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Medical Stabalisation Programme Update

Finance and Performance Committee, 16 December 2025



OVERVIEW

Workforce Challenges

The programme addresses vacancies, high agency costs, and inconsistent rostering and job planning practices across the Health Board.

Stabilisation Initiatives

Implementing a pan-Health Board rostering system and standardising rate cards to streamline workforce management and reduce locum reliance.

Recruitment and Sustainability

Enhancing national/international recruitment to build a sustainable workforce and improve service continuity across clinical areas.

Stakeholder Collaboration

Incorporating feedback from Local Negotiating Committee (LNC) and British Medical Association (BMA) ensures alignment with national priorities and workforce needs.

Allocate System Roll-out and Compliance



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System Launch and Modules

Allocate system launched in January 2025 with Bank Staff+, Medics On Duty, and Activity Manager modules enhancing staffing control. The roll-out of the system is currently underway with engagement from operational teams. Phases 1 and 2 are complete and phase 3 commenced during November. The accelerated roll out is on track to be completed by the **end of March 2026**.

Job Planning Compliance

Allocate is consistently used for job planning across the organisation. Job planning compliance rate were at 81% in November 2025. Once the accelerated roll out of the rota system is complete work will commence on integrating job plans with the rota during **Q1 2026/27**.

Doctor Management and Sign-offs

Allocate system manages 487 doctors, with 400 signing off job plans within the 15-month compliance period.

Ongoing Support and Reporting

Monthly compliance reports on job planning compliance are issued to operational teams and escalation meetings held with Executive Medical Director to maintain and improve compliance. These will continue through 2026.

Monthly variable pay reports are shared with Clinical Care Group (CCG) Directors to support discussions on rates of pay and we now have reduced the maximum rate being paid per hour for additional duty hours. Work will continue to develop dashboards to manage a reduction in variable pay during **Q1 2026/27** when the system is fully implemented.

Allocate System Roll-out and Integration



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Actions	Impact	Trajectory
Launched Allocate system in January 2025	Improved visibility over staffing allocations	Full rollout on track for March 2026
Completed Phases 1 and 2, Phases 3 - 7 commenced in November 2025	Enhanced operational efficiency through integrated modules	Post-rollout focus will be on integration of rota and job planning and dashboard development for variable pay management
Accelerated rollout plan in progress with strong operational engagement	Positive engagement with teams, supporting adoption and compliance	

Medical Rate Card Standardisation



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Proposal Options Overview

Two main options present different rate revisions for Additional Duty Hours (ADH) and medical bank, with varied cost implications and timelines.

Rationale for Change

Changes aim to ensure parity, transparency, and alignment with competitive benchmarks across staff grades and sites.

Strategic Benefits

Implementing revisions promotes staff engagement, reduces agency reliance, and strengthens service resilience.

Recommendations

Recommendation to align the Health Board with a rate card in line with inflation to be launched in **Q.4 2025/26**

This has been developed and endorsed by Value and Sustainability Group at an additional cost of £390,172.

This has been presented for decision at Formal Executive Team on the **3rd December 2025**, along with an agreed escalation process.

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A revised rate card which is based on inflation (Estimated Cost Increase: £390,172)

Resident Grade	In Hours	Out of Hours
Consultant	£100.00	£125.00
Specialist Grade / Associate Specialist	£100.00	£105.00
Speciality Dr	£65.00	£90.00
ST4 - 8	£65.00	£90.00
ST1 - 3	£55.00	£65.00
F2	£40.00	£55.00
F1	£35.00	£45.00
<i>*Non-resident on-call 50% of above rate</i>		

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Actions	Impact	Trajectory
Developed two options for revising ADH and medical bank rates each with distinct cost implications	Provides a structured approach to rate revision, ensuring transparency and parity across staff grades and sites	Decision will guide implementation of revised rates in Q4 2025/26 ensuring consistency across the Health Board
Agreed preferred option at Value and Sustainability Group	Supports financial planning by outlining cost implications upfront	
Presented options for decision at Formal Executive Team on 3 December 2025, including an agreed escalation process		

Reduction of Agency Spend by 30%



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- Progress has been made to ensure 100% of assignments are compliant with the national price cap.
- There are no non-direct engagement bookings within the organisation.
- No shifts exceed £160 per hour.
- There is a high dependency at Consultant level which has the highest associated cost impact and greatest risk in terms of sustainability.
- There have been reduce and replace savings of £9,615.90 which reflects efforts to switch premium agency assignments to lower-cost alternatives.
- Further work during **Q4 2025/26** to achieve the 30% reduction will continue including repeating the engagement event outlining the benefits of becoming a substantive member of staff.

Reduction of Agency Spend by 30%



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Actions	Impact	Trajectory
Ensured 100% compliance of all assignments with the national price cap	Achieved full compliance with national pricing standards, reducing financial risk and ensuring transparency	Continued efforts in Q4 2025/26 to achieve the 30% reduction target focussing on:
Eliminated non-direct engagement bookings	Removed high-cost, non-direct engagement bookings, improving governance and cost control	- Repeating engagement events to encourage substantive appointments
Implemented controls so no shifts exceed £160 per hour	Maintained hourly rate caps	- Addressing Consultant level dependency through workforce planning and recruitment strategies
Delivered reduce-and-replace savings by switching premium agency assignments	Realised tangible savings through strategic replacement of premium agency shifts	2026/27 – monitor compliance, savings and sustainability metrics to track progress
Planned further engagement activities in Q4 2025/26 to promote substantive roles	Identified consultant-level dependency as a critical sustainability risk, informing targeted interventions	



International Recruitment

The Health Board's July 2025 international recruitment trip secured four confirmed offers, demonstrating effective hiring strategies.

Welsh Government (WG) is keen to explore whether there are any requirements for targeted international medical recruitment for 2026/27 and we are engaged in these discussions. Final requirement to be submitted by **22 December 2025**.

Planning and Service Engagement

Services are identifying suitable grades and consultant posts for overseas recruitment to address workforce needs strategically. The Health Board has approached WG regarding challenges in Haematology recruitment. To address this, a clinically led national task and finish group is due to be established, which may result in a specialist recruitment event at a future haematology conference, similar to the successful approach taken in Psychiatry.

Recruitment Challenges

Challenges include confirming vacancies and securing clinical support, requiring early engagement with Clinical Care Groups.

Workforce Gap Solutions

Efforts focus on reducing reliance on temporary staffing by addressing recruitment needs and engaging with Welsh Government ahead of **22 December 2025**.

Recruitment Improvement Initiatives



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Job Description Optimisation

Refreshing and aligning medical job descriptions with service needs to speed up recruitment.

Maximising Medical Education

Leveraging teaching infrastructure to offer career development and attract medical candidates.

Research and Innovation

Promoting clinical research and academic collaboration to foster innovation and learning.

Value Proposition

Enhancing roles with flexible work, professional development, and wellbeing support.

Raising Health Board Profile

Increasing visibility through conferences, recruitment campaigns, and strategic communications.

International Recruitment



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Actions	Impact	Trajectory
Participated in an international recruitment trip securing four confirmed offers, demonstrating effective hiring strategies	Strengthened workforce pipeline through successful overseas recruitment	Submit final recruitment requirements by 22 December 2025
Engaged with Welsh Government to explore further targeted international medical recruitment needs	Positioned the Health Board as proactive in addressing critical staffing gaps	Prepare for potential targeted campaigns in 2026/27 based on agreed priorities
	Built collaborative relationships with Welsh Government for strategic workforce planning	



- Scoping of all acute medical wards across the 4 acute sites has commenced to understand the bed base and patient acuity
- Meetings taking place through November and December 2025 with Medical Leads to model the Medical Workforce based on demand, acuity, bed base and Royal College of Physicians guidelines
- A report will be developed to describe the current and required medical staffing model to safely staff the acute medical wards and Emergency Departments, taking into consideration the Multi-Disciplinary Teams, for example, Medical Associate Professionals (MAPs) and Advanced Nurse Practitioners (ANPs) **during Q4 2025/26**

Medical Workforce Planning



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Actions	Impact	Trajectory
Initiated scoping of all acute medical wards across four sites to understand bed base and patient acuity	Provides a data-driven understanding of current capacity and activity across sites	Complete report in Q4 2025/26 detailing: <ul style="list-style-type: none">• Current staffing gaps and risks• Required workforce model for safe and sustainable care• Integration of MDT roles to optimise resources
Meeting through November and December 2025 to model the medical workforce based on demand, acuity, bed base and guidelines	Enables evidence-based workforce modelling, ensuring safe staffing aligned with clinical standards	Use report to inform strategic workforce planning and recruitment priorities for 2026/27, supporting long-term sustainability
Planned development of a report during Q4 2025/26 to outline the current and required medical staffing model	Promotes collaborative planning with medical leads, improving service resilience and patient safety	

Short, Medium & Long Term Goals



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Short-Term Focus

Maintain zero off-framework usage and target high-cost shifts by **Q4 2025/26** to control expenses.

Medium-Term Goals

Implement standardised rate card fully and increase recruitment through international and local campaigns in 2026.

Long-Term Objectives

Reduce agency spend by 30–50%, embed flexible staffing, and align workforce planning by 2027.



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Action	Timescale	Update	Responsible
Implement pan-Health Board rostering & job planning system	End of Q4 2025/26	<ul style="list-style-type: none"> • Allocate is consistently used for job planning across the organisation. • The roll-out of the Allocate rota system is underway with engagement from operational teams, phases 1 & 2 are complete with phase 3 commencing during November. • Accelerated roll out to be undertake by end of March 2026 	CH / Medical Rota Team / Clinical Care Groups
Adopt single rate card	By Q4 2025/26	<ul style="list-style-type: none"> • A rate card based on inflation has been developed and endorsed by Value & Sustainability. • This will be presented for decision at the next Formal Executive Team Meeting, along with an agreed escalation process. 	MH / CH
Reduce agency spend by 30%	By Q4 2025/26	<ul style="list-style-type: none"> • Progress has been made to ensure 100% of assignments are compliant with the national price cap. • There are no non-direct engagement bookings within the organisation. • No shifts exceed £160 per hour. • There is a high dependency at Consultant level which has the highest associated cost impact and greatest risk in terms of sustainability. • There have been reduce and replace savings of £9,615.90 which reflects efforts to switch premium agency assignments to lower-cost alternatives. • An agency engagement event developed to showcase the benefits of substantive employment successfully achieved 5 conversions from agency to substantive appointments. 	Medical Workforce Planning Group / Clinical Care Groups
International recruitment	Ongoing	<ul style="list-style-type: none"> • The HB participated in the Welsh Government international recruitment drive successfully and 	Medical Recruitment / Medical Workforce

		continues to engage operational service to identify vacancy and high spend areas that would benefit from international recruitment.	Planning Group / Clinical Care Groups
Medical Workforce Planning – Acute Medical Wards and Emergency Departments	By Q4 2025/26	<ul style="list-style-type: none"> • Scoping of all acute medical wards across the 4 sites has commenced to understand the bed base and patient acuity • Meetings taking place through November & December with Medical Leads to model the Medical Workforce based on demand, acuity, bed base and RCP guidelines • An SBAR will be developed to describe the current and required medical staffing model to safely staff the acute medical wards and Emergency Departments, taking into consideration the Multi-disciplinary Team e.g. MAPs, ANPs, etc 	CH / EE / Clinical Care Group Senior Medical Leaders
Development of a Clinical Vision for ED services across Hywel Dda	Completed, with ongoing engagement and progression to a planning stage	<ul style="list-style-type: none"> • Following clinical concerns raised by ED and GIM clinicians across the HB relating to standards of care in ED departments and frailty within the Medical Rotas, together with recommendations raised by HEIW and GIRFT/SEDIT reviews • A programme of works has been completed working with all ED Clinicians to describe a vision for future ED services across the HB. 	CIM CCG/ Planning Team/ Medical Directorate