

Ein cyf/Our ref: DC/JMHSC/00048/26

Chris Jones – Chair
Alex Howells – Chief Executive
Health Education and Improvement Wales

26 February 2026

Dear Chris and Alex,

This letter follows the Public Accountability Meeting held with members of Health Education and Improvement Wales (HEIW) Board on 12 February 2026. Thank you for your and your team's attendance at the meeting, and for the evidence pack provided in advance of the meeting; this forms an important part of the meeting record. The meeting recording can be found at [Cyfarfod Atebolrwydd Cyhoeddus Addysg a Gwella Iechyd Cymru - HEIW Public Accountability Meeting](#).

This letter sets out my reflections from the meeting, which will be evaluated in regular review meetings. I would like to acknowledge the commitment shown by your team and the frank and open discussion we had including your approaches to enhancing accessibility to training, reinvigorating leadership development, transforming workforce planning and data, and driving innovative workforce models.

Your opening remarks highlighted your role as a special health authority which has been established to bring coherence and strategic focus to health and care workforce development. Your aim is to maximise value for learners, staff, patients, and the population of Wales. You have 12,500 individuals in training, most involved in direct patient care, and your intention is to develop agile, scenario-based planning to address future workforce needs, in the context of rapid technological and data changes.

The organisation is focused upon addressing workforce deficits, improving quality, and expanding training capacity and provision across Wales. You highlighted that 84% of the organisation's budget is spent on education and training this year. The planning process is informed by various data sources, including NHS workforce plans and is also influenced by external factors. Challenges highlighted related to

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

planning education and training needs including how best to respond to shortages in nursing, paramedicine, and midwifery, as well as difficulties for graduates in securing NHS positions.

You acknowledged previous shortcomings in communication and data utilisation, which contributed to employment challenges for graduates. As part of your learning, you have realised that there is a need for dynamic, real-time understanding of workforce changes, skills mix, and recruitment gaps, highlighting the importance of accountability and responsiveness in the system. You have improved data collection and sharing, established collective mechanisms with health boards, and created a new executive group to anticipate and manage workforce risks. Enhanced regional collaboration and regular meetings with health boards support proactive responses. Solutions now include regional placements, rotations, and supporting staff progression to higher bands, which aim to maximise employment opportunities for graduates and address workforce gaps. It is important that the organisation develops appropriate mechanisms and flexibility to prepare students for a changing employment landscape.

We discussed how HEIW is planning for the future needs of the NHS workforce, with a clear recognition that simply increasing recruitment numbers each year is not a sustainable strategy, supported by the need to develop an understanding of future skills requirements, particularly in relation to digital transformation and evolving models of care. You acknowledged the complexity of predicting future needs, especially given the rapid pace of technological change and the potential impact of AI, and outlined your approach to develop viable scenarios to ensure readiness for a range of possible futures.

You described ongoing work to build a digitally competent workforce, including the development of a digital capabilities' framework and self-assessment tools, with over 2,000 completions to date. Further progress is needed in mapping future roles and skills, and you committed to working with partners such as DHCW to develop a clearer model over the next year, particularly focusing on primary care and community-based service delivery.

We discussed the capability gaps in workforce planning within health boards, the need for more dynamic and flexible approaches to skills development, the importance of addressing health inequalities and responding to the needs of an aging population with multiple comorbidities. This will require a move towards a more generalist, interprofessional approach, supported by reforms in medical education and ongoing CPD for general practice staff.

Your future workforce planning must be more creative, collaborative, and agile, leveraging improved data infrastructure and scenario-based approaches to meet the evolving needs of the NHS and the population of Wales.

The third agenda item focused on strengthening leadership capability and capacity at all levels within NHS Wales. You outlined HEIW's evolution from delivering individual programmes to leading a national, "Once for Wales" approach to leadership development. Although you have made progress in this area, system intelligence reveals a significant gap below executive level, particularly among operational managers, clinical and ward managers, and primary care teams. Addressing these

gaps will be essential for improving service delivery, future leadership pipelines, and overall performance of the system.

You confirmed that you are supporting the system to move towards a single, cohesive model that reduces duplication and ensures quality. The current suite of national programmes includes aspiring executive and accredited clinical leadership courses, a graduate programme, and new offers for operational managers and primary care, all shaped by system feedback and data. Demand is rising and scaling these programmes remains a challenge. You highlighted the establishment of seven primary care academies, designed to strengthen multidisciplinary teams and support new ways of working in primary care.

I am concerned that there is not yet a truly unified “Once for Wales” model, as all health boards run their own leadership courses, leading to fragmentation and inconsistency. You described that the first stage of the once for Wales approach has been to focus on senior cohorts and the need to expand to larger groups, particularly operational managers. You intend to develop a new operational management course, designed in collaboration with health boards to ensure system ownership and accessibility, and to convert programmes into a more inclusive leadership academy supported by digital tools.

You acknowledged the need for more experiential development opportunities, such as secondments and special projects, and committed to working with Welsh Government to build more robust induction and development pathways for board members. Race equality and diversity in leadership were raised as critical issues, noting stagnant progress and poor data on workforce race equality standards and you committed to embedding diversity requirements across all leadership programmes and using national data to inform course design and challenge systemic biases.

Measuring the effectiveness of leadership programmes is complex, extending beyond job progression to include broader impacts on culture, staff experience, and operational performance. You described the use of the NHS staff survey as a key barometer and committed to expanding evaluation methods, including longitudinal studies and deeper analysis of links between leadership, culture, and outcomes. You highlighted that the new UK management and leadership framework will set regulated expectations for leaders at all levels, supporting a move to a single national model and reducing duplication across health boards. These standards will be essential to bring coherence across the offer of leadership programmes across the NHS in Wales and to bring systematic change to the experience of those people who work for us across the NHS.

We then discussed how HEIW is working to strengthen itself as an organisation and you outlined your commitment to continuous improvement, and described the organisation’s workforce model, which combines a core team with specialist skills and a number of fixed-term posts to address short-term priorities, providing flexibility to adapt to changing demands. Audit Wales’ structured assessment has reported good governance processes but also outlined the need to hear the student voice more clearly and to sharpen the focus on outcomes.

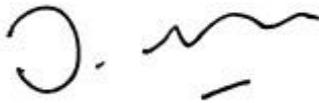
You described your approach to flexing resources, phasing implementation, and, when necessary, deprioritising certain roles or programmes such as pausing commissioning for physician associates and clinical applied associate psychologists where demand is insufficient.

Finally, the board's understanding of the international landscape was discussed, and you described your involvement with World Health Organisation collaboratives on workforce planning and digital workforce development.

As I summarised at the end of the session, there were three consistent themes underpinning our discussions. Firstly, the need for HEIW to develop an agile, real-time workforce planning model to better anticipate emerging challenges. Secondly for the organisation to deepen its understanding of the relationship between digital transformation and workforce planning, moving beyond just numbers. Thirdly to evaluate the contribution of leadership training to system-wide improvement, aiming for clearer evidence of its impact.

In closing, I want to thank you and your team for the work you are doing and your engagement with this meeting.

Yours sincerely

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care