responses, reducing the breadth of insight available to inform improvement activity. As the measure is reported annually, opportunities to evaluate the impact of interventions are limited between survey cycles.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	69.2	74			Executive Director of People and Culture



Narrative

The data has not changed since the previous report as the staff survey is annual. The next staff survey launches on 5th October 2026.

The Engagement Score was 69% in March 2026, compared with a target of 74%. As this metric is derived from the annual staff survey and reported in Quarter 4, there are limited data points available and SPC interpretation should therefore be applied with caution. The latest result indicates a reduction from the previous year and remains below the organisational target. Whilst the chart suggests a downward movement in engagement, the annual nature of the measure means that trends should be considered alongside supporting workforce indicators and staff feedback to fully understand the underlying drivers.

Actions and Owners

Clinical Boards are developing and delivering co-produced local action plans with staff, focusing on the key priorities identified through staff survey feedback.

Progress against staff survey actions and associated improvement plans is monitored through Executive Performance Reviews at Clinical Board level.

Ongoing focus will be placed on embedding improvements in areas such as staff experience, engagement and wellbeing, while evaluating impact through future staff survey results and supporting workforce indicators.

Concerns

The Engagement Score remains below the organisational target of 74%, with a current position of 69%.

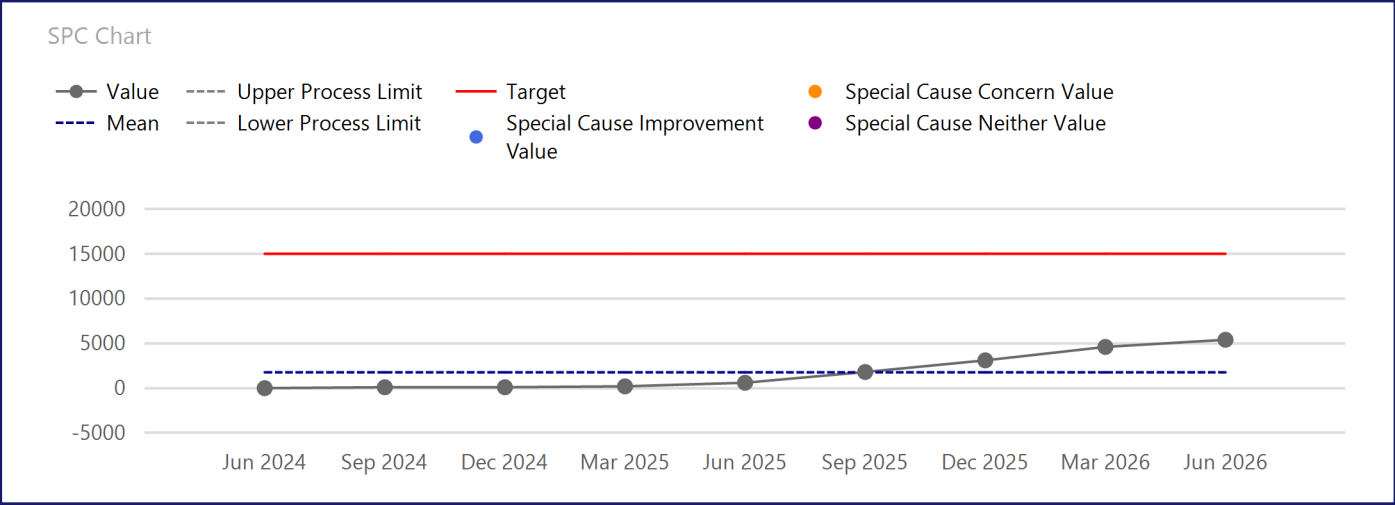
The latest survey result reflects a deterioration compared to the previous reporting period.

Lower levels of staff engagement may adversely impact staff wellbeing, retention, productivity and organisational culture.

As the metric is only reported annually, there is a delayed feedback loop which can make it difficult to assess the immediate impact of improvement initiatives.

Further analysis of staff survey themes and local intelligence gathering is underway at a local level to understand the factors influencing engagement levels.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	5400	15000			Executive Director of People and Culture



Narrative

Workforce Planning Training attendance data is received from HEIW on a quarterly basis. There is no update for the IPR this month.

The completion of the HEIW Introduction to Strategic Workforce Planning programme continues to support the Health Board's strategic objective of strengthening workforce planning capability and moving from annual resource-based workforce planning towards operational and integrated workforce planning aligned to service and financial plans. The organisational target is for 150 managers to complete the training by 31 March 2027. By the end of Q1 2026/27, 36% of this target had been achieved, demonstrating ongoing engagement and gradual uptake since the programme was introduced in 2024.

Actions and Owners

Whilst progress is being made, only 36% of the 150-manager target had been achieved by the end of Q1 2026/27. Continued growth in completions will be required to achieve the March 2027 ambition.

The suitability of the current programme is being reviewed by the Strategic Workforce Planning Lead, Senior People & Culture Business Partners and the Head of Education. Any changes to the training offer could influence future completion patterns and should be considered when interpreting subsequent results.

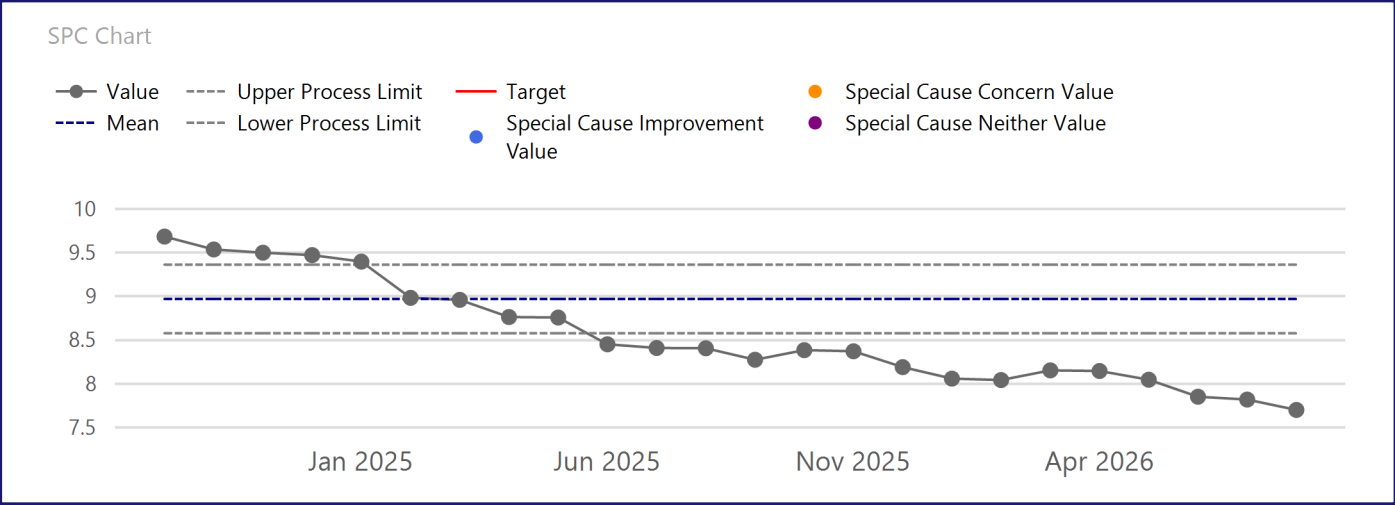
Concerns

From an SPC perspective, the current dataset should be interpreted with caution. The available information suggests continued improvement in cumulative training completions; however, there are insufficient data points to establish a reliable baseline, calculate control limits or distinguish between common cause and special cause variation. Consequently, the chart should currently be viewed as a developing measure rather than a mature SPC process.

The programme is promoted and encouraged but is not mandatory. This creates a risk that completion rates may plateau, particularly during periods of operational pressure.

Capacity and prioritisation of operational managers are a continuing challenge. Competing service demands may limit managers' ability to undertake training and could affect future completion trajectories.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	7.7026				Executive Director of People and Culture



Narrative

The annualised turnover rate was 7.7% in August 2026, remaining within the Health Board's target range of 7% to 9%. Performance has shown a sustained and positive reduction over the last 12 months, indicating improved workforce stability and supporting organisational efforts to retain staff. The continued downward trend provides assurance that retention initiatives and broader workforce interventions are having a positive impact. Maintaining turnover within the target range will remain important in supporting service continuity, reducing recruitment pressures and retaining organisational knowledge and experience.

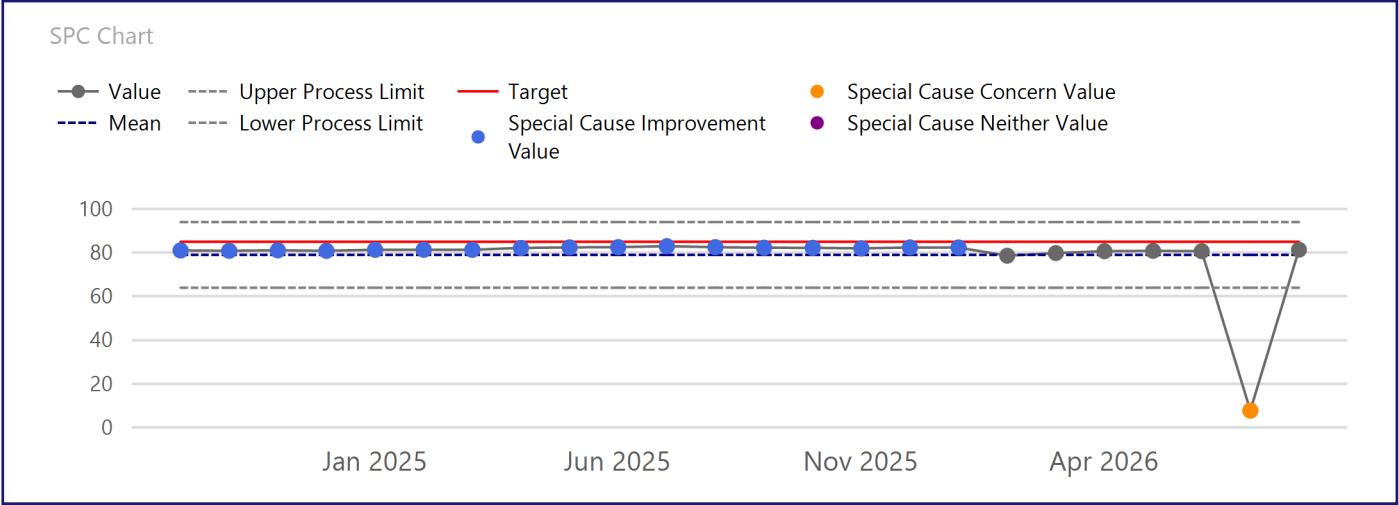
Actions and Owners

Continue to monitor turnover trends at Health Board, Clinical Board and Directorate level, identifying hotspots and emerging risks.
Utilise exit interview and turnover data to understand key drivers of staff leaving and inform targeted retention actions.
Support implementation of local retention initiatives, particularly in hard-to-recruit and high-turnover areas.
Continue promoting staff wellbeing, career development, leadership development and flexible working opportunities to support retention.
Review turnover performance regularly through workforce governance arrangements and ensure targeted action plans are in place where required.

Concerns

Although turnover remains within the target range, continued monitoring is required to ensure the downward trend is sustained. Workforce pressures, labour market competition and organisational change may impact future retention levels if not actively managed. There is also a need to understand and address any areas with higher levels of turnover to ensure improvement is consistent across all staff groups and service areas. Failure to maintain current performance could increase recruitment costs, place additional pressure on teams and affect service delivery.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	81.3796	85			Executive Director of People and Culture



Narrative

Statutory and Mandatory Training compliance was 81% in August 2026, an improvement in performance but remaining below the Health Board target of 85%. Whilst the gap to target has narrowed, the current level of compliance does not yet provide full assurance that all staff have completed the mandatory learning required for their role. Improvement activity continues through enhanced local oversight, regular performance monitoring and targeted follow-up of overdue training. Continued focus is required to sustain the positive trajectory and achieve the required compliance standard across all staff groups and service areas.

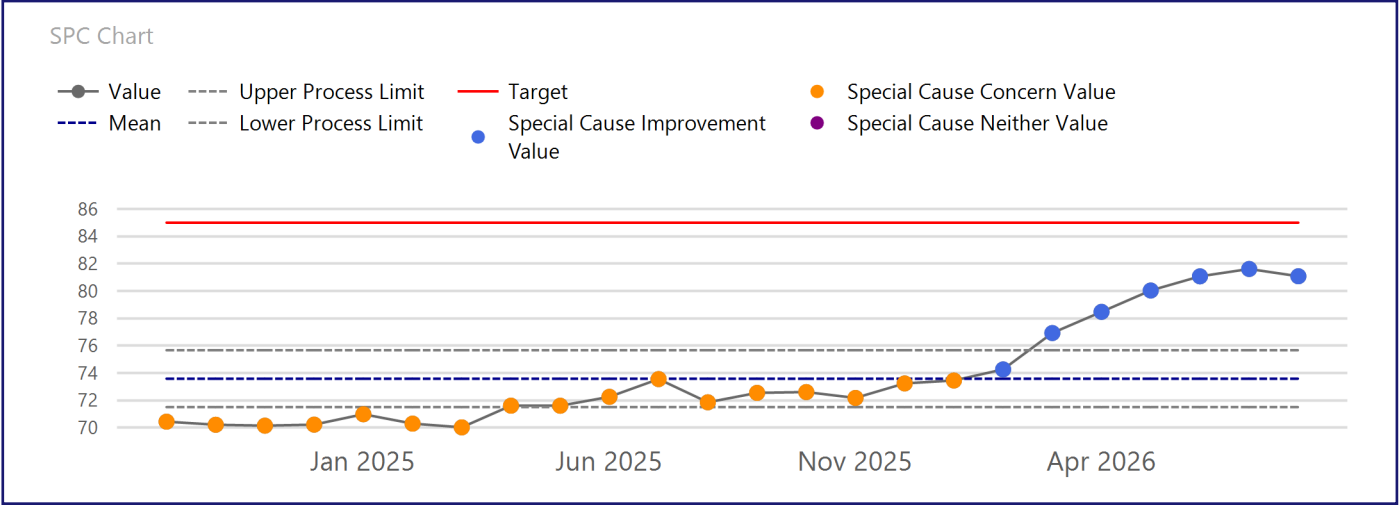
Actions and Owners

Clinical Boards and Directorates to continue delivery of local recovery plans focused on staff with overdue mandatory training.
Line managers to undertake regular reviews of compliance reports and ensure outstanding training is completed within agreed timescales.
Learning and Development teams to provide targeted support and escalation for areas significantly below target.
Compliance performance to be routinely reviewed through governance, performance and accountability arrangements.
Executive Directors and Clinical Board leadership teams to maintain oversight of compliance trajectories and hold managers accountable for delivery of improvement plans.

Concerns

Although performance has improved, compliance remains 4% below target, limiting assurance regarding workforce compliance with statutory and mandatory training requirements. Variation between Clinical Boards, Directorates and staff groups continues to impact overall performance, indicating inconsistent levels of completion and local management oversight. Failure to achieve the target may result in increased organisational risk relating to patient safety, workforce preparedness, governance and regulatory compliance. Sustained improvement will be required to ensure compliance is embedded and maintained across the organisation.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	81.0778	85			Executive Director of People and Culture



Narrative

Fire Safety training compliance improved to 81% in August 2026, representing continued progress towards the Health Board target of 85%. Whilst the direction of travel is positive, compliance remains below the required standard and therefore does not yet provide full assurance that all staff have completed the mandated training. Improvement has been supported through targeted monitoring, local management action and increased focus on mandatory training completion. Sustained effort is required to maintain momentum and close the remaining compliance gap, particularly in services with lower levels of performance.

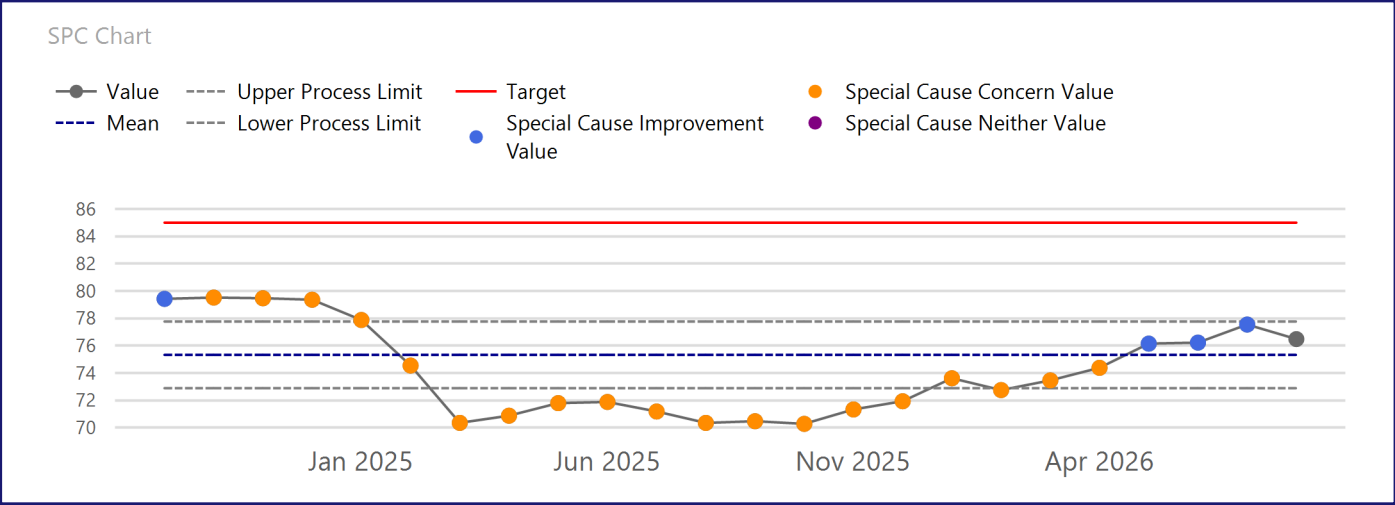
Actions and Owners

Clinical Boards and Directorates to continue targeted improvement plans for areas below target.
Line managers to actively monitor staff compliance and ensure outstanding Fire Safety training is completed within agreed timescales.
Learning and Development teams to provide regular compliance reports and support targeted interventions in low-performing areas.
Compliance performance to be reviewed through established governance and performance management arrangements, with escalation where progress is insufficient.
Executive Directors and Clinical Board leadership teams to maintain oversight of compliance trajectories and hold managers accountable for delivery of improvement plans.

Concerns

Although compliance has improved, performance remains 4% below target, limiting assurance that all staff have completed essential Fire Safety training requirements. Variation in compliance between services indicates inconsistent levels of completion and local oversight. Failure to achieve and sustain the required compliance level may increase organisational risk in relation to staff safety, emergency preparedness and regulatory requirements. Continued improvement is required to ensure compliance is embedded and maintained across all areas.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	76.4815	85			Executive Director of People and Culture



Narrative

VBA compliance was 76% in August 2026, remaining below the Health Board target of 85%. Although compliance continues to be supported through regular monitoring, reporting and local management action, the current position does not provide the level of assurance required for statutory and mandatory training compliance. Performance indicates that a significant proportion of staff have outstanding requirements, with variation in compliance across services and staff groups. Sustained improvement is required to reduce the gap to target and strengthen assurance regarding workforce safety, governance and regulatory compliance.

Actions and Owners

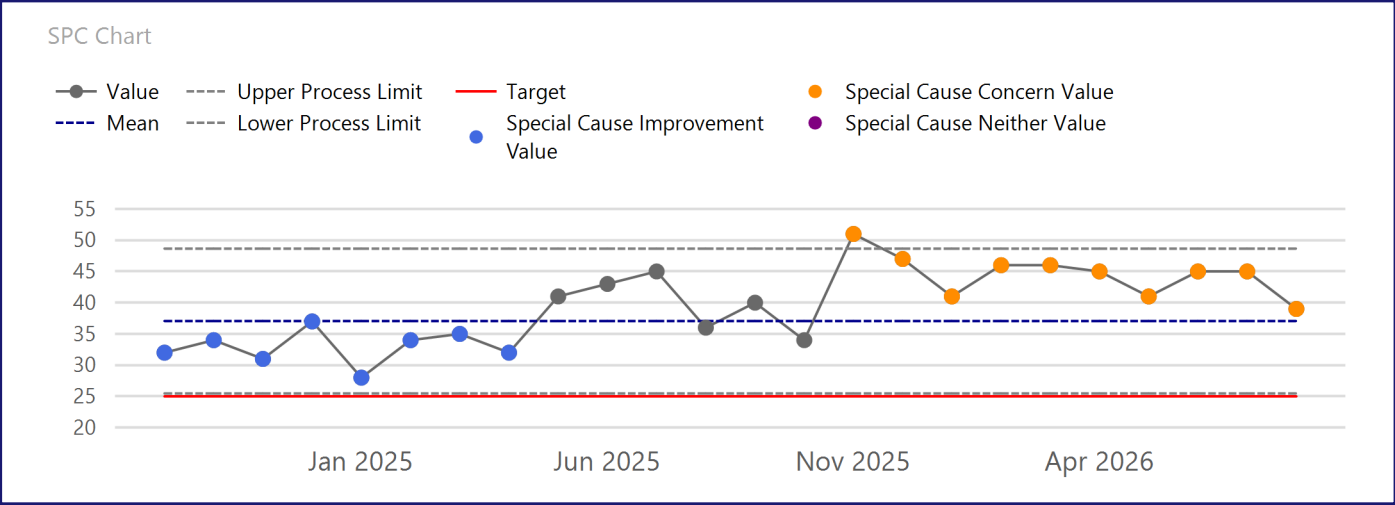
Targeted recovery actions are in place to improve compliance and close the gap to the 85% target. Focus will continue on strengthening managerial accountability, improving local oversight and ensuring timely completion of outstanding training requirements.

Clinical Boards and Directorates to review compliance performance monthly and implement targeted recovery actions in areas below trajectory. Line managers to undertake active follow-up with staff who have overdue mandatory training and ensure completion plans are in place. Learning and Development teams to provide targeted support, reporting and escalation for persistently low-performing areas. Compliance performance to continue to be monitored through established governance arrangements and escalated where improvement is not being achieved. Executive Directors and Clinical Board leadership teams to maintain oversight of compliance trajectories and delivery of recovery plans.

Concerns

Compliance remains 9 percentage points below target, resulting in limited assurance that all staff have completed the required mandatory training components. Variation in performance across Clinical Boards and service areas suggests inconsistent levels of local oversight and engagement. Failure to improve compliance presents risks relating to workforce readiness, patient safety, regulatory compliance and organisational assurance. Without accelerated improvement and strengthened accountability, achievement of the target within the required timeframe may be challenging.xx

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	39	25			Executive Director of People and Culture



Narrative

Employee Relations Activity relating to disciplinary cases reported a value of 39 in August 2026, above the organisational target of 25. The XmR chart demonstrates a sustained increase in disciplinary case activity when compared with the historic process mean. The latest reported performance suggests that disciplinary activity remains at a higher level than anticipated and may indicate underlying workforce, management, conduct or organisational culture challenges requiring further investigation.

Actions and Owners

Undertake thematic analysis of all disciplinary cases to identify common causes, hotspots and emerging trends across Clinical Boards and Directorates.

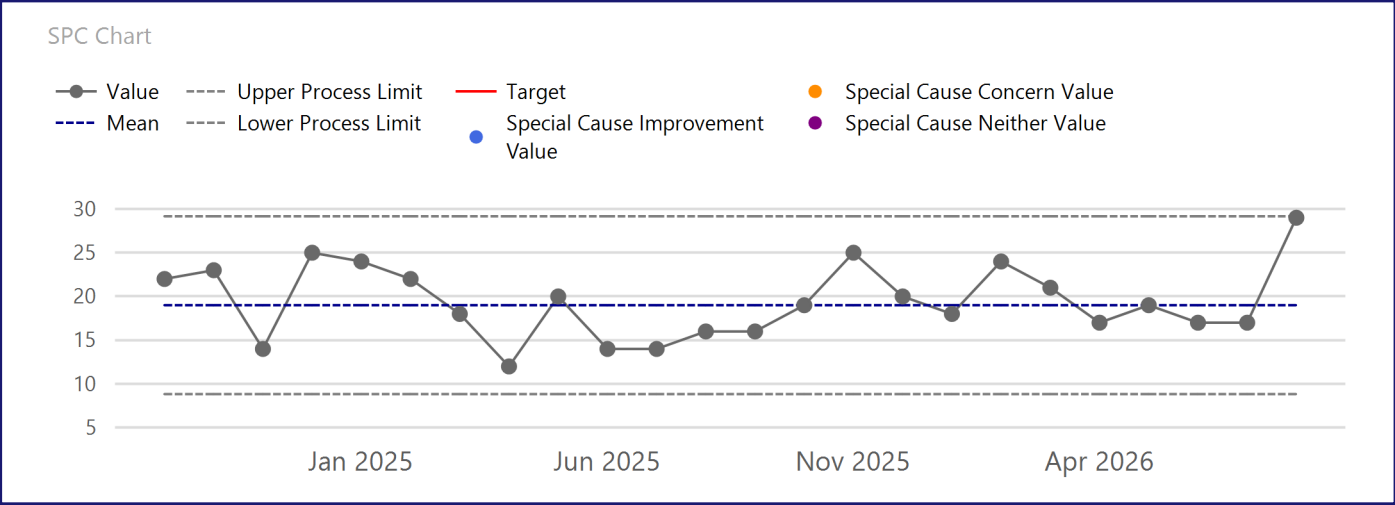
Review open disciplinary cases to ensure progress is being managed in line with policy timescales and identify opportunities for earlier resolution where appropriate.

Head of People Services

Concerns

Disciplinary case activity remains above the target level, with 39 live cases reported against a target of 25. Sustained levels of disciplinary activity may place additional pressure on management capacity, Employee Relations resources and organisational wellbeing, whilst also indicating potential workforce culture, conduct or management practice issues that require intervention.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	29				Executive Director of People and Culture



Narrative

Formal Respect and Resolution activity recorded 29 cases in August 2026. Formal case numbers should be interpreted alongside informal activity and broader organisational intelligence.

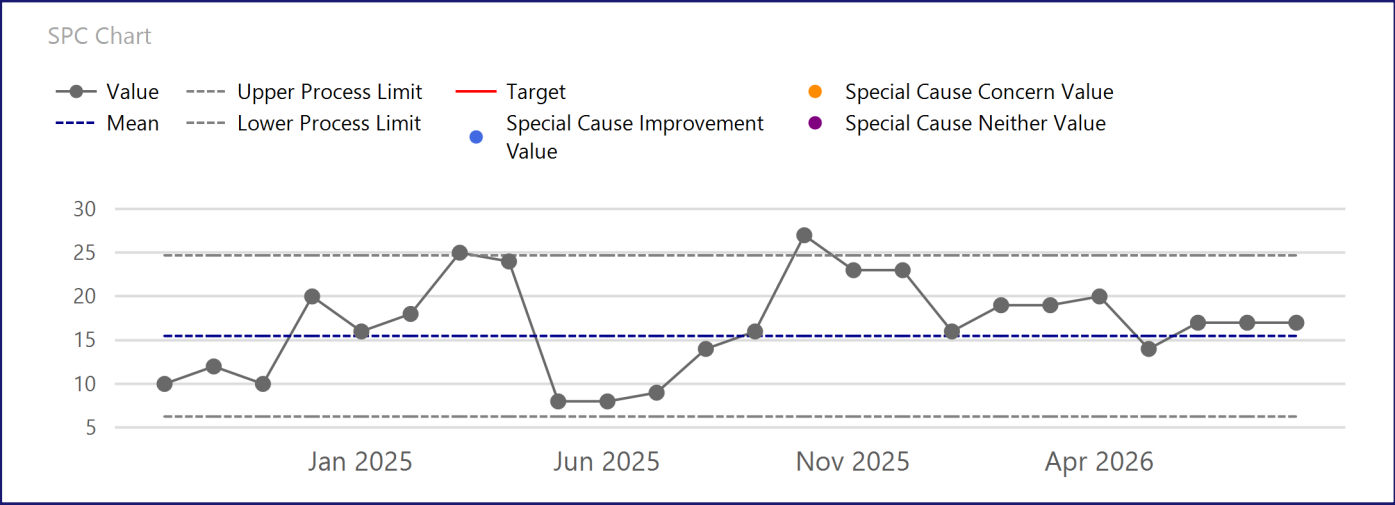
Actions and Owners

Undertake a thematic review of formal and informal Respect and Resolution cases, covering behaviours, relationship breakdown, communication, discrimination or harassment, management decisions and dissatisfaction with other processes.
Analyse activity by Clinical Board and Directorate to identify hotspots, recurring themes and areas where formal case volumes are persistently higher.

Concerns

The sustained level of Respect and Resolution activity indicates that workplace conflicts and concerns continue to require formal intervention across the organisation. Whilst the SPC chart does not currently indicate special cause variation, the ongoing caseload may reflect underlying challenges relating to staff behaviours, communication, working relationships, management practice and perceptions of fairness. Without greater understanding of the themes and drivers behind both formal and informal cases, opportunities for preventative action and early intervention may be missed.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	17				Executive Director of People and Culture



Narrative

The latest value is 17 appeals for August 2026. The chart identifies common-cause variation, indicating that the movement is currently consistent with the established performance of the system rather than being attributable to a single exceptional event or special cause. No target assurance assessment is currently shown. The August position should remain under review to determine whether appeals are becoming sustained at a higher level or whether the latest result remains within expected variation.

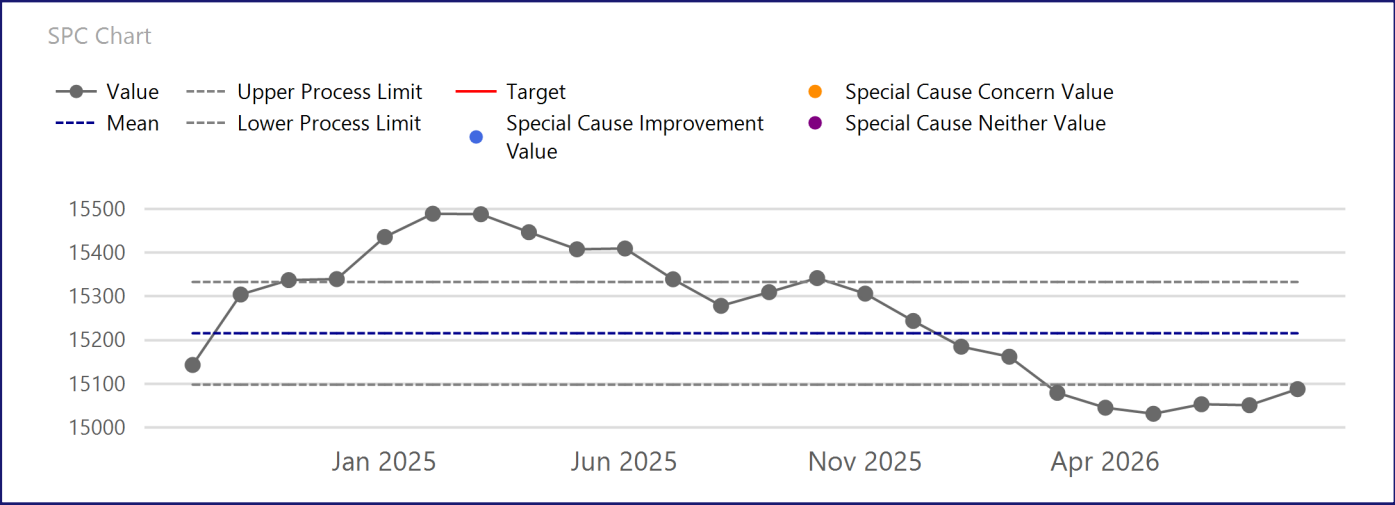
Actions and Owners

Complete a case-level review of the current appeals, covering case type, Clinical Board, grounds of appeal, procedural stage, timescale and outcome.

Concerns

The principal concern is the current volume of 17 appeals and the absence of target assurance, rather than evidence of statistically significant deterioration. Common-cause variation suggests that, if a reduction is required, improvement is likely to depend on changes to the underlying employee relations system rather than a response to individual monthly movements.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	15088.16				Executive Director of People and Culture



Narrative

WTE Staff in Post was 15,088.2 in August 2026. The SPC chart identifies the position as Neither (Low) variation, indicating that staffing levels remain stable and are fluctuating within normal expected limits rather than demonstrating a significant upward or downward trend. There is currently no evidence of special cause variation, suggesting that workforce numbers are broadly consistent with the established baseline position.

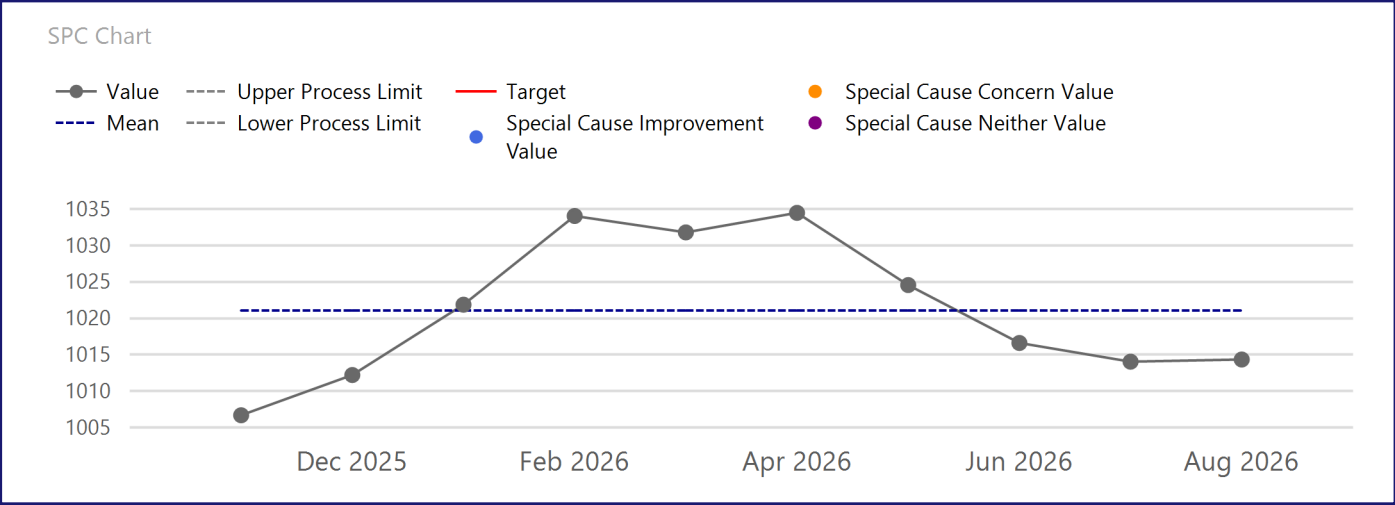
Actions and Owners

- * Continue weekly and monthly monitoring of WTE Staff in Post through the turnaround meetings and EPRs.
 - * Review workforce movements, including recruitment, turnover, retirements and vacancy controls, to ensure staffing levels remain aligned to organisational plans.
 - * Support Clinical Boards, CEF and Corporate Directorates to manage establishment levels within agreed workforce and financial envelopes. *
- Escalate any emerging special cause variation or significant workforce growth through established performance and accountability arrangements.

Concerns

- * Workforce levels remain relatively static, with no sustained reduction or increase identified through SPC analysis.
- * Continued stability in staffing numbers may present challenges where organisational objectives require active workforce growth restraint, workforce reduction, or redistribution of resources to priority services.
- * Ongoing monitoring is required to ensure that recruitment activity, turnover rates, and vacancy management remain aligned with financial recovery and workforce planning objectives.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	1014.35				Executive Director of People and Culture



Narrative

GMS Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

Actions and Owners

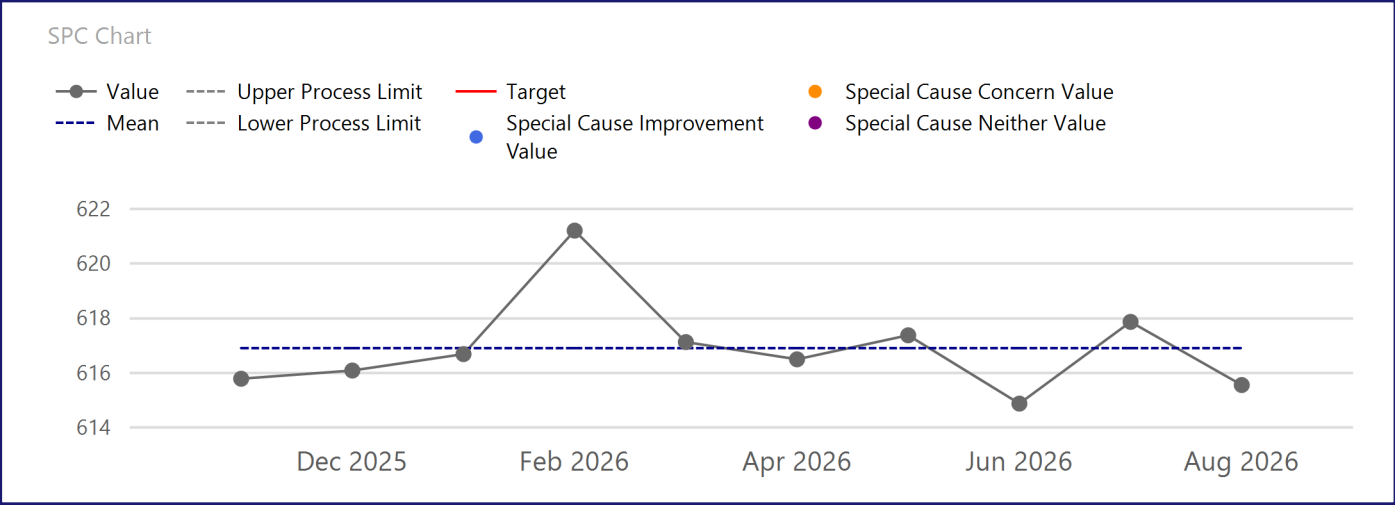
The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.

- Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
- Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
- Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
- Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
- Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	615.56				Executive Director of People and Culture



Narrative

Dental Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

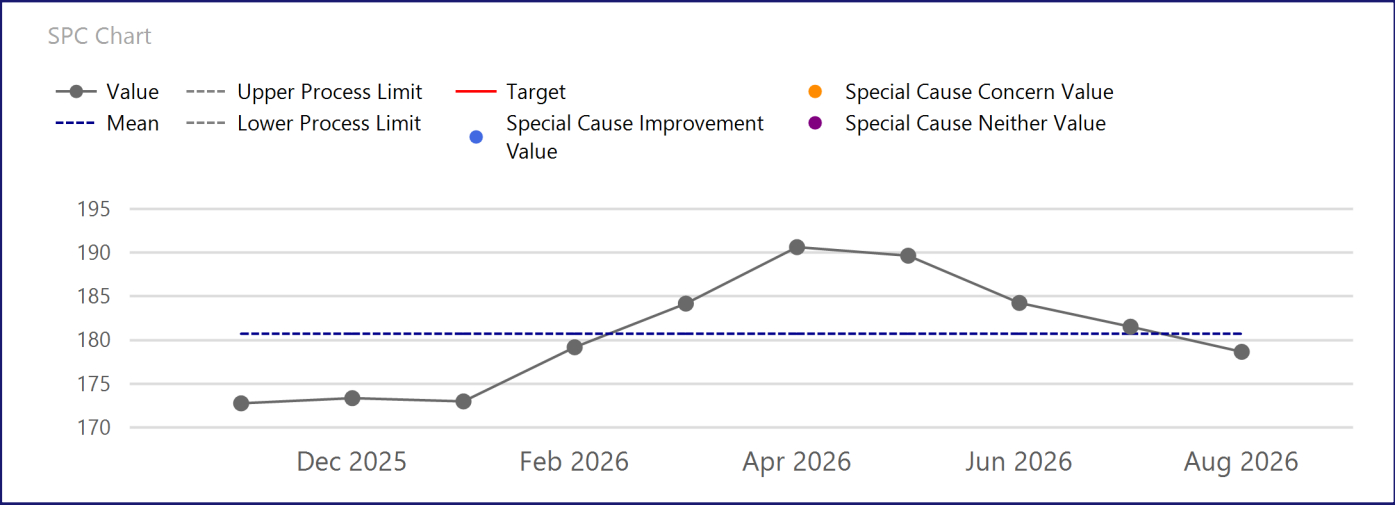
Actions and Owners

- The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.
- Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
- Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
- Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
- Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
- Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	178.67				Executive Director of People and Culture



Narrative

Optometry Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

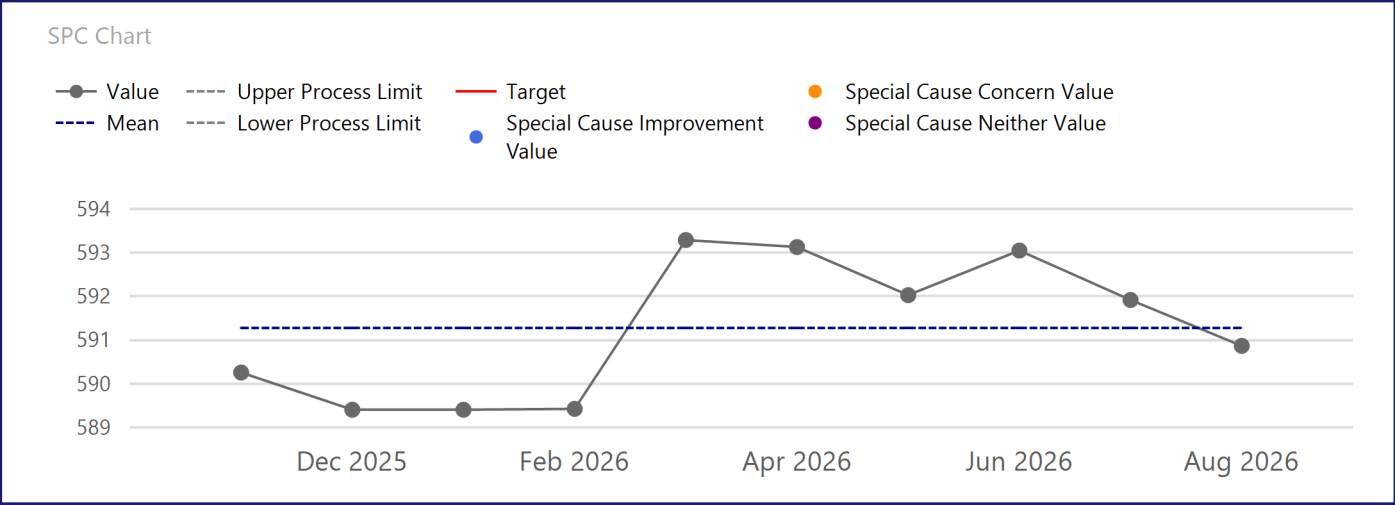
Actions and Owners

- The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.
- Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
- Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
- Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
- Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
- Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	590.87				Executive Director of People and Culture



Narrative

Community Pharmacy Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

Actions and Owners

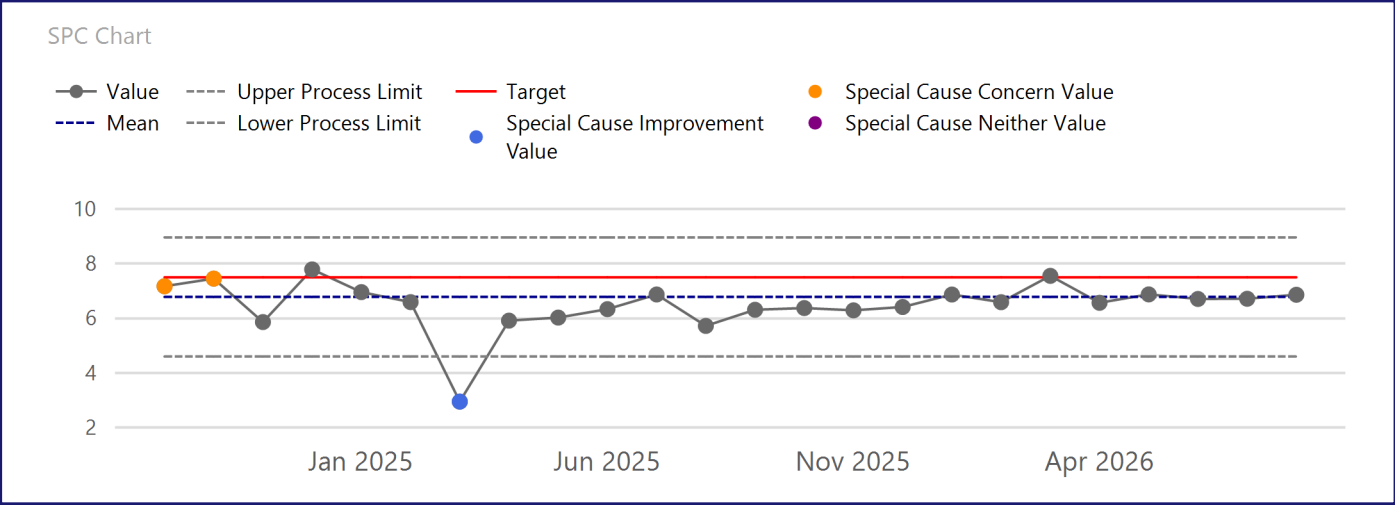
The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.

- Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
- Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
- Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
- Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
- Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	6.8619	7.5			Executive Director of People and Culture



Narrative

Variable pay (Bank) continues to be monitored against the target of achieving a greater than 10% reduction in 26/27 based on the outturn from 25/26 expenditure. The SPC chart demonstrates a stable pattern of variation with no sustained special cause improvement evident at this stage.

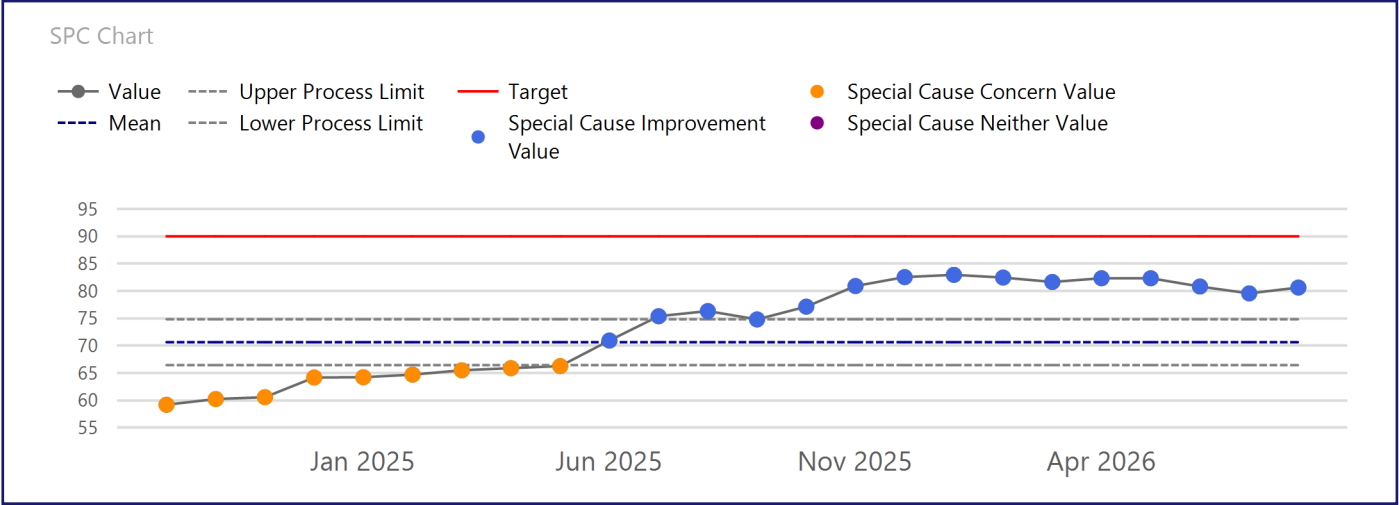
Actions and Owners

- Require each Clinical Board to develop and deliver a trajectory to achieve its share of the £4m bank expenditure reduction target, supported by measurable milestones and monthly monitoring.
- Undertake detailed analysis of the principal drivers of bank expenditure, including vacancies, sickness absence, enhanced observation requirements and rostering inefficiencies, with targeted action plans for high-spend areas.
- Strengthen scrutiny and challenge through turnaround meetings, Executive Performance reviews where bank expenditure is not reducing in line with planned savings trajectories.
- Optimise e-rostering, job planning and deployment practices to maximise utilisation of substantive staff before bank shifts are requested.

Concerns

- Performance is not currently delivering the level of reduction required to support the Health Board's financial recovery expectations and associated savings programme.
- The 2026/27 savings plan includes a requirement to deliver approx. £4 million reduction in bank expenditure, and current expenditure trends suggest there is a risk that this target may not be fully achieved without additional intervention.
- The SPC chart shows common cause variation, indicating that expenditure has stabilised at around the current level. Whilst this demonstrates control, it also suggests that existing measures are not generating the sustained downward shift required to deliver the planned savings target.
- Continued reliance on bank staffing to maintain safe staffing levels, manage vacancies, support urgent care pressures and cover sickness absence exists.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	80.6293	90			Executive Director of People and Culture



Narrative

The Job Plans metric is presented using an XmR statistical process control chart. Performance for August 2026 is 80.63%, which represents an improving position and is classified within the dashboard as "Improvement (High)". However, despite this positive trajectory, performance remains below the agreed target of 90.0%, resulting in a current assurance rating of Fail.

The SPC chart indicates sustained improvement compared with earlier periods, although the organisation has not yet reached the required compliance threshold. The recent upward movement suggests that actions being undertaken to increase completion and review of consultant job plans are having a positive effect. Continued focus is required to maintain this trajectory and close the remaining gap to target.

Given that performance remains below the required standard, priority should be placed on ensuring outstanding job plans are completed, reviewed and approved, particularly within specialties or divisions reporting lower compliance levels. Progress should continue to be monitored monthly through the Performance Framework and escalated where recovery trajectories are not being achieved.

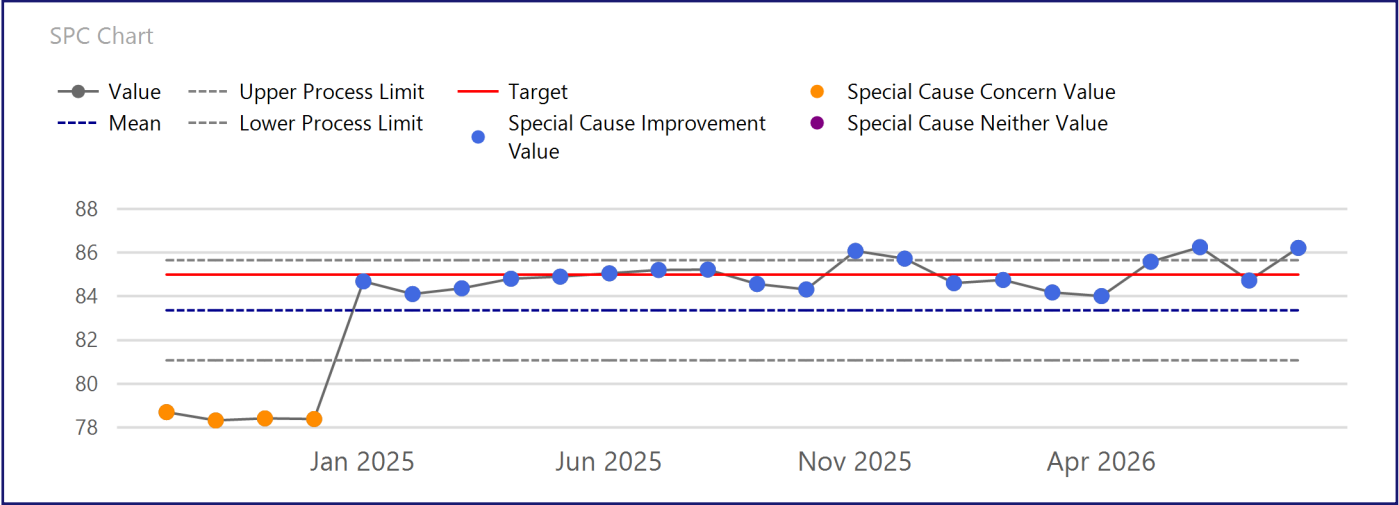
Actions and Owners

- Undertake targeted review of all outstanding consultant job plans and validate completion status by Clinical Board - Owner Medical Workforce, Job Planning Lead & AMD
- Produce exception reports highlighting overdue or expired job plans and escalate through Board performance meetings - Owner Medical Workforce
- Support specialties with historically lower compliance through dedicated job planning sessions and administrative support - Owner Medical Workforce, Job Planning Lead
- Monitor progress through the Performance Management Framework and provide monthly updates to the People & Culture Committee - AD of MW
- Develop recovery trajectories for any area below the 90% target and review progress at divisional performance meetings - Owner Medical Workforce, Job Planning Lead & AMD

Concerns

- Job plan compliance remains at 80.63%, below the organisational target of 90.0%. Reduced assurance regarding workforce planning, activity planning and consultant accountability
- Although SPC variation indicates improvement, the required level of compliance has not yet been achieved. Risk that expected benefits associated with job planning are not fully realised.
- Incomplete or overdue job plans may limit visibility of programmed activities, service commitments and workforce capacity. Potential impact on workforce governance and operational planning.
- No clinical lead as post/sessions currently vacant.
- No medical workforce lead as existing member of staff has secured a new position so post is vacant.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	86.2205	85			Executive Director of People and Culture



Narrative

Medical Staff Appraisal compliance achieved 86.22% in August 2026, exceeding the organisational target of 85.0%. SPC analysis identifies the measure as demonstrating high improvement variation, indicating a positive shift in performance compared to the historic average. The latest reported position remains above target and suggests that improvement actions implemented across the organisation are having a sustained impact.

The XmR chart demonstrates evidence of performance improvement over time, with the latest reported value exceeding both the target threshold and the historical process mean. Whilst this provides increased assurance regarding appraisal compliance, the assurance rating remains reported as Hit or Miss, indicating that continued monitoring is required to ensure the improvement is sustained and embedded across all Clinical Boards and specialties.

Medical appraisal remains a key component of professional governance, supporting revalidation requirements and providing assurance regarding clinical practice, development needs and organisational compliance. Maintaining performance above target will require continued focus on timely completion of appraisals and proactive management of forthcoming appraisal due dates.

Actions and Owners

- Review medical staff appraisal compliance by Clinical Board and identify individuals approaching appraisal expiry dates - Owner Medical Director and Clinical Board Medical Directors
- Maintain a rolling appraisal monitoring process and issue reminders to appraisees and appraisers - Owner Revalidation & Medical Workforce Team
- Escalate overdue appraisals through Clinical Board governance arrangements where completion dates are missed - Owner Clinical Board Medical Directors
- Provide targeted support to specialties with emerging reductions in compliance to sustain performance above target - Owner Responsible Officers / Revalidation Team
- Report appraisal compliance performance through the Integrated Performance Report and People & Culture Committee - Owner Associate Director of Medical Workforce & Resourcing

Concerns

Although current performance exceeds the target, appraisal compliance remains vulnerable to fluctuations due to the cyclical nature of appraisal activity and the requirement to maintain consistent participation across all medical staff groups. There is a risk that compliance could deteriorate if outstanding appraisals are not completed promptly or if forthcoming appraisal activity is not effectively planned and monitored.

Continued scrutiny is therefore required to ensure the recent improvement in performance is sustained over the longer term and that compliance levels remain above the organisational target.