



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **16/12/2024**
Time **09:30 - 12:30**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom; Ystwyth Board
Room Avocor (Hywel Dda UHB - Generic Account)**

People, Organisational Development and Culture Committee Meeting

HDD_People, Organisational Development &
Culture Committee

NHS Wales

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1 - GOVERNANCE AND RISK

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

1.1

09:30, 2 Mins

1.1 - Apologies for Absence

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

1.2

09:32, 3 Mins

1.2 - Declarations of Interest

All

1.3

09:35, 10 Mins

1.3 - Minutes and Matters Arising from the meeting held on 29 October 2024

Chantal Patel (Hywel Dda UHB - Independent Board Member)

Attachments

[Meeting minutes - 2024-10-29](#)

DRAFT MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting: **13:00, Tuesday 29 October 2024**

Venue: **Virtual/ MS Teams**

Present: Mrs Chantal Patel, PODCC Chair/ Independent Member
Ms Anna Lewis, PODCC Vice-Chair/ Independent Member
Ms Ann Murphy, Independent Member
Mrs Delyth Raynsford, Independent Member
Mr Rhodri Evans, Independent Member

In Attendance: Mrs Lisa Gostling, Director of Workforce and Organisational Development/
Interim Deputy CEO (PODCC Executive Lead)
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Mrs Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
Mrs Amanda Glanville, Assistant Director of People Development
Ms Carly Hill, Assistant Director - Medical Directorate
Mrs Anna Bird, Assistant Director – Strategic Partnerships, Diversity and
Inclusion
Ms Heather Hinkin, Head of Workforce
Ms Helen Humphreys, Head of Nursing for Professional Standards and
Regulation (Part)
Mr Anthony Dean, Trade Union Representative
Ms Bethan Lewis, Interim Deputy Director of Public Health

**Minutes Item
Ref.**

Action

GOVERNANCE

PODCC Apologies for Absence
(24)96

Ms Alwena Hughes-Moakes, Communications and Engagement Director
Dr Leighton Phillips, Director Research, Innovation and Value
Ms Christine Davies, Assistant Director of Organisation Development
Professor John Gammon, Strategic Adviser, (Workforce, Education &
Training)
Mr James Severs, Executive Director of Allied Health Professions and
Health Science due to a pre-existing commitment as the Committee date
was changed.

PODCC Declarations of Interest
(24)97

Ms Ann Murphy declared an interest in the Trade Union update report.

PODCC **Minutes and Matters Arising from the meeting held on 20 August 2024**
(24)98

The minutes from the meeting held on 20 August 2024 were approved as an accurate record and there were no matters arising.

PODCC **Operational Risks Assigned to PODCC**
(24)99

There were no operational risks assigned to the Committee reported.

PODCC **Welsh Health Circulars (WHCs)**
(24)100

There were no Welsh Health Circular (WHC) items to report.

PODCC **Targeted Intervention Progress Report**
(24)101

Mrs Lisa Gostling presented the Targeted Intervention (TI) Progress Report and offered assurance that monitoring of the progress of strategic initiatives and programmes linked to TI under the responsibility of PODCC have been scheduled on the agenda and via the Committee's annual forward work programme. Thanking Mr Ayres for preparing the update report, Mrs Chantal commented that it provides a helpful overview of progress of the criteria assigned to PODCC.

Ms Ann Murphy queried the next steps and timescales for substantive recruitment into the interim Executive Director roles now that the Chief Executive Officer (CEO) has been confirmed. In response, Mrs Lisa Gostling advised that a discussion will take place with the Chief Executive Officer to develop a recruitment plan when he returns from annual leave which will include the Deputy CEO position. Mrs Joanne Wilson confirmed that the formal recruitment process will be presented for approval via the Remuneration and Terms of Services Committee and Board Members will be updated accordingly.

Mrs Lisa Gostling shared a gentle reminder for staff to complete the current Staff Survey if they have not already done so.

Decision: The Committee took **ASSURANCE** that actions are in place to give Welsh Government confidence that progress is being made against the de-escalation criteria assigned to the Committee.

PEOPLE

PODCC **Staff Story: Simulation Training**
(24)102

Mrs Susie Henwood and Mr Luke Kelly joined the meeting and shared positive staff feedback for the simulation training. Mrs Henwood explained that the training provides an opportunity for staff to practice medical

response and communication skills in an immersive environment which junior and new staff may not previously have had exposure to.

Providing an overview of a training session undertaken with a small cohort of staff during a quiet period on an Intensive Care Unit (ICU) ward, Mrs Henwood explained that an emergency tracheostomy was undertaken using a mannequin and this was felt to be helpful by the staff to identify challenges that would be faced during an emergency and provided valuable learning opportunities. A team debrief took place following the initial training session and staff members discussed that having an opportunity to practically respond in an immersive and stressful situation had caused staff to forget some information they had learnt, and the second exercise showed improvements. Mr Richard Kelly added that during his experience of carrying out the training over the past 2- 3 years, it has been valuable in supporting staff practice skills and form their own collaborative processes.

Mrs Patel commented that it is great to hear the feedback for the simulation training which is felt to be a positive step forward to support staff acquire essential practical skills. Mrs Patel queried whether the training is available across the organisation or just for ICU staff. Mr Kelly advised that the training is available Health Board wide within the People Development Directorate and there is equitable access for clinical and non-clinical staff if appropriate however there are resource challenges.

Thanking Mrs Henwood and Mr Kelly for the helpful update, Mrs Gostling reiterated the benefits of hands-on training opportunities. Mrs Gostling provided gratitude for the external investment received for the equipment via Swansea University and the Charitable Funds Committee and echoed that it would be great to see the Health Board upscaling this training as there are limitless opportunities in this space, for example providing an insight to different career opportunities available for prospective medical students.

Ms Amanda Glanville highlighted that although there are pockets of simulation training practice being undertaken across the Organisation, it is not embedded in all services yet, and the intention is to upscale it as far as possible. Considering the current resource challenges, the team are currently working to maximise resource they have.

Ms Anna Lewis shared her excitement on the benefits of simulation training, and shared evidence-based research in how it can improve psychological safety for staff in responding to catastrophic events. Ms Lewis would like to see this work upscaled as quickly as possible. Mrs Patel agreed and added that it will be great to witness this training during the Independent Member walkabouts.

Decision: The Committee noted the staff story.

PODCC Trade Union Update
(24)104

Mr Anthony Dean provided an update on progress to implement the non-pay elements of the collective agreement for 2022-2024 for Agenda for Change (AfC), as required by Welsh Health Circular WHC 017 and the workstreams developed to take forward the action plan. Members noted that most of the

actions to implement the non-pay elements of the collective agreement are complete apart from two actions which are in progress which are:

1. Pension Flexibilities – the Health Board is awaiting the final publication of the all-Wales policy to progress.
2. Nursing for the Future Workforce Plan – this plan has not yet been published by Health Education Improvement Wales.

In terms of the data pertaining to agency spend during 2024, Mrs Patel was under the impression that there had been a reduction in expenditure however the data suggests an increase. Mrs Gostling clarified that there has been a sustained decrease through to August 2024 for nursing agency usage and as part of the next steps the focus will be on decreasing medical agency usage. Mrs Patel asked for clarity on why the agency usage for Allied Health Professions and Health Scientists has increased significantly between June and August 2024 from 48k to 85k. Mrs Gostling advised that this is due to additional support provided for the waiting list initiatives, and this will cease when the substantive appointments are made. In terms of the Health Care Support Worker (HCSW) agency usage, Mrs Lisa Gostling clarified that agency for these staff are only being used in the Mental Health and Learning Disabilities service at present and the plan is to eradicate usage completely as part of the Workforce Planning work underway.

Mrs Gostling highlighted the significant amount of sickness and wellbeing activities underway as detailed within the report in response to a query from Mrs Patel on steps to support staff and managers. The work underway as part of the Sickness and Wellbeing Task and Finish Group includes analysing trends in different types of roles. Workforce Directorate support is being reviewed to ensure resources are directed where the most impact can be made. Mrs Gostling updated Members that the Operational Workforce team have an action plan underway to support absence management and provide bite size training to managers and there is also health and wellbeing support activities which are running in parallel.

Decision: The Committee noted the update report.

PODCC Workforce Efficiency Update
(24)105

Ms Helen Humphreys joined the meeting.

In response to a request from the Committee on 15 April 2024, Mrs Sharon Daniel presented a report on the impact that the reduction of agency and bank nurses is having on clinical outcomes for patients. Providing context, Ms Helen Humphreys highlighted that the data set outlined in the report relates primarily to 2023/24 and whilst the use of registered nurse agency was decreasing during this period, there was still agency workers being utilised and the full impact of the reduction in agency usage won't be fully understood until after the 'no planned agency' decision comes into effect on the 1 November 2024 (1 March 2025 in Bronglais Hospital (BGH)). Further analysis would also be required to understand any correlation between the reduction of agency workers and changes in clinical outcomes.

Ms Humphreys commented that the comparison data suggests an overall reduction in reported incidents on adult inpatient wards however it was recognised that the data is only available for five months so far and the pressures linked to the winter period may change the position. Mrs Sharon Daniel expanded that the Health Board will continue to monitor this and suggested a further update to the Quality, Safety and Experience Committee in August 2025 where the impact will be clearer.

Mrs Patel raised concern regarding the pressure damage figures and asked for an understanding of processes in place. Ms Helen Humphreys explained that the incidents reported relate to pressure damage that has worsened during inpatient care. Ms Humphreys advised that each inpatient team has its own scrutiny process which will undertake a review of avoidable and unavoidable pressure damage and where it has been identified that there have been avoidable incidents, a piece of work is undertaken by the service with support from the Patient Safety Team to look at themes and develop an action plan, this can be carried out on one ward or across a whole site. Training is also provided for inpatient teams from the Tissue Viability service.

Reflecting on the outcome of an NHS Staff Survey the previous year, Mrs Raynsford highlighted that up to 56% of staff reported to be working unpaid hours and this was prior to the recent reduction in temporary staffing. Mrs Raynsford sought assurance that ceasing agency staffing will not have an impact on staff working unpaid hours to cover shortfalls.

In response, Mrs Daniel shared that reflection will take place following the results of the staff survey and the information received will be reviewed. Mrs Daniel feels hopeful that the stabilisation of workforce will provide more confidence in the rosters and put less pressure on staff however this will continue to be monitored. Providing further context, Mrs Gostling stated that there were 500 nurse vacancies across the system the previous year, there are now 100 therefore a big gap has closed which should reduce pressure on nursing staff. Ms Helen Humphreys also added that substantive staff have been employed to replace the agency/ temporary staff reductions.

Ms Anna Lewis commented on the significant progress made in ward establishments and this report is helpful to begin to provide the impact of changes on quality, safety, and experience. Ms Lewis recalled a recent report on the Nurse Staffing Levels which was presented to the Quality, Safety and Experience Committee on 8 October 2024 and subsequent discussions highlighted patterns in understaffing and quality data issues with the Allocate System recording process. In light of this, Ms Lewis did not feel comfortable with the next update being scheduled for August 2025 and requested an interim position report to be presented to QSEC in February 2025.

Decision: The Committee RECEIVED ASSURANCE from the report and an update report which examines the triangulation between incidents and reduction of agency and bank staff has been forward planned for the Quality, Safety and Experience Committee in February 2025.

SD/HH

CULTURE

PODCC **Anti-racist Wales Action Plan – update on local implementation**
(24)106

Ms Anna Bird presented the key highlights from the Anti Racist Wales Group and the the progress of the Anti-Racist Wales national and local plans which have now been Red, Amber, Green (RAG) rated.

Cllr Rhodri Evans queried the timelines on an action to develop an aspiring board members programme, which is scheduled for May 2025 and asked why this is expected to take so long. In response, Ms Bird explained that this work is being undertaken by Welsh Government and a presentation relating to the programme is being discussed at a Chair's Peer Group session with Welsh Government later in the week. It is likely that the programme will launch in Spring 2025 and Members are encouraged to express an interest for this programme when the opportunity arises.

Ms Bird also highlighted that there is an anti-racist training module on Electronic Staffing Record (ESR), which takes approximately 30 minutes and is relevant and up to date and encouraged all staff to complete this.

Mrs Patel recalled discussions at the previous Board meeting whereby the Chair highlighted the diversity of the Health Board's workforce and queried whether this information is being captured. In response, Ms Bird assured the Committee that Mrs Gostling has asked the team to undertake deep dives for intersectional analysis and Members noted that a Board Seminar is scheduled for 12 December to discuss the Strategic Equality Plan.

Decision: The Committee **NOTED** the progress of the Anti-Racist Wales action plan.

PLANNING

PODCC **Planning Objectives General Update Report**
(24)107

Mrs Lisa Gostling presented the Planning Objectives General Update Report with one noted behind schedule which relates to the development of the Workforce Plan. Mrs Gostling provided assurance that work has continued to refine and align the Workforce Plan. A draft is in place and ongoing revisions are being made in light of TI escalation discussions and the Workforce Plan will be presented as part of the Intermediate Mediate Term Plan (IMPT) process for 2025/26. Cllr Rhodri Evans sought assurance that the revised timelines for progressing the PO are felt to be achievable. Mrs Gostling assured Cllr Evans that work is in progress and the Workforce Plan to PODCC in December 2024 to align with the Annual Plan for 2025. **LG**

Decision: The Committee **RECEIVED ASSURANCE** on the current position in regard to the progress of the Planning Objective (PO1 Workforce Stabilisation) aligned to the People, Organisational Development, and Culture Committee

PERFORMANCE

PODCC Performance Assurance and Workforce Metrics - Integrated (24)108 Performance Assurance Report (IPAR)

Ms Michelle James presented the key highlights from the IPAR report including:

- An overall downward trend in total expenditure for agency usage
- There has been a reduction in staff sickness during August and September 2024 following a spike in July 2024, with September showing the lowest sickness rate since July 2023.

Mrs Raynsford queried whether the significant number of absences due to anxiety, stress and depression is a national trend highlighting the amount of work underway to support staff with health and wellbeing as outlined in the report relating to WHC 017. Ms Heather Hinkin advised that unfortunately this is a national issue being faced not only by the Health Sector. With the amount of support in place, improvements in preventative measures are being explored.

Ms Anna Lewis commented that it is positive to see the SPC charts within the report and asked whether this will be available for all the data going forward. Secondly, Ms Lewis highlighted that despite the work underway to improve Performance and Development Reviews (PADR) compliance rates, there doesn't seem to be significant improvement despite the work undertaken by the team and whether this is a prompt to make some strategic actions to try and improve performance. Thirdly, Ms Anna Lewis highlighted that while it is positive to note the increase in staff undertaking dementia training, queried whether the impact of this on improved patient and family experience is being captured.

In response to Ms Lewis's queries, Ms James confirmed that the plan is to upscale the use of SPC charts as far as possible. In terms of PADR compliance rates, Ms James reflected that in light of the current pressures it could be viewed positively that the performance is being sustained however the team continue to explore ways to target areas for improvement and initiate new ideas. Ms Lewis reiterated that although the metrics provide evidence that there is a steady performance, it raises questions in terms of the impact of the work underway as there is no linear upward trajectory to evidence the impact of the work. Mrs Gostling noted Ms Lewis's observation, and clearer objectives according to each staff group including vacancies/ clinical outcomes may need to be explored to clarify the expectations. Mrs Gostling advised the Committee that Dr Eiry Edmunds, Hospital Director is undertaking a piece of work on medical workforce performance management including mandatory training which Ms Carly Hill agreed to provide an update report at the meeting in December 2024.

CH

Mrs Daniel provided assurance that PADR's are monitored as part of the annual nurse staffing levels establishment reviews with senior nursing including sickness rates and core training compliance. In terms of the dementia training, Mrs Daniel noted Ms Lewis's query regarding the impact

on quality patient experience and commented that consideration needs to be given to how this can be demonstrated via metrics.

Decision: The Committee NOTED the content of the report and RECEIVED ASSURANCE of performance in key areas of the Workforce and OD agenda

SUB-COMMITTEE UPDATE REPORTS

PODCC (24)109 Research and Innovation Sub-Committee Update Report - Deferred

The item is deferred to December 2024.

PODCC (24)110 Strategic People Planning and Education Group (SPPEG) Update

Ms Amanda Glanville provided an update from SPPEG and an overview of the work carried out towards the Planning Objective: Delivery of a Workforce Education and Development Plan which demonstrates an increase in the number of IPE opportunities across medical, clinical and wider workforce. Aligning with the staff story, Ms Glanville also highlighted how simulation is being used to positively impact patient safety and experience.

Ms Glanville advised that part of the recommendation to the Committee is to approve a system and quality learning approach as a strategic focus to continue embedding IPE and fostering collaborative working practices. By moving towards this approach, Ms Glanville explained that this will enable the team to capture and share the outcomes and impact of the IPE on quality, safety and experience and consider how to use simulation to strengthen inter education and design and deliver the best training to address current challenges.

Mrs Chantal Patel queried whether the IPE programmes include students on placements or only staff. In response, Ms Glanville advised that work is underway with Swansea University and the virtual reality training opportunities are inclusive of students and staff.

Decision: The Committee:

- RECEIVED ASSURANCE from the progress made towards the IPE strategy, noting the impact made on quality of education, future workforce experiences, development of educators.
- NOTED the risks highlighted as part of the report.
- APPROVED the System and Quality Learning approach as a strategic focus to continue embedding IPE and fostering collaborative working practices.

FOR APPROVAL

PODCC **Outcome of Advisory Appointments Committee (AAC)** (24)111

The Committee was pleased to note the recent recruitment and approved the following appointments on behalf of the Board:

- Consultant in Community and General Adult Psychiatry;
- Consultant in Obstetrics & Gynaecology Special Interest in Oncology;
- Consultant in Ophthalmology with a Special interest;
- Deputy Director Public Health/Consultant in Public Health (Medicine).

Cllr Evans was pleased to note the appointment of a Consultant in Ophthalmology and asked how many more vacancies there are in this service which is often highlighted to Board as fragile. In response Mrs Gostling advised there are two further vacancies.

Mrs Raynsford sought assurance that the interviews are undertaken face to face and not virtually. Mrs Gostling confirmed that all interviews are undertaken face to face unless approved by the Interim Medical Director or herself as Executive Director of Workforce and Organisational Development and interim CEO. Members were glad to hear this and concerns were shared regarding advancements in artificial intelligence which could be used inappropriately during virtual interviews.

Decision: The Committee approved the appointments.

PODCC **Workforce Policies for Approval** (24)112

Ms Heather Hinkin presented Workforce Policies for approval. The Retirement Policy was proposed to be removed from the local policy framework as it is no longer required due to the creation of All Wales Policy Number 1262 which was APPROVED the Committee.

The Committee APPROVED the following policies and procedures subject to formatting changes to the Equality Impact Assessments highlighted by Ms Anna Lewis:

- 153 Equality Impact Assessment Policy and Procedure
- 464 Industrial Injury Claim Procedure
- 1085 Leave and Pay for New and Existing Parents Policy
- 1262 All-Wales Pensions Flexibilities Policy
- 1270 NHS Wales Pregnancy Loss Support Policy

HH

PODCC **FOR INFORMATION** (24)112

- PODCC Workplan 2024/25

PODCC **DATE OF NEXT MEETING: 9.30am-12.30pm, Monday 16 December**
(24)113 **2024**

Tuesday, 18 February 2025

1.4

09:45, 5 Mins

1.4 - Table of Actions from the meeting held on 29 October 2024

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

Attachments

[PODCC 29 Oct 2024 Table of Actions.docx](#)

TABLE OF ACTIONS
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE (PODCC) MEETING HELD ON 29 OCTOBER 2024

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
PODCC(24)29	Workforce Efficiency (Agency costings): <ul style="list-style-type: none"> To examine the triangulation between clinical outcomes and reduction of agency and Bank staff, and provide an interim report to Quality, Safety and Experience Committee (QSEC) in February 2025. 	SD/ HH	February 2025	Completed: Scheduled on the QSEC forward work programme.
PODCC(24)108	Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR) <ul style="list-style-type: none"> To provide an update on the actions underway to improve quality performance management and mandatory training compliance within the medical workforce. 	CH/ EE	December 2024	Completed: Agenda item 5.2
PODCC(24)108	Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR) <ul style="list-style-type: none"> To examine the impact that the increase in Dementia training across staff groups is having on patient and family experience. 	SD	December 2024	No update received. Update to be provided at meeting.
PODCC(24)111	Policies and Procedures for Approval <ul style="list-style-type: none"> To resolve the formatting issues on the Equality Impact Assessments under the references included for the Protected Characteristics. 	HHi	October 2024	Completed

Leads:

SD: Sharon Daniel	HH: Helen Humphreys	CH: Carly Hill	EE: Eiry Edmunds
HHi: Heather Hinkin			

1.5

09:50, 5 Mins

1.5 - Corporate Risks Assigned to PODCC

| For assurance

Attachments

[People Organisational Development Culture Committee SBAR - December 2024 F~.docx](#)

[Appendix 2 - PODCC Corporate Risk Register - Nov 24 FINAL.pdf](#)

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to People, Organisational Development & Culture Committee (PODCC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development/Interim Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

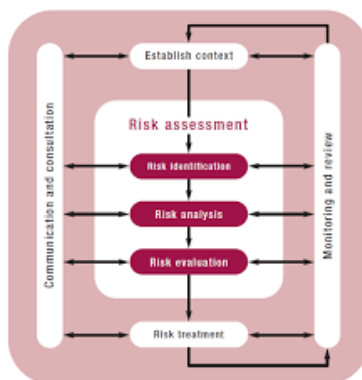
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Committee is asked to request assurance from the Lead Executive Director for the People, Organisational Development & Culture Committee (PODCC) that the corporate risks in the attached report are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of risks on the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing corporate and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB) risk appetite/tolerance to the Board.
- Identify through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant operational risks escalated that are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability i.e. source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

Asesiad / Assessment

The PODCC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that:

- 2.6 To seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.7 To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
- 2.8 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

There are 2 risks currently aligned to PODCC (out of the 21 that are currently on the CRR) as the potential impacts of the risks relate to the workforce. This can be found at Appendix 2.

Changes Since Previous Report

Total Number of Risks	2	
New risks	1	See Note 1
De-escalated/Closed	1	See Note 2
Increase in risk score ↑	1	See Note 3
No change in risk score →	0	
Reduction in risk score ↓	0	

Note 1 – New risks

Since the previous report, the following risk has been added to the register.

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
Risk of insufficiently skilled workforce to deliver services due to limited labour market	01/04/24	Director of Workforce & OD	4x4=16 (Reviewed 06/12/24)	<p>This risk has been scored as 16 (the likelihood is "likely", and has the potential to have a "major" impact), as the number of staff impacted from staff sickness is still high in October 2024 compared to identified All Wales benchmarks (c1-2% higher).</p> <p>Staffing levels across acute and community sites continue to operate below established levels due to vacancies and sickness/absence which is supplemented by additional hours, bank and agency. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professionals (AHPs) and Health Care Support (HCS)) to comprehend the level of risk by each group.</p> <p>It is hoped as further action is taken through stabilisation, the Improving Together framework, and workforce planning to</p>	3x4=12

				<p>reduce the risk score during 2024/25. However, it should also be noted that due to the Health Board's current financial position, and considering the wider financial context, this may result in the potential increase in risk score once Board decisions have been finalised regarding the utilisation of agency, bank and locum workforce.</p> <p>A summary of the gaps to enable a stable workforce in each professional group are noted below: 1) Nursing & Midwifery: a) Destabilisation of the nursing workforce linked to introduction of RNA role b) Destabilisation of the workforce due to the changes in Job Descriptions and Bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands, c) gaps in specific nursing skills sets i.e. Public Health (new role), Critical Care, Theatres (although wider workforce implication), Midwifery (SCBU) and Health Visiting (dependent on model of care to be provided locally). d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing 2) Medical and Maps Workforce a) Destabilisation of the medical workforce due to regulation of AA, PA roles b) Specific skills gaps related to High Locum Usage/Recruitment Gaps i.e. Haematology c) Consultant cover in ED GGH/WGH and Mental</p>	
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				<p>Health. c) Medical rate card issues leading to "internal bidding across sites and HB's 3) Allied Health Professionals - destabilisation of the workforce due to capacity potentially outstripping demand/high locum usage in Physiotherapy (potential exacerbation by "recovery work" b) Specific establishment challenges in Paediatric SALT & Dietetics 4) Healthcare Science destabilisation due to a) Lack of clarity on benefit of regional models identified b) gaps in Pathology and Radiology workforce per se with potential exacerbation of recovery work and possible consequential sickness increases (12% in month for GGH), c) specific skills set challenges in sub specialities i.e. Sonography where national challenges exist d) connected implications on broader workstreams i.e. Cancer pathways i.e. Interventional Radiology. 5) Ability to create true multi disciplinary workforces. 6) Niche skills gaps due to an aging workforce and retirement risks in critical skills/niche specialities.</p> <p>However, that said, through a risk management approach and the aligned stabilisation programmes, there is growing confidence that with focused management effort, at a local, regional and national level we will be able to mitigate.</p>	
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Note 2 – De-escalated/Closed risk

Since the previous report, the following risk has been removed from the register:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1649 - Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market.	26/04/23	Director of Workforce & OD	4x4=16 (Reviewed 25/07/24)	Risk agreed for closure at Executive Risk Group in December 2024, superseded by risk 1978 - Risk of insufficiently skilled workforce to deliver services due to limited labour market	3x4=12

Note 3 – Increase in risk score

Since the previous report, the following risk has increased in risk score:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1821 - Risk to the welfare of Health Board staff due to current demands	04/10/23	Director of Workforce & OD	4x3=12 (Reviewed 25/10/24)	<p>We are alert to the potential consequences of the Staff Welfare Risk and are monitoring a number of areas / metrics to assess if the risk may be increasing e.g., turnover, absence etc.</p> <p>Careful consideration is being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing. The score has been increased from 9 to 12 as, recently it has been noted that sickness absence rates are increasing, hence an increase in the current risk score.</p>	2x3=6

Argymhelliad / Recommendation

PODCC is asked to seek assurance that:

- All identified controls are in place and working effectively;
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises; and
- Challenge where assurances are inadequate.

This in turn will enable PODCC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the corporate risks allocated to the Committee and provide assurance to the Board that corporate risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

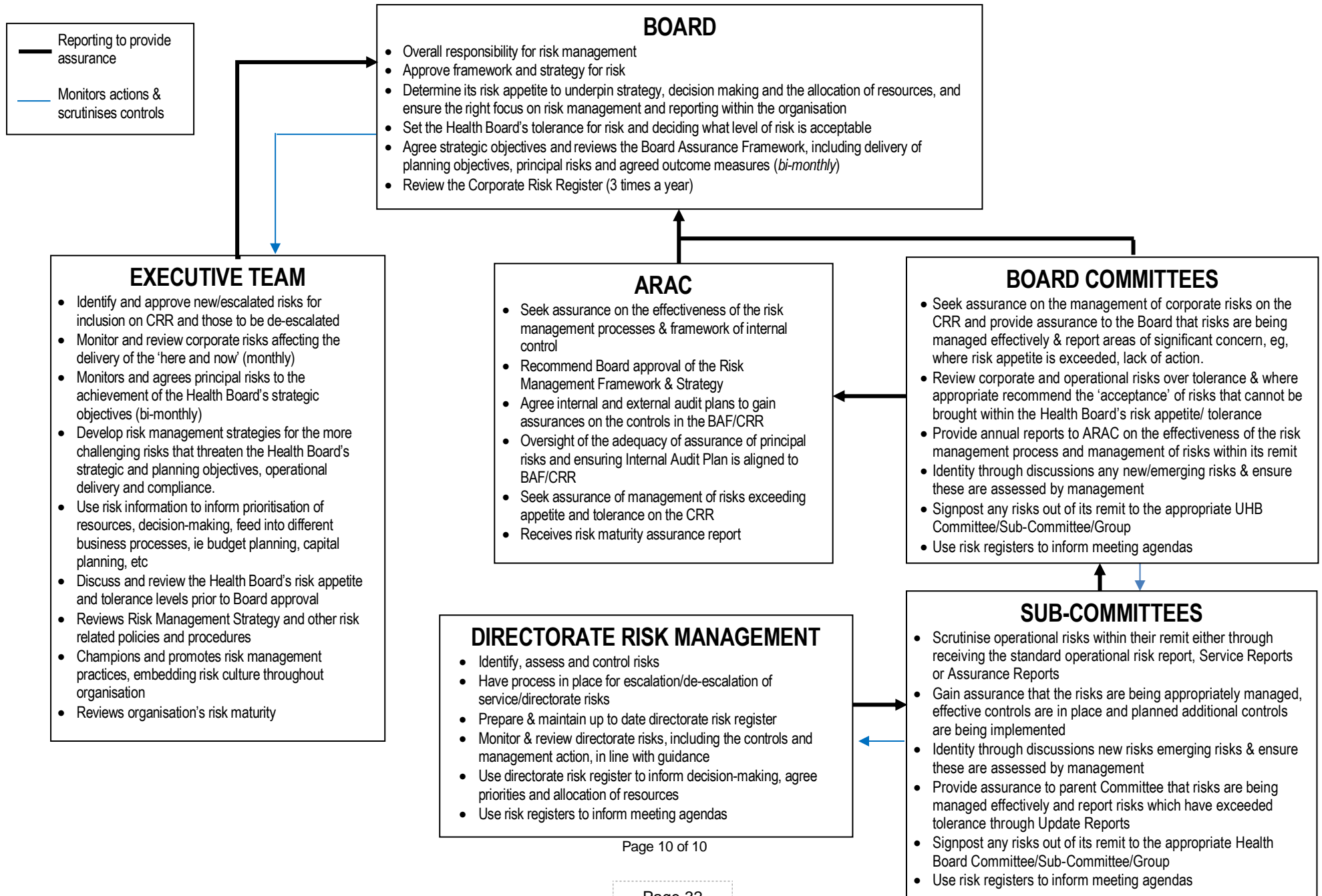
Further Information:

Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termiau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place.

	<p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in January 2024 – Risk Appetite Statement.</p>
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:</p>	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.




Appendix 1 – Committee Reporting Structure



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Nov-24	Trend	Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services idue to limited labour market	Gostling, Lisa	Workforce/OD	8	NA	4x4=16	New risk	3x4=12	3
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	8	4x3=12	4x3=12	→	3x2=6	7

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Apr-24
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

Executive Director Owner:	Gostling, Lisa	Date of Review:	Dec-24
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Jan-25

Risk ID:	1978	Principal Risk Description:	There is a risk here will be insufficient skilled workforce within each of our professional groups (Nursing, Medical, Allied Health Professionals AHP, HCS, Pharmacists and Dental). This is caused by the scarce supply of healthcare professionals and a shrinking labour market, which is further exacerbated by the Health Board's current vacancy rates. This could lead to an impact/affect on the quality of care provided to patients, delays in care and poorer patient outcomes and experience. In addition, this may lead to the inability to meet statutory and professional requirements in terms of safe staffing levels that are needed to deliver quality patient care.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	3x4=12
Tolerable Risk:	8
Trend:	New risk

Rationale for CURRENT Risk Score:

This risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is high still in Oct -24 compared to identified All Wales benchmarks (c1-2% higher). Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence which is supplemented by additional hours, bank and agency. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, AHP and HCS) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2024/25. However it should also be noted that due to the Health Board's current financial position and considering the wider financial context; this may result in the potential requirement to increase the risk score to 20 once board decisions have been finalised regarding the utilisation of agency, bank and locum workforce. A summary of the gaps to enable a stable workforce in each professional group are noted below: 1) Nursing & Midwifery: a) Destabilisation of the nursing workforce linked to introduction of RNA role b) Destabilisation of the workforce due to the changes in Job Descriptions and Bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands, c) gaps in specific nursing skills sets i.e. Public Health (new role), Critical Care, Theatres (although wider workforce implication), Midwifery (SCBU) and Health Visiting (dependent on model of care to be provided locally). d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing 2) Medical and Maps Workforce a) Destabilisation of the medical workforce due to regulation of AA, PA roles b) Specific skills gaps related to High Locum Usage/Recruitment Gaps i.e. Haematology c) Consultant cover in ED GGH/WGH and Mental Health. c) Medical rate card issues leading to "internal bidding across sites and HB's 3) Allied Health Professionals - destabilisation of the workforce due to capacity potentially outstripping demand/high locum usage in Physiotherapy (potential exacerbation by "recovery work" b) Specific establishment challenges in Paediatric SALT & Dietetics 4) Healthcare Science destabilisation due to a) Lack of clarity on benefit of regional models identified b) gaps in Pathology and Radiology workforce per se with potential exacerbation of recovery work and possible consequential sickness increases (12% in month for GGH), c) specific skills set challenges in sub specialities i.e. Sonography where national challenges exist d) connected implications on broader workstreams i.e. Cancer pathways i.e. Interventional Radiology. 5) Ability to create true multi disciplinary workforces. 6) Niche skills gaps due to an aging workforce and retirement risks in critical skills/niche specialities. However, that said, through a risk management approach and the aligned stabilisation programmes, there is growing confidence that with focused management effort, at a local, regional and national level we will be able to mitigate.

Rationale for TARGET Risk Score:

The Target Risk score indicates the likelihood of the risk occurring (absence target 4.8%). Other intelligence leads the Health Board to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. Also, it may be that there could be concerns for the specific services and/or the annual risk of a winter surge developing when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of multiple factors - respiratory infections, increased patient acuity, the longer term impacts of COVID-19 on the population i.e. inability to access services needed, and workforce resilience. We hope we will be able to take mitigated actions noted below predominantly through our interventions under the Regeneration Framework in the short term and for the medium term begin to realign available workforce to new service design and models of care. This risk is wider than a 12 month period as actions taken or not taken today will have a long term legacy on our available future workforce and capacity/capability to manage the associated challenges of service & workforce redesign (linked to Principal Risk 1186 - Attract, retain and develop staff with the right skills).

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Organisational Governance Structure
Improving Together approach to be align to People Planning approach supported by People Planning Team to create an organisational wide approach to in year service challenges
Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment)
Inter-People and Corporate Team & Planning Objectives
Establishment Control
Agency usage
Bank Utilisation & ongoing onboarding of supply
Efficient Rostering practice
Roll out of new rostering system
Overview of organisation and service wide risks (assessment of each service area based on workforce availability)
Continuous process of assessment of services to be stood down and deployment options based on service needs (CDG)
Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group)
Temporary People Utilisation reports shared regularly to monitor levels of supply
Align and iterate to implementation groups i.e. Medical retention.
Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans
Digital support with workforce planning to support speed in decision making at local, regional & national levels.


Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Recruitment Plan in place to appoint to substantive workforce.	Draft Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC	Walmsley, Tracy	31/03/2025	In progress, analysis of professional groups and alignment to Workforce Planning Forum supported by professional leads to be put in place December for sign off of approach to align to Education Commissioning for HEIW.
Workforce planning groups need time to mature and develop focus underpinning SPPEG.				
Establishment control cannot be relied on as one source of truth for information as a) partially due to temporary changes linked with pathways, b) 9 sources of information not all feed into the establishment control tool, c) data management issues in ESR, e.g., single employer status for some of our medical workforce and d) Changes in the funded establishment not reflective of "on the ground" situations.	Each Professional Workforce Plan in place with an implementation action plan developed within 25/26. (This will be maintained as an iterative plan with ongoing monitoring and review by relevant fora i.e. SPPEG, MDT Forum and PODCC. The Professional groups relate to each "Staff Group" identified under ESR i.e. Estates and Ancillary, Admin and Clerical (although service level plans may need specific tailoring), Nursing and Midwifery, Medical and Dental, Healthcare Science, Allied Health Professionals, and Additional Professional and Technical.	Walmsley, Tracy	31/05/2025	As above to be continued and supported by Annual Plan Workforce Workshop 9 January 2025
Tools to enable modelling in short, medium and long term to enable alignment of population health, labour market, internal labour market, activity & performance analysis aligned to financial constraints (work arounds utilised but gaps/issues exist).	Design an approach to primary and community workforce model for 25/26 against agreed priorities for Primary Workforce Planner and Annual Planning Objectives (NB Requires alignment to UEC, Primary Care and Community Programmes of work)	Walmsley, Tracy	31/05/2025	Ongoing, requires "Forum" to align Service, Programmes and Strategy discussion for Workforce to develop integrated approach to link with Workforce Planning Forum and Professional Group Plans. Appointment of Primary Care workforce planner to complement team appointed 4/12/24.
Critical analysis of people alignment to priorities for delivery within financial considerations for short, medium & long term; striving to develop a Health Board/System wide approach	Create task and finish group to analyse establishment control and develop tool to accurately reflect staffing requirements in partnership with Finance to ensure effective alignment to workforce changes and future profiling to include Education and Commissioning (3 year forward workforce "shape & spend" profile)	Walmsley, Tracy	30/06/2025	To link to Annual Plan & Education Commissioning work; in train. Profiling of People Regeneration Framework required to inform, in train.
A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care. Essential and				


Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.

Close Out Report completed for PODCC 15 April 2024; Further actions identified will be included in the Workforce Plan and associated recruitment, retention or development plans.

necessary reliance on educational frameworks rather than new role development, which is an evolutionary aspiration. Practical next steps will be assessed linking into skills gaps within the workforce and the educational infrastructure to support.

Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.	Walmsley, Tracy	31/03/2026	Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. AHP/HCS workshop intended for Jan/Feb 2025.
Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.	Walmsley, Tracy	31/03/2025	In progress, roll out of meetings and Workshop in January followed by Workforce Planning Forum to enable critical sign off; need to assess alignment to "Professional Leaders Forum"
Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	31/03/2025	Analysis in train, based on in year and projections
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	31/03/2025	Analysis in train, based on in year and projections
Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	31/03/2025	Analysis in train, based on in year and projections
Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	30/06/2025	Analysis in train; medical stabilisation plan in development.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
	Monitoring of workforce SIP and gaps in establishment control	1st	

Control RAG Rating (what the assurance is telling you about your controls)


Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 2024 a) ongoing assessment & testing b) locally, c) regionally, d) nationally The intention over the next 12 months to achieve output a) and b) by March 2025, output c) by September 2025 and d) by December 2025 with any refinements of process/mechanics/content achieved by March 2026.	Walmsley, Tracy	31/03/2025	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Shared with HEIW, Strategic Workforce Planning Institute. Discussed with HEIW in November 2024 as part of Strategic Engagement. Meeting with regional colleagues separately to link in as part of regional work programmes. Shared in November 2024 meeting of Regional Network - scheduled for review in workshop January 2025.

Risk management approach to Workforce themed Risks	1st		
Strategic People Planning & Education Group	1st		
Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd		
PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd		
Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd		
Wales Audit Office review of Workforce Planning (Fieldwork underway - report expected Summer 2023)	3rd		

Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales initial draft report)	Walmsley, Tracy	31/03/2025	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report. Assessment of work by Service, Professional and People Pillar to develop a costed plan for P&OD and HB.
Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	31/03/2025	Regular updates presented: standard agenda item agenda.

Date Risk Identified:	Oct-23
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

Executive Director Owner:	Gostling, Lisa	Date of Review:	Oct-24
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Dec-24

Risk ID:	1821	Principal Risk Description:	<p>There is a risk that staff will have a poor experience while at work. This is caused by the inability of leaders to lead compassionately due the current climate within which the Health Board is operating within and competing demands.</p> <p>This could lead to an impact/affect on the work life balance, morale and satisfaction of staff at work, and negatively impact the culture which staff experience at work. This could cause detriment to staff wellbeing and create a negative cycle which could lead to increased employee relations issues, team dysfunction, increased sickness absence and a higher number of staff choosing to leave the organisation with a negative effect on staff engagement, productivity and performance.</p>
Does this risk link to any Directorate (operational) risks?		Workforce themed risk register	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x3=12
Target Risk Score (L x I):	3x2=6
Tolerable Risk:	8

Current Risk Score	9
Target Risk Score	6
Tolerance Level	8

Trend: ↔

Rationale for CURRENT Risk Score:







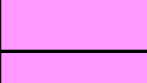
We are alert to the potential consequences of the Staff Welfare Risk; and are monitoring a number of areas/metrics to assess if the risk may be increasing e.g. turnover, absence etc. Careful consideration is being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing. The score has been increased from 9 to 12 as, recently it has been noted that sickness absence rates are increasing, hence an increase in the current risk score.

Rationale for TARGET Risk Score:

The target risk score is based on assessment of the work ongoing across the Health Board within the management and executive tiers to ensure clarity and focus of work programmes. Reviewing and streamlining where appropriate. The actions below are across all staff groups and focus on specific actions that are within the gift of the Workforce and OD function to drive and support with managers.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Policies and procedures, which are readily available to staff via the Health Board intranet and the Wellbeing Single Portal. This provides guidance and resources for managers and staff.</p> <p>Forums in place with Executive oversight to review performance against objectives - Core Delivery Group, Directorate Improving Together Sessions, Clinical Services Plan</p> <p>Formal governance arrangements via Board and its sub-committees by Executives and Independent Members - People, Organisational Development and Culture Committee, Strategic Development and Operational Delivery Committee.</p> <p>Performance dashboards to monitor sickness, vacancies, grievances</p> <p>Structure of Workforce and Organisational Development Directorate encompasses a number of pillars with a focus on supporting staff, promoting healthy working cultures, and providing support and resources</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Review of the WHC for the Non Pay Deal has identified specific gaps to be addressed and strengthened as identified under actions opposite.	Review the Staff Retention Discovery Work and ensure high level actions are delivered.	Gostling, Lisa	31/12/2024	In progress. Retention planning objective deep dive on agenda for PODCC in December 2024.
	Ensure promotion of compassionate leadership principles through a) PADR quantity and quality b) compassionate management and leadership programmes c) localised cultural progression plans	Gostling, Lisa	31/12/2024	In progress
	Review the Best Practice Guidance on Health & Wellbeing Launched for All Wales by HEIW and map across actions to Hywel Dda Cultural Toolkit	Davies, Christine	30/09/2024 28/02/2025	In progress Actions reviewed and communications plan implemented, mapping into Cultural Toolkits in progress

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd	
	Core Delivery Group	1st	
	Directorate Improving Together Sessions	1st	
	Workforce & OD Leadership Team Meetings (Risk led)	2nd	
	PODCC	3rd	
	Executive Team meetings (Risk led)	1st	
	Escalation Framework Meetings	1st	

Control RAG Rating (what the assurance is telling you about your controls)


Latest Papers (Committee & date)
No specific papers. Recent papers to PODCC highlighted the deep dive on Workforce Themed Risks in October 2023.

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
Monitoring of actions aligned to wider PO and alignment to Wellbeing for Management and Staff	Evaluation of Action Plans to be fed back to PODCC	Walmsley, Tracy	30/09/2024 30/03/2025	Paper shared with WOD Leadership Team for PODCC in review of risk. ☑

1.6

09:55, 10 Mins

1.6 - Targeted Intervention Progress Report

Lisa Gostling (Hywel Dda UHB - Executive Director of Workforce & OD/Interim Deputy CEO), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

Attachments

[Dec 24- TI Criteria PODCC.pptx](#)

[PODC TI Reporting Framework Tracker V2.pdf](#)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Canolfan Staff 1
Staff Base 1

Targeted Intervention Update -People, Organisational Development and Culture Committee Meeting

Shaun Ayres - 09:30 – 12:30, 16 December 2024, Microsoft Teams



This report provides a comprehensive update to the People Organisational Development and Culture Committee (PODC) on the progress of key initiatives aimed at enhancing leadership, workforce sustainability, staff engagement, and data-driven improvements within the health board. The main themes highlighted include:

- **Establishment of a Substantive Executive Team**
- **Implementation of Effective Leadership Programmes**
- **Positive Staff Engagement in NHS Wales Surveys**
- **Development of a Sustainable Workforce**
- **Clinically Led and Driven Change**
- **Effective Use of Data to Demonstrate Leadership Improvements**

These initiatives are critical to delivering high-quality, sustainable care and align with the criteria set out for de-escalation from Targeted Intervention. The following sections provide detailed updates on each criterion, summarising status, actions taken, outstanding actions, and any identified risks.



Summary of Current Status – Advise

The Health Board has made significant progress in establishing a stable Executive Director team, a key criterion for de-escalation. Following a competitive recruitment process, Professor Philip Kloer has been appointed as the substantive Chief Executive Officer. Plans are underway to make permanent appointments to the roles of Medical Director and Director of Nursing, Quality, and Patient Experience.

Efforts are ongoing to support additional responsibilities linked to the Deputy Chief Executive role. Moreover, eight key appointments have been made as part of the Operations Directorate Organisational Change Process (OCP), enhancing operational leadership capability. These developments collectively ensure adequate capacity and capability across all areas of the organisation to deliver high-quality sustainable care.

Actions Outstanding/Next Steps

- Continue the recruitment process for the Medical Director and Director of Nursing positions.
- Support the transition and development of the new executive team members.

Evidence and Assurance

- Appointment letters and contracts for new executives.
- Organisational charts reflecting the updated structure.

Risk

- No risks identified.



Summary of Current Status- Assure

The Health Board continues to prioritise leadership development to strengthen management maturity at all levels. Recognising the need to support leaders and create a pipeline of future talent, significant resources have been allocated to provide an online INFORM programme, serving as a resource tool for existing and aspiring managers.

A new Hywel Dda Management Programme has been launched to empower supervisors and managers to become more effective, inclusive, resilient, and compassionate leaders. Phase 3 of the leadership development programme, spanning Summer 2024 to Spring 2026, incorporates a systematic approach to talent management. Psychometric and group exercises are now part of the recruitment process for Band 8c and above.

Additional leadership programmes under consideration include

- System Leadership Group Programme
- GP Leader Empowerment for Change
- Leading Performance Delivery

Plans are in place to evaluate the impact of these programmes on decision-making and participant feedback, ensuring ongoing alignment with organisational needs.

Actions Outstanding/Next Steps

- Finalise and launch additional leadership programmes.
- Conduct evaluations of programme effectiveness and impact.



Evidence and Assurance:

- Programme curricula and participant lists.
- Feedback surveys and impact assessment reports.

Risk

- No risks identified.



Summary of Current Status - Assure

A staff engagement plan has been implemented in partnership with Trade Union colleagues to encourage participation in the **All-Wales Staff Survey**. This includes **13 drop-in sessions** organised throughout October and November to support accessibility and engagement.

As of **14th November 2024**, **13% of staff have completed the survey**, an improvement over the previous year's response rate of 12%. With the survey open until **29 November**, further participation is anticipated. The survey results will provide valuable insights to inform future staff engagement strategies, supporting improvements in workforce feedback mechanisms in line with Targeted Intervention expectations.

Actions Outstanding/Next Steps:

- Continue to promote survey participation until closing date.
- Analyse survey results and develop action plans based on feedback.

Evidence and Assurance

- Participation statistics.
- Staff engagement plan documentation.

Risk

- No risks identified.



Summary of Current Status – Alert

The Nurse Stabilisation Programme is central to the health board's workforce sustainability strategy, aimed at reducing reliance on agency staff. Since November 2021, efforts have reduced the 400 Whole Time Equivalent (WTE) gap in funded establishment, leading to a reduction in nurse agency usage and variable pay. Integrating international nurses has significantly contributed to this progress.

From 1st November 2024, further reductions in nurse agency usage are expected, with newly qualified nurses filling additional positions. By March 2025, Bronglais Hospital is anticipated to achieve similar stability, ensuring no planned registered nurse agency bookings remain across all areas.

As part of our Workforce Regeneration Framework, over 60 operational workforce plans have been created and are under review for the 2025/26 annual planning cycle. These plans will be summarised into professional-led workforce plans for various staff groups, with professional leadership support by February 2025.

Staff retention groups for nursing and medical staff are well-established. A new group focusing on the retention of AHP staff and Health Care Scientists will be established in December 2024.

Risks Identified

- Principal Risk 1186: Workforce capacity and capability may not meet service demands.
- Corporate Risk 1649: Potential for increased agency costs due to staff shortages.
- Corporate Risk 1821: Challenges in aligning workforce plans with clinical service needs.



Actions Outstanding/Next Steps

- Address identified risks through targeted recruitment and retention strategies.
- Align workforce plans with clinical service plans over the next 12–18 months.
- Establish the new retention group for AHP staff and Health Care Scientists.

Evidence and Assurance

- Workforce plans and regeneration framework documents.
- Variable pay and agency usage reports.
- Risk mitigation action plans.



Summary of Current Status - Assure

Clinical change is being led and driven forward by clinical leaders at all levels of the organisation. Significant examples include:

- Clinical Services Plan (CSP): Clinical leaders have played a central role in shaping future service models.

Service Changes Implemented

- Tregaron: Enhanced community services led by clinicians.
- Prince Philip Hospital Minor Injuries Unit (PPH MIU): Service improvements driven by clinical input.
- Paediatrics at Bronglais General Hospital (BGH): Reconfiguration led by paediatric clinical leaders.

Medical Job Planning and Rota Management

- 92% of medical staff now have current job plans.
- 77% of these were reviewed within the last year.

These initiatives support clinical leaders by enhancing workforce retention and reducing agency dependency, demonstrating active involvement of clinicians in leading change.

Risks Identified

- Principal Risk 1191: Risk of insufficient clinical engagement in organisational change.
- Principal Risk 1189: Potential for clinical services not meeting quality standards.



Actions Outstanding/On-going Considerations

- Clarify the appropriate Executive Lead for this criterion (46), this may be more appropriate under the Medical Director.
- Continue to address the identified risks to ensure sustained clinical leadership in change processes.

Evidence and Assurance

- Documentation of clinically led projects and outcomes.
- Job planning and rota management records.
- Risk assessment and mitigation plans.



Summary of Current Status - Assure

Data-driven leadership development remains a core focus, with various initiatives demonstrating effective use of data:

- Culture Progression Report and Workforce Metrics - Provide insights into leadership improvements and organisational culture shifts.
- Nurse Stabilisation Programme Impact Analysis - Clinical leaders use data to inform staffing decisions and reduce agency reliance.
- Targeted Improvements - Data leveraged to drive enhancements in specific areas like Angharad Ward and Prince Philip Hospital.
- Intersectional Analysis of Workforce Equality Data - Identifies areas for improvement and informs actions to address potential discrimination.
- Directorate “Improving Together” Sessions - Use key data from all domains to drive leadership improvements across the organisation.
- Six Goals Programme - Clinical leaders utilise data to enhance patient care pathways and outcomes.
- Psychometric Assessments and Job Planning Performance Monitoring: Ensure leadership appointments and development are data-informed.

These data-driven insights and initiatives demonstrate the health board’s commitment to effective, evidence-based leadership improvements.



Actions Outstanding/Next Steps

- Continue to integrate data analysis into leadership development programmes.
- Monitor and evaluate the impact of data-driven initiatives.

Evidence and Assurance

- Reports and dashboards from data analysis initiatives.
- Outcome measures from leadership programmes.

Risk

- No risks identified.



In summary, the health board has made significant strides in strengthening leadership capacity and capability. The establishment of a substantive executive team and the implementation of comprehensive leadership development programmes demonstrate a commitment to effective governance and strategic direction.

Positive staff engagement, as evidenced by increased participation in the NHS Wales staff survey, reflects the organisation's efforts to foster an inclusive and supportive work environment. This engagement is crucial for improving workforce morale and retention.

Efforts to develop a sustainable workforce are ongoing, with notable progress in reducing reliance on agency staff through the Nurse Stabilisation Programme. While workforce challenges persist, particularly in aligning workforce plans with clinical service needs, the health board is actively implementing strategies to address these issues.

Clinically led change is being actively pursued, with clinical leaders driving service improvements and participating in strategic planning. This approach ensures that service developments are patient-centred and informed by frontline expertise.

The effective use of data underpins these initiatives, enabling informed decision-making and targeted interventions to enhance leadership and patient care. Data-driven strategies are integral to measuring progress, identifying areas for improvement, and ensuring accountability.

Main Themes and Points

- **Leadership Enhancement** - Strengthening of executive and operational leadership teams to ensure strategic and operational excellence.
- **Workforce Development** - Ongoing initiatives to build a sustainable workforce, reduce vacancies, and improve staff retention and well-being.
- **Staff Engagement**- Increased participation in staff surveys and engagement activities, contributing to organisational development.
- **Clinically Led Change** - Active involvement of clinical leaders in driving service improvements and organisational change.
- **Data-Driven Improvements** - Utilisation of data analytics to inform leadership development, workforce planning, and service delivery.



Next Steps

- Address Outstanding Actions /Next Step - Focus on recruitment for key executive positions, finalising leadership programmes, and implementing workforce plans.
- Mitigate Identified Risks - Continue to monitor and address principal and corporate risks related to workforce and clinical engagement. Ensure there are clear action plans in place to address all identified gaps (including next steps).
- Enhance Data Utilisation - Further integrate data analysis into all aspects of organisational development and decision-making.

The health board remains dedicated to delivering high-quality, sustainable care through strong leadership, engaged staff, and evidence-based strategies. Ongoing efforts will focus on continuous improvement across all areas to meet the needs of patients and staff alike.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Criteria	Action	Reporting Group	Committee	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk	
42	A full and substantive Executive Director Team with a clear organisational structure in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality sustainable care.	TI coordination group	PODC	Advise	Lisa Gostling	The health board has made significant progress in establishing a stable Executive Director team, a key criterion for de-escalation. Following a competitive recruitment process, Professor Philip Kloor has been appointed as substantive Chief Executive Officer, with plans underway for permanent appointments to the roles of Medical Director and Director of Nursing, Quality, and Patient Experience. These appointments strengthen the board's capacity for long-term strategic leadership, and efforts are ongoing to support additional responsibilities linked to the Deputy Chief Executive role. This structured approach is expected to further enhance leadership continuity and the board's ability to deliver high-quality, sustainable care. In addition, work to strengthen operational leadership capability has also progressed, with eight key appointments having been made as part of the Operations Directorate Organisational Change Process (OCP). These developments collectively ensure adequate capacity and capability across all areas of the organisation to deliver high-quality sustainable care.					No risk identified	
43	Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels/professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making use of equality impact assessment safeguarding and participant feedback.	TI coordination group	PODC	Assure	Lisa Gostling	The health board continues to prioritise leadership development across all levels to build management maturity, aligned with the de-escalation framework. Recognising the need to support leaders at all levels and create a pipeline of future leaders, significant resources have been allocated to provide an online INFORM programme. This programme serves as a resource tool for existing and aspiring managers to access as needed. Additionally, a new Hywel Dda Management Programme has been launched to empower supervisors and managers to become more effective, inclusive, resilient, and compassionate leaders. Phase 3 of the leadership development programme, spanning Summer 2024 to Spring 2026, incorporates a systematic approach to talent management. Psychometric and group exercises are now part of the recruitment process for Band 8c and above. Additional leadership programmes, including a System Leadership Group Programme, GP Leader Empowerment for Change, and Leading Performance Delivery, are under consideration. These initiatives support a structured pathway for leadership development, with plans in place to evaluate their impact on decision-making and participant feedback, ensuring ongoing alignment with organisational needs and expectations.						No risk identified
44	Positive staff engagement in NHS Wales surveys.	TI coordination group	PODC	Assure	Lisa Gostling	A staff engagement plan has been implemented in partnership with Trade Union colleagues to encourage participation in the all-Wales staff survey. This includes 13 drop-in sessions organised throughout October and November to support accessibility and engagement. As of 14th November 2024, 13% of staff have completed the survey, an improvement on the previous year's response rate of 12%. With more staff having participated already and the survey open until 20th November, this response rate shows positive engagement. The survey results, once complete, will provide valuable insights to inform future staff engagement strategies, supporting improvements in workforce feedback mechanisms in line with Targeted Intervention expectations.					No risk identified	
45	Plans are in place to develop a sustainable workforce resulting in improved staff retention and staff well-being a reduction in the number of vacancies and the number of interim and agency staff. Workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan.	TI coordination group	PODC	Alert	Lisa Gostling	The Nurse Stabilisation Programme is a central element of the health board's workforce sustainability strategy, aimed at reducing reliance on agency staff. Since November 2021, the health board has been working on the development and implementation of the Nursing Workforce Plan. Through the Nursing Stabilisation Programme, we have reduced the 400 Whole Time Equivalent (WTE) gap in funded establishment, which in turn has led to the reduction in nurse agency usage and correlates to our variable pay usage. Integrating international nurses has contributed to this marked reduction, a crucial step toward both financial stability and consistent patient care. From 1st November 2024, further reductions in nurse agency usage are expected, with newly qualified nurses filling additional positions. By March 2025, Bronllys Hospital is anticipated to reach the same stability, ensuring that no planned registered nurse agency bookings remain in place across all areas. As part of our Workforce Regeneration Framework, we have taken a risk-based approach at the service/directorate level. Over 60 operational workforce plans have been created and are currently being reviewed as part of the 2025/26 annual planning cycle. These have been linked into a themed Action Planner to enable workforce planning for Workforce & OD capacity. These will be summarised into professional-led workforce plans for Allied Health Professionals (AHP), Health Care Scientists (HCS), Administrative & Clinical staff (Clinical & Non-Clinical), Medical & MAPS, Nursing, and Additional Professional, Scientific and Technical staff, with professional leadership support by February 2025. The themes of the Regeneration Framework address critical areas such as Recruitment, Retention, Education, and Effectiveness, which were part of our Annual Workforce & OD Plan 2024/25. Staff retention groups for nursing and medical staff are well-established, and a new group focusing on the retention of AHP staff and Health Care Scientists will be established in December 2024. Our principal and corporate risks clearly identify the actions we will take to mitigate workforce challenges, with detailed analysis aligned into the Annual Workforce Plan. Efforts to align annual plans to clinical service plans will develop over the next 12-18 months.					1186 (P) 1649 (C) 1821 (C)	
47	Clinical change is led and driven forward by clinical leaders at all levels of the organisation.	TI coordination group	PODC	Advise	Lisa Gostling	There is an ambiguity regarding the current summary, as it focuses on job planning and rota management, which may not fully address the criterion that clinical change is led and driven forward by clinical leaders at all levels of the organisation. The Lead Executive has noted uncertainty about whether these actions sufficiently answer the requirement. To more effectively address the criterion, it is suggested to include examples of clinically led change. Significant instances include clinician engagement in the Clinical Services Plan (CSP), where clinical leaders have played a central role in shaping future service models. Service changes implemented in Tregaron, Prince Philip Hospital Minor Injuries Unit (PPH MIU), and Paediatrics at Bronllys General Hospital (BGH) are all driven by clinical leadership, demonstrating active involvement of clinicians in leading change. Additionally, medical job planning and rota management have been strengthened, with 92% of medical staff now having current job plans, 77% of which were reviewed within the last year. While these measures support clinical leaders by enhancing workforce retention and reducing agency dependency, including direct examples of clinically led change would more fully demonstrate compliance with the criterion. Note: There is a need to clarify the appropriate Executive Lead for this criterion.					1191 (P) 1189 (P)	
48	Effective use of data to help demonstrate improvements in leadership.	TI coordination group	PODC	Assure	Lisa Gostling	Data-driven leadership development remains a core focus for the health board, with various initiatives demonstrating the effective use of data to improve leadership. The culture progression report and workforce metrics provide insights into leadership improvements. Clinical leaders play an active role in data-informed initiatives, such as the Nurse Stabilisation Programme's impact analysis and targeted improvements in areas like Angharad Ward and Prince Philip Hospital, where clinical data has been leveraged to inform key decisions. During the year, the health board has undertaken intersectional analysis of workforce equality data. This analysis is being used to inform additional deep-dive task and finish group work to further understand the experiences of our staff and to highlight any areas where there is potential for discrimination, with actions being implemented to address these issues. Directorate 'Improving Together' sessions are driven by key data from all domains, aiming to drive improvement in leadership across the organisation. The Six Goals Programme benefits from the input of clinical leaders using data to drive decision-making in patient care pathways. Psychometric assessments for Band 8c and above, alongside continuous monitoring of job planning performance, reinforce a structured approach to leadership development aligned with the health board's goals. These data-driven insights and initiatives demonstrate the health board's ongoing commitment to effective, evidence-based leadership improvements.					No risk identified	

1.7

10:05, 10 Mins

1.7 - Self Assessment of Committee Effectiveness Report

Chantal Patel (Hywel Dda UHB - Independent Board Member)

| For assurance

Attachments

Draft PODCC SBAR Committee Self-Assessment 6 month Update v3.docx



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	People, Organisational Development and Culture Committee (PODCC) Self-Assessment Outcome Report 2023/24 – Progress Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chantal Patel, PODCC Chair Lisa Gostling, Director of Workforce and OD/Interim Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the actions agreed by the People, Organisational Development and Culture Committee (PODCC) in response to the outcome of the PODCC Self-Assessment 2023/24 process.

Cefndir / Background

In June 2024, PODCC received a [report](#) which presented the outcomes of the PODCC Self-Assessment 2023/24 process. For PODCC, this involved:

- Short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters escalated to the Board
- IM Reflective sessions
- Auditor/Regulator feedback

Asesiad / Assessment

The following actions were agreed in response to the outcomes of the PODCC Self-Assessment 2023/24 in June 2024:

Action	By whom	By when	
Consider how emerging, significant or cross-committee issues/matters are managed to reduce duplication, eg, does one committee take the lead with other Committees providing support on specific aspects, or do specific committees receive assurances relating to their committee remit on the issue/matter.	Director of Corporate Governance/Board Secretary	Complete	It was agreed at Committee Chairs that matters would be owned by one Committee to reduce duplication.
Review Committee TORs to ensure Committees stay focussed on what their purpose and operational responsibilities, and that would inform the membership of the Committee. This will dependent upon changes to the governance and reporting framework following the commencement in post of the new Health Board Chair.	Director of Corporate Governance/Board Secretary	Complete	The Committee TORs underwent a review in August and received approval from the Board in September 2024. A comprehensive review of the Board's Committee structure has been conducted, which could lead to modifications in the Committee TORs. The results of this review will be presented to the Board for consideration and approval in January 2025, well in advance of the implementation date, which is set for 1 April 2025.
Ensuring that staff members are invited to present their own story to the Committee	Director of Workforce and OD	Complete	This has been in place since June 2024.
Include a regular update from Trade Unions on the workplan/ agenda for each meeting	Director of Workforce and OD	Complete	This is now a standing agenda item on the PODCC workplan
Consider development of a Committee Behaviours Framework for PODCC to be considered in 12 month's time.	Director of Workforce and OD	Complete	At this point, it has been agreed not to roll out Behaviours framework to other

			Committees at present.
Remind all Members of the importance of being present in the meeting.	Director of Workforce and OD (HB Staff) & Director of Corporate Governance/Board Secretary (Board Members)	Completed	Officer attendance has been reviewed.
Review the Equality Impact section on the SBARs and consider how this can be incorporated in the new report template (when developed) and how it links to Integrated Impact Assessment. This will depend upon changes to the governance and reporting framework following the commencement in post of the new Chair.	Director of Corporate Governance/Board Secretary	Not Completed – revised date January 2025 ready for implementation in April 2025 with new Committee structure and Integrated Impact Assessment	This was delayed due to start of new Health Board Chair in May 2024. Feedback from the 2023/24 Self-Assessment process was presented to the Board Seminar in August and this will inform the development of the future reporting template. Work has just started to look at the development of an Integrated Assessment Tool which will include equality.

Self-Assessment Process 2024/25

The Committee membership and attendees (as per Terms of Reference) will be sent a short digital form to complete in January 2025. Survey responses will be collated, along with feedback captured through the preceding 12 months and presented for discussion at PODCC on 10 April 2025.

Argymhelliad / Recommendation

The Committee is asked to:

- Take assurance from the progress made against the actions being undertaken to improve the Committees effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's

	performance and operation, including that of any sub committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	PODCC Terms of Reference PODCC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment, and Internal Audit
Rhestr Termiau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	PODCC Chair PODCC Lead Executive Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts.

Gweithlu: Workforce:	No direct impacts.
Risg: Risk:	No direct impacts.
Cyfreithiol: Legal:	No direct impacts.
Enw Da: Reputational:	No direct impacts.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	No direct impacts.

2 - PEOPLE

2.1

10:15, 20 Mins

2.1 - Staff Story: Apprentices

*Lisa Gostling (Hywel
Dda UHB - Executive
Director of
Workforce &
OD/Interim Deputy
CEO)*

Our new generation workforce. Through an apprentice's eyes.

2.2

10:35, 10 Mins

2.2 - Employment Law

*Heather Hinkin
(Hywel Dda UHB -
Assistant Director
People Management)*

| For information

Attachments

[PODCC - Employment Law Update - Dec 24 - V1.docx](#)

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Contractual and Legislative Changes Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & Organisational Development and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In accordance with the Terms of Reference for Committee, this report provides an overview of the contractual and legislative changes that have or may impact our workforce in relation to our approach to people management, policies, procedures and our terms and conditions of employment.

The report will provide an overview of recent changes and some insight into proposed or potential changes that may also impact on the way we manage or discharge our people responsibilities.

This report focuses on the period 1 April 2024 to date and will seek to build on the interim in-year report Committee received in August concerning the recent election result and the new Labour Government's proposed Employment Bill as outlined in the King's Speech which was part of Labour's plans to "make work pay".

Cefndir / Background

It is imperative that HDdUHB keeps up to date with both contractual and legal changes which impact on our staff. This enables us to offer and promote the most recent terms and conditions of employment for our staff and raise awareness of forthcoming changes that may impact them so that they can make informed choices where required. It also enables the Health Board to minimise any associated risks with our offering not being compliant with employment law requirements.

Since April 2024, the UK Governments (Conservative and Labour) have enacted a series of employment law reforms under the Employment Rights Bill plus other initiatives. These changes aim to modernise protections, enhance workplace fairness, and address longstanding gaps in equality and inclusion. Welsh health boards, including Hywel Dda, must adapt to these changes while managing potential operational and the financial impacts of such changes.

The employment law reforms target key areas such as flexible working, zero-hours contracts, new parent rights, protections against harassment, and fair pay. In addition to these changes, the new Labour Government has outlined further reforms aimed at promoting equality, reducing work-related stress, and creating a fairer labour market.

Asesiad / Assessment

The following section details the legislation, its implications for Welsh health boards, and any specific impacts for Hywel Dda.

Contractual and Legal Changes

Maternity, paternity and statutory sick pay changes

The Department for Work and Pensions (DWP) confirmed pay rates would increase as follows with effect from 6 April 2024:

1. Statutory maternity, paternity, adoption, shared parental, and parental bereavement pay will increase from £172.48 per week to £184.03 per week (or 90% of the employee's weekly earnings if that amount is lower).
2. Statutory sick pay from £109.40 per week to £116.75 per week.

These are relevant changes for our staff as some are only entitled to the statutory elements rather than occupational allowances depending on their ability to meet the eligibility thresholds including length of service.

Changes to Pension Tiers

The second phase of the changes to the amount members pay for their NHS pension benefits was implemented from 1st April 2024. The NHS Business Services Authority (NHSBSA) wrote to all members to advise them of these changes.

The new rates are outlined below:

1	£0 to £13,259	5.2%
2	£13,260 to £26,831	6.5%
3	£26,832 to £32,691	8.3%
4	£32,692 to £49,078	9.8%
5	£49,079 to £62,924	10.7%
6	£62,925 and above	12.5%

N.B. as Pensionable Salary Range Contribution Rates are based on actual pensionable pay, it is not possible to align the pay bands to any particular tier.

As a result of the above changes, the amount many members pay stayed the same until the application of the pay award, with some paying less. For members who would pay higher contributions, the maximum increase from 1 April 2024 was advised as being 0.8%. However, on application of the pay award for 2024/25, some staff will have moved up to the top tier and seen a more significant impact on their take home pay.

Pay Awards

The pay awards for 2024/24 were as follows:

Staff Group	Uplift	Effective Date
Agenda for Change	5.5%	1.4.24
Executive and Senior Pay (ESP)	5%	1.4.24
General Practice and Dental Educator staff covered by Medical & Dental terms and conditions	6%	1.4.24
Medical & Dental N.B. this award was in addition to the reform of the pay scale for medical and dental consultants effective from 1 January 2024 as notified in UCEA Update 24:030	6% with an additional £1k for junior doctors	1.4.24

There was an option this year for staff in the first three groups to spread their back pay over 3 months (November, December 2024 and January 2025). Circa 280 of our staff opted to spread their back pay with the total number taking up this option across Wales being circa 6000.

On 16 October 2024 the Welsh Partnership Forum Business Committee ratified the decision of the Welsh Government to accept the NHS Pay Review Body (NHS PRB) recommendation to add an intermediate pay point in each of pay bands 8a and above with effect from 1 April 2024. The uplift will be implemented in January 2025 and will include any backpay due for those who have reached the intermediate pay point at that banding from 1 April 2024 onwards.

Disclosure and Barring Service (DBS) Update

We have been notified by Shared Services that the cost of a DBS Check will increase from 1 December 2024 as follows: -.

	pre Oct-19	Oct-19	Apr-22	Dec-24
Basic	£25.00	£23.00	£18.00	£21.50
Standard	£26.00	£23.00	£18.00	£21.50
Enhanced	£44.00	£40.00	£38.00	£49.50

During financial year 2023/24 the Health Board undertook over two thousand DBS checks at a cost of £72,724. Based on the same trajectory for the current year 2024/25 the increase in DBS costs would result in a cost increase to the health board of £21,275.

Transfer of Undertakings (Protection of Employment) Regulations 2006

Transfers that have taken place in the period both as transferor (from the Health Board) and transferee (into the Health Board).

- Laundry – on 1 April 2024 seven staff TUPE'd over to Shared Services, however two have subsequently returned to employment with the Health Board.
- Public Health – on 1 April 2024 one staff member TUPE'd across to the NHS Executive
- W&OD – on 1 April 2024 three admin staff from Carers Wales TUPE'd into the Health Board.

- St David's Practice - on 1st November 2024, 10 staff from St David's GP practice transferred into the Health Board and joined with current Health Board staff from the Solva GP Practice to form the new Meddygfa Penrhyn (Peninsula Practice).

Employment Law Updates

The Employment Relations (Flexible Working) Act 2023

This came into force in April 2024 with the key changes being:

- Flexible working becoming a day-one right rather than needing at least 26 weeks' service.
- Employees can put in two such requests per year rather than just one.
- Employees do not need to provide a reason for their request or explain the business impact.
- Employers must consult with employees to discuss alternatives before rejecting requests, and to address them within two rather than three months.

In preparedness for this new legislation, a new All Wales Flexible Working Policy was introduced and adopted by Hywel Dda in December 2023 with an underlying principle of "how can we make this happen". Significant work has been done to promote this policy internally and we are currently seeing circa 75%+ of all such requests reported in ESR being approved.

The above policy framework does still cause difficulty for managers especially with shift-based roles which can often complicate the request being approved where there are challenges in covering clinical roles, especially where the weekly reduction requested is minimal and therefore unattractive to pick up by other staff. The toolkits and positive benefits for staff retention are regularly promoted to encourage an improvement in the application success rate with examples of case studies being provided to enable managers to see that, with a little creativity, it can be possible to accommodate and balance the needs of the service more often than not. We will continue to monitor the success rate of applications and impact on retention into 2025.

To date, we have not seen a significant increase in the number of employees submitting two requests per year however we are seeing a reported increase in the number of applications. This could be in part due to better reporting arrangements that are also now in place albeit there is still work to do to ensure we capture every request made and its outcome.

Paternity Leave Amendment Regulations 2024

From 6 April 2024, employees taking statutory paternity leave (and pay, if they are eligible) can now split their two weeks' entitlement into two separate one-week blocks, rather than having to take them both together. They can also take their two weeks at any time within the first year after their child's birth, rather than within only the first eight weeks after birth as previously required.

Employees now must give employers 28 days' notice for each week of leave, down from 15-weeks' notice previously, before taking leave. However, they still need to give notice of their upcoming entitlement 15 weeks before the expected date of birth. The Health Board's policy was already compliant with these requirements.

Carers Leave Act 2023

The Act took effect in April 2024 and provides a statutory right to one week's unpaid leave to either arrange or provide care for a dependant with a long-term care need. The impact of this bill on the Health Board may be marginal as carers can already access up to 5 days unpaid leave per annum as part of the All-Wales Special Leave Policy. However, one minor change

has been made to the Health Board's Policy as a result of the change in legislation and this was approved by Committee in April 2024.

We have communicated a number of the above changes to staff as they have arisen and continue to consult and work with staff and our trade union colleagues on those that remain work in progress.

New Statutory Code on "fire and re-hire"

This was open to consultation from 24 January to 18 April 2023. Under the code, employers would be required to consult with staff and explore alternative options and conduct an ongoing assessment of whether the changes are vital. The code sets out employers' responsibilities when seeking to change contractual terms and conditions of employment and seeks to ensure dismissal and re-engagement is only used as a last resort.

Employment tribunals will have the power to apply an uplift of 25% of an employee's compensation if an employer unreasonably fails to comply with the code where it applies.

The Code of practice was published on 18 July 2024 and provides guidance in dismissal and re-engagement scenarios. A copy of the Code has been shared with the Workforce Teams to ensure compliance when advising managers and staff in relation to the need for organisational change.

Social Partnership Duty

On 1 April 2024 the new Social Partnership Duty ("the Duty") on public bodies came into force in Wales. The new Duty requires all public bodies within scope to seek consensus or compromise with their recognised trade unions or (where there is no recognised trade union) other staff representatives, when setting and delivering their organisations' well-being objectives under the Well-being of Future Generations (Wales) Act 2015. The 7 wellbeing goals under this Act are:

1. A prosperous Wales
2. A resilient Wales
3. A healthier Wales
4. A more equal Wales
5. A Wales of cohesive communities
6. A Wales of vibrant culture and thriving Welsh language
7. A globally responsible Wales

In preparedness for this legislation, a Public Service Reference Group was established in June 2023 to consider the content of any statutory guidance required to implement the new Duty, consider the key issues for discussion at the national engagement events and consider the format of the annual report, including whether it could be incorporated into existing annual reporting requirements in advance of it coming into effect on 1 April 2024.

Members of the group were from Blaenau Gwent Council, 3 Health Boards including Hywel Dda, National Museum of Wales, Health Education and Improvement Wales (HEIW), GMB Union, Unite, Public & Commercial Services Union (PCS) and Welsh Government.

There have been two conferences following the legislation coming into effect (one in July in Cardiff and the other in September in Swansea). The Staff Side Lead and the Head of Workforce for Hywel Dda delivered a workshop on the Health Board's approach to partnership

working at the second conference. There is also a module on ESR on Social Partnership which the Health Board features in.

We understand that Public Health will be leading the drafting of the first annual reporting requirements with our trade unions and a copy of the draft will be shared with Committee once available.

Worker Protection (Amendment of Equality Act 2010 (2023))

This legislation came into effect on 26 October 2024 and is a new requirement for employers to be more proactive with a duty to prevent sexual harassment and create a safe working environment regarding their employees rather than just addressing it once it has occurred. It will also make employers liable for harassment of their employees by third parties.

The key requirement of this Act is that employers must now take all reasonable steps to prevent harassment, including third-party incidents. This sends a clear signal to all employers that they must take reasonable preventative steps against sexual harassment, encourage cultural change where necessary, and reduce the likelihood of sexual harassment occurring.

The Equality and Human Rights Commission's guidance on sexual harassment has been updated to reflect the new legal requirements under the Act for employers and this document has been shared with Senior Workforce colleagues to support them in their management of case work.

Employees will not be able to bring a claim for the preventative duty but in successful Tribunal claims for alleged sexual harassment, it will naturally follow that a breach of the employment duty will automatically be examined. The Employment Tribunal system does expect to see a rise in the number of claims under this legislation, but this is often the case with any new piece of legislation.

We are cognisant that patients and visitors can be significant third-party risks, particularly in high-stress areas like A&E and mental health services. Work is ongoing jointly across Wales in terms of this agenda and the Health Board is actively engaged in those discussions. Separately, colleagues across W&OD, Safeguarding and frontline services are also actively working on plans to ensure we can meet the new duties included in the act.

Looking Forward

The Employments Rights Bill was published on 10 October 2024 and sets out a wide range of ambitious workplace reforms. The bill will bring forward 28 individual employment reforms, from ending "exploitative" zero hours contracts and fire and rehire practices to establishing day one rights for paternity, parental and bereavement leave for millions of workers. Statutory sick pay will also be strengthened, removing the lower earnings limit for all workers and cutting out the waiting period before sick pay kicks in. It has been reported as an important advancement in safeguarding employees.

Some of the reforms proposed are detailed below:

The **Fair Work Agency (FWA)** is established, and it is planned for it to have a single set of powers to investigate and act against businesses that do not comply with employment law, including the enforcement of employment tribunal awards, statutory sick pay, holiday pay and breaches of national minimum wage regulations. The FWA will also be able to issue civil

penalties and to order employers to compensate workers, based on existing powers in the National Minimum Wage Act 1998.

The introduction of the FWA will not introduce any new rights, but we can expect enforcement to be more effective as a result. The Employment Rights Bill will be the first phase of implementing the FWA. The Bill itself is unlikely to enter law until 2025, with most expected reforms not due to take place until 2026 following consultation on any secondary legislation. Employers will have the opportunity to take advantage of the long lead-in period to review policies and ensure legal compliance.

Zero-Hours Contracts

Amongst other changes, the Government has announced that it will address one-sided flexibility by “banning exploitative zero-hours contracts”. Across the UK, around one million people aged over 16 reported being on zero hours contracts between April – June 2024, amounting to around 3.1% of the total working population. The legislation would result in employers having to offer guaranteed minimum hours and compensate workers for cancelled shifts.

The impact of this legislation could be significant for Health Boards due to the significant reliance on bank staff and flexible workers across the NHS which may also make compliance challenging. Guaranteed hours may also reduce workforce flexibility and increase costs if there is a significant shift to permanent contracts. The Government launched a consultation into Making Work Pay in relation to the application of zero hours contract measures for agency workers on 21 October 2024. The consultation closed on 2 December 2024. The Health Board has contributed views to this consultation.

Neonatal care (Leave and Pay) Act 2023

This Act is anticipated for introduction from April 2025 albeit it received Royal Assent on 24 May 2023. This change would provide a new statutory entitlement to neonatal leave and pay for employees whose babies are in neonatal care for an extended period. The plan is to provide up to 12 weeks’ paid leave for both parents so they can spend more time with their babies and would cover the time spent in neonatal care. This legislation could effectively mean that an employee is absent from work for a period of 68 weeks when taken with full maternity leave and annual leave entitlement.

Right to Switch Off: Preventing employees from being contacted out of hours, except in exceptional circumstances, to allow them the rest and get the recuperation they need to give 100% during their shift. No further update at present but will be subject to consultation.

Mandatory Pay Gap Reporting: Public sector employers will need to report ethnicity and disability pay gaps, requiring robust data systems. The Health Board already publishes this data.

Simplified Employment Status: The Labour Government has outlined plans to move to a simpler (single status) two category framework for employment status whereby individuals would be classified as either workers or genuinely self-employed for the purpose of workplace rights and protections.

Whilst revisions to worker classifications could reduce administrative complexity, this shift would be a significant overhaul of employment relationships and rights. The Health Board currently operates a three-tier model with workers, employees and self-employed. Ordinarily, workers receive less employment rights due to the nature of the contract but can receive higher

pay e.g. bank and agency locums. We will be monitoring developments here closely due to the potential financial and contractual implications.

Other Developments of Note

Healthier Working Lives Report

An interim report has been published by the Commission for Healthier Working Lives to address the growing challenges of working-age ill-health. The report draws insights from a range of employers, experts and the public and highlights the need for a new approach to help people with underlying health conditions to remain in or return to work. The full recommendations will be published in Spring 2025 and will outline how employers and government can work together to manager workforce health proactively, offer earlier support to remain in work and provide clear pathways for those seeking to enter the labour market.

This report sits well with the work we are doing internally in relation to the Health and Wellbeing strand of the Non-Pay Elements of the Pay Deal. We await the recommendations with interest.

In Summary

Health boards in Wales, as significant public sector employers, may face unique challenges in implementing some of these legislative proposals while maintaining service delivery.

However, Hywel Dda Health Board must prepare for these changes by continuing to invest in workforce development, enhancing data systems, and further embedding Equality, Diversity & Inclusion (ED&I) principles into its culture. These steps will support compliance, maintain workforce morale, and improve health outcomes for diverse patient populations.

As always, there are clearly implications for the Health Board to consider: -

- Cost pressures - Potential for increased staffing costs due to higher rates of pay, guaranteed minimum hours and administration however, this may also present opportunities for better rostering and reduced high costs agency spend.
- Operational – We may need to re-evaluate our staffing models and contractual arrangements to ensure alignment with the new regulations. This could involve transitioning some zero-hour workers to fixed-term or permanent contracts to maintain compliance.
- Recruitment and Retention - While the Bill could improve job satisfaction and reduce turnover by providing workers with greater job security, it may also limit the flexibility that attracts some workers to zero-hour contracts in the first place, potentially affecting recruitment.
- Legal - Employers must navigate new legal requirements, which may increase the risk of non-compliance and associated penalties. This necessitates investment in training and systems to ensure adherence to the new rules.
- Systems – We may need to review existing system capability and ensure that we future proof our procurement of systems over the next few years as best we can.

To reduce or mitigate the challenges and leverage opportunities presented by the new legislation and those proposed in the Employment Bill, the following may assist employers including the Health Board to remain compliant and be prepared: -

- Continue to conduct assessments of current workforce strategies and include the impact of the changes on the use of zero-hour contracts.

- Explore alternative employment models that align with any new requirements while maintaining operational flexibility.
- Explore predictive rostering models to accommodate flexible working requests thus enabling more to be agreed and to manage the increased complexity of compliance with any new pay and scheduling regulations.
- Develop contingency plans for staffing shortages caused by expanded leave rights.
- Continue to foster open communication with our trade unions and zero-hour workers to understand preferences and concerns.
- Ensure our career development pathways provide opportunities for our zero-hour workers to upskill or transition into roles with guaranteed hours.
- Continue to collaborate with industry associations and government bodies to provide feedback on forthcoming consultation exercises and advocate for any necessary adjustments to address the unique challenges faced by the healthcare sector, particularly in maintaining flexible staffing to meet patient care demands.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Note the Contractual and Legislative Changes Report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation Choose an item. Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	ESR – Electronic Staff Record
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None arising directly from the report – for information only
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	None arising directly from the report – for information only
Risg: Risk:	None arising directly from the report – for information only
Cyfreithiol: Legal:	None arising directly from the report – for information pre-statute.
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

3 - CULTURE

3.1

10:45, 0 Mins

3.1 - Deep dive analysis on the increase in stress amongst staff

Lisa Gostling (Hywel Dda UHB - Executive Director of Workforce & OD/Interim Deputy CEO)

DEFERRED

4 - PLANNING

4.1

10:55, 10 Mins

4.1 - Workforce Plan

*Tracy Walmsley
(Hywel Dda UHB -
Assistant Director of
People Planning)*

| For assurance

Attachments

[People Plan PODCC SBAR 2 Dec 2024.docx](#)

[Workforce Plan 2 December Update 2024.pptx](#)



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	People Plan Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Deputy Chief Executive and Director of Workforce & OD
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Walmsley, Assistant Director of People Planning

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Throughout 2024, the People Planning and Effectiveness Teams have been working on Workforce Stabilisation as a Health Board wide objective.

Good progress has been made in a number of areas, roll out of training to support workforce planning capability, engagement sessions with over 60 individual services delivering direct patient care, and wider corporate functions to enable stabilisation and inform future work for the People & Organisational Development Team.

To outline this report, alongside detailed reports available on request, will note progress to date, the challenges that are present and opportunities in development to continue to evolve a comprehensive and robust people plan and the ongoing approach to strengthen People Planning across the Health & Social Care system in West Wales.

Cefndir / Background

The report is supported by a number of detailed progress plans, trackers and tools for monitoring, analysing, supporting and critically evaluating the approach to workforce planning, respectively:

1. Workforce theme Risk Register (developed in January 2023 and assessed on a regular basis)
2. Operational Workforce Plans (commenced August 2023 and under review as part of 2024/25 Annual Plan and Education and Commissioning Cycle)
3. Operational Workforce Planning Action Tracker (November 2024)
4. Gap Analysis Business Intelligence Report (developed November 2024) to analyse workforce change.
5. Mixed method approaches to Workforce Planning Training:
 - a. LEAP
 - b. New Consultants programme
 - c. 1 day programmes Health Board wide face to face programme

- d. Bespoke workshops for targeted service areas
 - e. Tailored Programme roll out with Health Education and Improvement Wales (HEIW) and Mental Health and Learning Disabilities (MHL) as part of the Strategic Workforce Programme
 - f. Tailored workshop for Primary Care colleagues
6. Templates and Checklists for Workforce Planning have been developed through an Operational and Strategic Level which include a:
- a. Capability Matrix (Individual/Team use)
 - b. Maturity Matrix (HB/System wide)
 - c. Self-Coaching Manual for Managers

These elements are supported through a SharePoint site which can be accessed here: [Hywel Dda Strategic Workforce Planning - Home](#)

The Team is now at full complement: 4 Managers and 4 Support Managers, following periods of absence and successful secondments to HEIW's Strategic Workforce Planning Team. Appointments have been made to the Workforce Planning Project Manager role and in addition funding secured by the Primary Care Academy for a Primary Care Workforce planner who will be appointed shortly.

Asesiad / Assessment

In assessment, People Planning has moved significantly over the last 12 months in embedding a Health Board wide approach aligned to the Annual Planning Cycle and pleased to confirm that this is progressing well. Our remaining challenges are aligned to the following areas:

1. Demand and capacity planning.
2. Population Health based People Planning
3. Pace and scale of People Planning & capability building.
4. Regional working/regional intelligence.

It is the intention to address these concerns through a review of governance engagements through a professional group and service planning lens, aligning to the "Professional Leaders Forum" and the revised operational structure of "care groups". Utilising this approach, we will strengthen and integrate further the workforce themed risk management register and the Operational Workforce Planning approach to afford the following opportunities:

- Service/Care Group to enable service delivery / mitigate critical risk.
- Professional Group to strengthen critical gaps, opportunities for new roles and enable multi professional developments.
- People Pillar to ascertain the focus being given by services/professional to the importance/support required to facilitate their needs.
- Regional opportunities: aligning with Swansea Bay University Health Board (SBUHB) and wider system colleagues via the Regional People Intelligence Group.

In addition, we recently met with HEIW's Senior Team to frame the "strategic engagement" conversation (November 2024) for Education & Commissioning where we highlighted our ongoing challenges and presented the support we need, this followed a review of the last 12 months and how we would prefer to engage further, with another meeting scheduled for January 2025, as part of this we flagged the importance of the alignment to the Clinical Services Plan and the critical assessment needed internally and with support from HEIW to ensure we will be able to commission and develop the potential workforce needed for the future in the short to medium term.

Therefore, in summary, we can demonstrate wide engagement which will further enable and afford the opportunities identified above.

Argymhelliad / Recommendation

The PODCC is asked to take assurance on:

- a) progress made in the development of people planning within the Health Board and the progress being maintained to deliver an integrated, critically assessed and embedded systemically across the Health & Care System.
- b) The People Planning Framework in place that is responsive to the needs of the Health Board based on the current maturity of People Planning across the Health & Care System.
- c) The People Plan which will be developed for 2024/25 with a future focus that enables 4 lenses to align resources to agreed priorities via the Annual Planning Cycle.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	N/A
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Choose an item. All Strategic Objectives are applicable Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation Not Applicable Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct financial impact or capital requirements
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts on adverse quality and/or patient care outcomes/impacts
Gweithlu: Workforce:	No direct impacts on adverse existing or future staffing impacts:
Risg: Risk:	No direct impacts on risks identified and plans to mitigate risks:
Cyfreithiol: Legal:	No direct impacts on legal impacts or likelihood of legal challenge:

Enw Da: Reputational:	Unlikely to have any potential for political or media interest or public opposition:
Gyfrinachedd: Privacy:	No potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc:
Cydraddoldeb: Equality:	No potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation



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Workforce Plan 2024-2025 & 2025-2026

16 December 2024



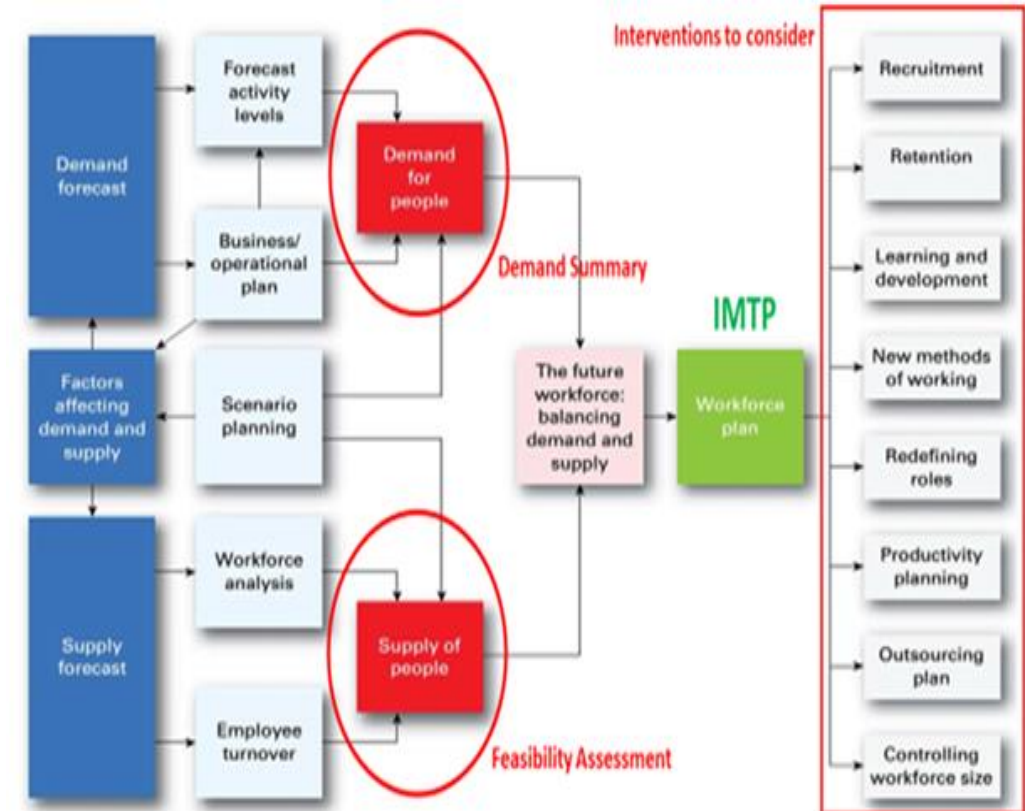
The content contained within should be read in conjunction with the PODCC Summary Paper which includes:

1. Summary of high-level challenges for workforce planning approach:
2. Thoughts on future governance arrangements to strengthen approach (Annual Plan and Regeneration Framework)
3. Consolidation of Risk Management approach
4. Update on Operational Workforce Plans and an Overview of Workforce Themes by Service, Profession and WOD Pillar
5. HEIW Strategic Meeting and Education & Commissioning Approach
6. Alignments to the Clinical Services Plan

Our approach – Demand



- Over the last few years as we have worked to strengthen our approach to workforce planning from an operational and strategic lens, we have become increasingly aware of the possible flaws/and or unintended consequences that the organisational approach may be having on workforce planning. It is important that we note them here to begin to address them:
- Demand forecast where it is actively utilised by services it is focused on recent activity levels and not population health-based assessments of need. It can be argued for in year modelling that this may be adequate, however for longer term strategic planning would not be appropriate.
- We focus on a single scenario which generally dictates that we maintain the “status quo” rather than critical strategic drivers. This potentially leads us to linear thinking and fails to account for a range of influences and options.
- We have put in safeguards against our modelling of supply to take account of the historical patterns of supply that is achieved rather than what is commissioned on our behalf. This has given us a level of insight; more sophisticated modelling techniques will be required in the future to help address point 2 to assess the gap between supply and demand.
- As suggested in 2 it helps to have a sense of what the future needs to look like to help shape it; the strategic imperative for our services is to understand the specificity of future models of service delivery whether linked to regional models, clinical service planned changes or the wider social model.



Our approach – Supply



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The People Regeneration Framework has given us an insight into our supply routes focusing from a workforce perspective on:

- Resource & Replenish: *recruitment, local, national and international*
- Redevelop & reskill: skills & capability expansion through apprentice routes and development programmes: making a difference, LEAP etc
- Retain and Reward: retention groups and discover work to inform specifically designed interventions

We have made in roads in our analysis and interventions to support across the WOD Directorate with increases across all professions in these areas as evidence by the IPAR and Workforce Performance Dashboard.

More work is possible in the other areas to continue to assess new models and practices to optimise the time, skills and energy of our people.



Under the 3 headings we can identify the ongoing and developing work needed:

- Reposition & renew: *appropriate use of temporary workforce and deployments*
- Resolve and revive: *positive employee relations/cultural interventions/policy interventions: flexible working etc*
- Rediscover and reinvent: development of new models and digital solutions all form part of the opportunities for exploration



Since November 2023, workforce planning engagement at service level has led to the development of 60+ workforce assessments, now evolving into workforce plans aligned to a risk based approach; currently going through a quality assurance process and now as at November 2024, forming the basis of intelligence to inform the Annual Planning Cycle 2025-26.

As at November 2024, we are continuing to build on our strategic framework to grow our capacity and capability aligned to the strategic need for workforce planning, for assurance and to strengthen the overall approach to strategic workforce alignment and planning, as such, we are recommending:

- A working group to be established to undertake the initial assessment to align all *programmes of work to the Annual Workforce Plan and inform the Strategic Workforce Plan going forward over the next 5 years.*
- A Strategic Workforce Planning Forum *to oversee the development of a strategic workforce plan through a multidisciplinary lens and set out the principles for 2025/26 aligned to HB wide priorities.*
- Alignment of the Strategic Workforce Planning Forum to *existing governance arrangements for service delivery/performance, professional & specialist leadership and resource management i.e. QI, VBHC, Professional Leaders Forum.*

Throughout 2024 groups have been established to lead areas of work (International Recruitment, Medical Effectiveness, Nursing Stabilisation or Retention, Allied Health Retention); it is important that we now consider how we draw these groups together based on the People Regeneration Framework to assess the overarching contribution and ensure coordination of all work streams.

Further to this, we need to ensure that we establish new workstreams to take account of areas that have not had dedicated attention, particularly on new models that may be achieved through new technologies i.e. artificial intelligence or genomics. This will be the focus of the Strategic Workforce Planning Forum.

We will overlay these arrangement to support the wider governance frameworks in place to avoid duplication and optimise delivery aligning to risk, fragility, improvement and escalation.

We will work within our existing resources and optimise current practices within the People Planning Pillar.

Workforce Risk Management



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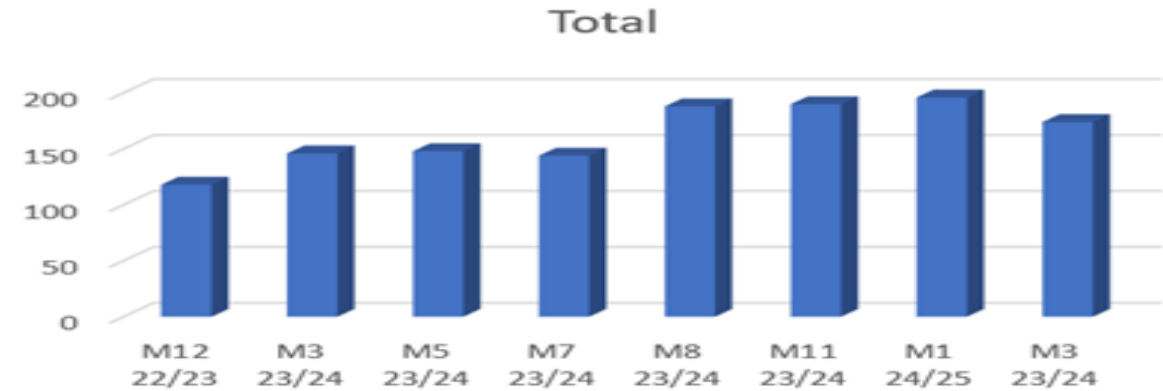
Journey of Risk

Greater scrutiny of workforce themed risk began in March 2023 to allow us as a Workforce & OD Directorate to better understand the Health Board Workforce Risk position.

Analysis was undertaken of the whole Health Board Risk Register by the Strategic Workforce Planning Team. Following scrutiny, it identified risks that also existed across many of the other Health Board domains but had not been categorised or allocated a workforce theme. This work brought to light several other risks that had workforce implications that also aligned but at that time did not form part of the Health Board Workforce themed risk register.

Since March 2023 and as this work progressed, a month-on-month increase was seen to the workforce risk register as risks were identified and a true baseline picture to be understood. The peak in April 2024 saw an overall increase from 118 to 196 risks on the workforce themed risk register i.e. 78 workforce themed risks added that previously had gone undetected. As at November 2024 assessment based on 1 August 2024 data, there are 186 Workforce Themed Risks on the Risk Register.

The general trend is in a reduction in risk number and scores, a new report is due end of November which will refresh this data and test that assumption further.



Key - WF Themed Risks to W&OD Pillars (This reporting Period August 2024)		Key - WF Themed Risks to W&OD Pillars (This reporting Period May 2024)		Key - WF Themed Risks to W&OD Pillars (Last reporting Period Feb 2024)	
29	Newly Added Risks	15	Newly Added Risks	21	Newly Added Risks
12	Increase in Risk Score	3	Increase in Risk Score	7	Increase in Risk Score
34	Decrease in Risk Score	8	Decrease in Risk Score	13	Decrease in Risk Score
39	Risk Closed or Theme Changed.	9	Risk Closed or Theme Changed.	19	Risk Closed or Theme Changed.

Workforce Risk Management



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Role of risk in WFP

Risk in workforce planning is integral. Its assessment helps to better understand, anticipate, and mitigate potential workforce challenges. Managers working closely with Risk and Assurance Business Partners assess and escalate their workforce risks accordingly. Further thematic analysis undertaken by the SWFP Team helps to identify workforce pillar leads within the workforce directorate who would be best placed to support the Health Board operational teams with interventions with workforce support to either eliminate or bring risk scores within tolerance levels.

Risk conversations in workforce planning has assisted in the identification of demand and capacity issues, predicting impact on the delivery of current and future service delivery, resource allocation, designing, planning and attracting the right workforce, financial risks linked to workforce stabilisation, recruitment, and retention risks, assessing risks related to skills gaps and educational and commissioning implications, non-recurrent funding positions, and organisational pace versus staff wellbeing. *On the slide opposite we have been able to map the total scores of risk for those over 15 (severe) and assess the journey through to today. We are now able to analyse by service, pillar and profession.*

TOP WORKFORCE RISKS WITH SCORE 15 OR OVER										Ending Risk Score	Overall Reduction in Score	Directorate	Professional Staff Groups
Risk Reference	Risk Score Start Position	Reporting Period	December 22-23	June 23-24	August 23-24	October 23-24	February 23-24	April 24-25	August 24-25	Position	Score	Directorate	Professional Staff Groups
1528	25		25	25	25	25	25	25	25	25	0	USC:GGH	NURSING
1882	25		25	25	25	25	25	25	25	25	0	USC:GGH	MEDICAL
118	20		20	20	20	20	20	20	20	20	0	USC: Cardiology	CARDIOLOGISTS
816	15		15	15	15	15	15	15	15	20	4	Scheduled Care: Neurology	MEDICAL
524	15		15	15	15	15	15	15	15	20	4	USC: Pathology	MEDICAL
1290	20		20	20	20	20	20	20	20	20	0	MHLD: Neurodevelopment Services	PH PRACTITIONERS
1293	20		20	20	20	20	20	20	20	20	0	USC: PPH	NURSING
1399	15		15	15	15	15	15	15	15	20	4	USC: Pathology	PATHOLOGISTS
1530	20		20	20	20	20	20	20	20	20	0	USC: PPH	NURSING
1706	20		20	20	20	20	20	20	20	20	0	USC: Radiology	DIAGNOSTICS
1717	20		20	20	20	20	20	20	20	20	0	Therapies and Health Science: Dietetics and Nutrition	ALL
1395	15		15	15	15	15	15	15	15	20	4	Scheduled Care: Rheumatology	MEDICAL
1806	20		20	20	20	20	20	20	20	20	0	Therapies and Health Science: Dietetics and Nutrition	MIDWIFERY & DIETETICS
1820	20		20	20	20	20	20	20	20	20	0	Therapies and Health Science: Dietetics and Nutrition	DIETICIANS&SUPPORT STAFF
1844	20		20	20	20	20	20	20	20	20	0	Public Health	MEDICAL
1878	20		20	20	20	20	20	20	20	20	0	USC:GGH	MEDICAL
1882	20		20	20	20	20	20	20	20	20	0	Public Health: Health Improvement & Wellbeing	ALL
1894	20		20	20	20	20	20	20	20	20	0	Therapies and Health Science: Speech and Language	SALT
1897	20		20	20	20	20	20	20	20	20	0	CLINROGION	NURSING
205	15		15	15	15	15	15	15	15	16	0	USC:GGH	NURSING
750	15		15	15	15	15	15	15	15	16	0	USC: WGH	MEDICAL
996	15		15	15	15	15	15	12	15	16	0	Women and Children: Paediatrics and Neonates	NURSING
1066	15		15	15	15	15	15	15	15	16	0	Scheduled Care: Ophthalmology	NURSING
1231	15		15	15	15	15	15	15	15	16	0	CARMARTHENSHIRE	ALL
1237	15		15	15	15	15	15	15	15	16	0	USC: Diabetes	MEDICAL
1238	15		15	15	15	15	15	15	15	16	0	USC: Respiratory	MEDICAL
1296	15		15	15	15	15	15	15	15	16	0	Scheduled Care: Trauma	MEDICAL
1348	20		20	20	20	20	20	12	16	16	4	USC: Radiology	RADIOLOGISTS/REPORTING RADIOGRAPHERS
1399	20		20	20	20	20	20	15	16	16	4	USC: RADIOLOGY	QUALITY LEAD
1414	15		15	15	15	15	15	15	15	16	0	Women and Children: Community Children Services	ALL
1491	20		20	20	20	20	20	15	16	16	4	USC: PPH	NURSING
1451	15		15	15	15	15	15	15	15	16	0	P.C.I.C: GMS	ONS INDEPENDENT CONTRACTORS
1522	15		15	15	15	15	15	15	15	16	0	USC: Pathology	MORTUARY
1554	15		15	15	15	15	15	15	15	16	0	USC: Pathology	MORTUARY
1616	15		15	15	15	15	15	15	15	16	0	USC: WGH	MEDICAL
1658	20		20	20	20	20	20	15	16	16	4	USC: Radiology	BOMMOGRAPHERS
1672	15		15	15	15	15	15	15	15	16	0	USC: Pathology	MORTUARY
1807	15		15	15	15	15	15	15	15	16	0	USC: Pathology	BDI MEDICAL SCIENTISTS
1865	15		15	15	15	15	15	15	15	16	0	USC: Diabetes	MEDICAL - CONSULTANTS
1877	15		15	15	15	15	15	15	15	16	0	PUBLIC HEALTH	ALL
1887	15		15	15	15	15	15	15	15	16	0	Scheduled Care: Critical Care	A&PS
1892	15		15	15	15	15	15	15	15	16	0	USC: Radiology	RADIOLOGISTS
1903	15		15	15	15	15	15	15	15	16	0	USC: PPH	NURSING
1911	15		15	15	15	15	15	15	15	16	0	Scheduled Care: Audiology	ALL
1428	15		15	15	15	15	15	15	15	15	0	Scheduled Care: Rheumatology	NURSING
1912	15		15	15	15	15	15	15	15	15	0	Therapies and Health Science: Physiotherapy	PHYSIOTHERAPISTS
1547	15		15	15	15	15	15	15	15	15	0	USC: Radiology	RADIOLOGISTS/REPORTING RADIOGRAPHERS
1700	20		20	20	20	20	20	20	15	15	5	Women and Children: Midwifery and Maternity	BOMMOGRAPHERS
1754	15		15	15	15	15	15	15	15	15	0	Scheduled Care: Plaster Services	PLASTER TECHNICIANS
1758	15		15	15	15	15	15	15	15	15	0	Nursing, Quality and Patient Experience (NQPE)	ALL
1858	15		15	15	15	15	15	15	15	15	0	PEMBROKESHIRE	ALL

	Directorate level	Service level	Total
TOTAL NUMBER OF RISKS	75	111	186
EXTREME (RED) RISKS (based on 'Current Risk Score')	32	19	51
HIGH (AMBER) RISKS (based on 'Current Risk Score')	38	75	113
MODERATE (YELLOW) RISKS (based on 'Current Risk Score')	5	17	22
LOW (GREEN) RISKS (based on 'Current Risk Score')	0	0	0

Workforce Risk: Priority & Opportunity



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Risk as an Opportunity

As an organisation where workforce risks are identified we also view this as an opportunity for change. With the Health Board being in targeted intervention it is still possible for innovation to take place. Opportunities to consider alternative models of workforce and the roles/responsibilities of the various staff groups that contribute along the patient pathway and where upskilling/skill mix opportunities are possible.

Through the development of in year operational workforce plans with services across the organisation these have identified workforce risks relating to resource allocation, elevated risk relating to staff shortages both national and local, workforce and service fragility and the risks in planning the workforce to meet all patient needs. However, through support from the wider workforce directorate and, corporate teams we continue to provide effective interventions and workforce plans are developed in conjunction with service leads for the; short-, medium- and long-term. Mitigation measures are also being worked through to allow service leads to own and bring their workforce plans to fruition.

Prioritisation

We are moving towards a risk-based priority assessment in relation to how support is offered to services, to ensure we are focusing our efforts through a WOD, Corporate and HB lens, through a targeted approach assurances can be given that all endeavours wherever possible to mitigate risk or reduce the workforce risk score position are being considered, and action plans are in development.

Top Scoring Aug 24	(Above 15+ distribution)
Risks at 25	2
Risks at 20	17
Risks at 16	25
Risks at 15	7
Total	51

For example the two highest risks are located within Carmarthenshire, GGH and relate to nursing and medical capacity. A senior leader is supporting the teams with development of the 12 week plans to support an improvement trajectory. This approach is supported through Improving Together and Escalation meetings. This is in addition to the development of Operational Workforce Plans. **Every workforce themed risk area will have a plan attached to address/mitigate the risk.**



The themes that exist in the Hywel Dda region are also prevalent across other NHS Wales Health Boards and indeed the wider UK; and internationally. In relation to the fragility of certain staff groups within the healthcare workforce e.g. Mental Health professionals, - Psychiatrists, Psychologists, Mental Health Nurses, General Practitioners, Specialist Doctors including Anaesthetists, Ophthalmologist, Paediatricians, Consultants – Oncology, Pathology, Haematology, Cardiologists, Diagnostics, Sonographer, Reporting Radiographers and Radiologist.

To flag, in the next 12 months it is important that we assess Allied Health Profession workforce to be able to facilitate and deliver care closer to home. Key policy drivers include ‘A Healthier Wales’, and the ‘Wellbeing & Future Generations (Wales) Act’, creating greater emphasis to provide effective, high quality and sustainable healthcare as close to home as possible, and to deliver safe alternatives to admission into secondary care by providing the right care, in the right place, first time, as set out in the National Programme, Six Goals for Urgent Emergency Care agenda. Considering AHP professions especially those relating to stroke services, there will be the potential requirement for increased recruitment across the staff groups to meet the “demand” challenge when quantified i.e., Physiotherapists, Occupational Therapists and Speech & Language therapists, aligned to this is the need to understand the value of new models i.e. early discharge and the benefit of these interventions.

Workforce Planning Alignment to Escalation Framework

Our workforce planning approach supports the organisations ambition to develop sustainable, cost-effective workforce solutions, aligned to prudent use of resource. We have supported directorates this year to develop their operational workforce plans, with a clear focus on short-term priorities, including savings plans, opportunities for innovation and new ways of working. During engagement, we have also analysed the current position and future ambitions for service and workforce transformation, aligning development needs to the education commissioning process. We are assessing the level of assurance that can be provided in relation to the development of the workforce plans, which will be linked to a quality assurance process that will be aligned to professional leads; this is work in progress. As we strengthen alignment to the six domains within the escalation framework which include:

1. Quality
2. Governance
3. Workforce
4. Finance, Strategy and Planning
5. Fragile Services
6. Performance and Outcomes.

We are working to create/strengthen triangulation of performance, finance, workforce and governance alongside wider alignment to how we can link in solutions.



- **Our workforce age profile is changing; we are seeing a year on year increase in average retirement age. Closer to 60 now. Undertaking analysis for trends in professional group.**
- **Will be a shift stabilisation work from nursing to medical workforce:**
 - Careful management of the workforce pipeline is needed, across all professions but especially nursing out turn aligned to the successful nurse workforce stabilisation programme there are very few Band 5 nursing vacancies. Currently profiling.
 - More significant gaps in medical and some critical aligned to pathology, ophthalmology, and wider workforce professions: psychology, radiology, cardiac physiology and theatres staff.
- **AHP workforce and identified need/demand for workforce.**
 - evidence base for programmes i.e. early supported discharge
- **Significant cultural challenges around the MAPs workforce**

Hywel Dda UHB – 2024-25 cycle themes

<p>Regional and Strategic Planning</p> <ul style="list-style-type: none"> • Regional Programmes: Issues with capacity to manage and workforce planning across approximately 10 regional programmes. "Reshaping" • Resource Intensive: Regional planning requires significant resources and is subject to changing national priorities. 	<p>Future Workforce Planning</p> <ul style="list-style-type: none"> • Education and Training: New education programmes starting in 2025, with a need for practical steps in the interim. More Rural focus? • Apprenticeships: Strong support needed for apprentices to retain them and create a pipeline. Similar • Demand Management: Future profiling and demand management are critical, with efforts to articulate workforce demand clearly. *Data/Population Health... 	<p>Workforce Issues</p> <ul style="list-style-type: none"> • Vacancies: Significant gaps in nursing, paediatrics, mental health, and learning disabilities. Challenges present – an improved position based on underpinning work • International Recruitment: Efforts to fill gaps through international recruitment, particularly in nursing. Successful programme. • Professional Registration: Challenges with overseas practitioners and professional registration standards CASE accreditation being a case in point. • Workforce Strategy: Refreshing the workforce strategy to align with HEIW's standards.
<p>Financial Position</p> <p>Targeted Intervention: Remains in targeted intervention for planning and finance, with no expected change. In Escalation</p> <p>Annual Plan: Focus on in-year elements and ministerial priorities, with an emphasis on savings and efficiency with no expected major changes or surprises. Similar although CSP linkages</p>	<p>Financial Efficiency</p> <p>Locum Costs: High costs from locums, with efforts to reduce these costs while understanding the associated risks. Similar, will look to skills mix/redesign when efforts exhausted.</p> <p>Efficiency Measures: Focus on being more efficient and reducing agency spend, particularly in planned care, mental health, learning disabilities, and women's and children's services. Ongoing</p>	<p>Operational Challenges</p> <ul style="list-style-type: none"> • Complexity: Operational challenges are complex and difficult to navigate. Revised structure implementation • Workforce Risks: All areas have workforce-related risks, particularly linked to capacity planning and vacancies. Risk based approach to Operational Workforce Planning • Fragile Services: Several services are fragile, with ongoing work in the Clinical Services Plan to address these issues. Ongoing



Nuffield Review as part of SOC feedback



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The below excerpt from the Nuffield Review highlights the specific issues that were flagged and identified the HB and HEIW as critical partners in this space.

14	Access to Senior Trainees. Rural services need to be training their own staff. This is particularly true for doctors. It is very regrettable that Hywel Dda is not getting access to more senior trainees. This needs urgent attention. HEIW needs to ensure it is training doctors who can and want to work across the whole of Wales, not just urban centres.	UHB/HEIW	There is a need to find a GYO solution to the medical workforce and is one of our critical imperatives linking in with HEIW i.e. scholarships, Medical apprenticeships etc. This is also wider than the medical workforce and covers the commissioning of a number of professions that present a critical risk in rural areas i.e. radiology
15	Doctors Training for Rurality. we recommend that a review is carried out to consider whether specific action to train doctors for providing services in rural areas who will have a wide range of expertise across a number of medical specialties. A cadre of such professionals will be required to make models similar to that proposed by Hywel Dda HB operate effectively. HEIW should work with rural areas in Wales (and potentially other parts of the UK) to develop new models for training senior doctors to support rural services	HEIW/UHB	As above
15	Wider training for Rurality. A similar focus on the needs of rural areas for other staff groups is also needed.	HEIW/UHB	As above



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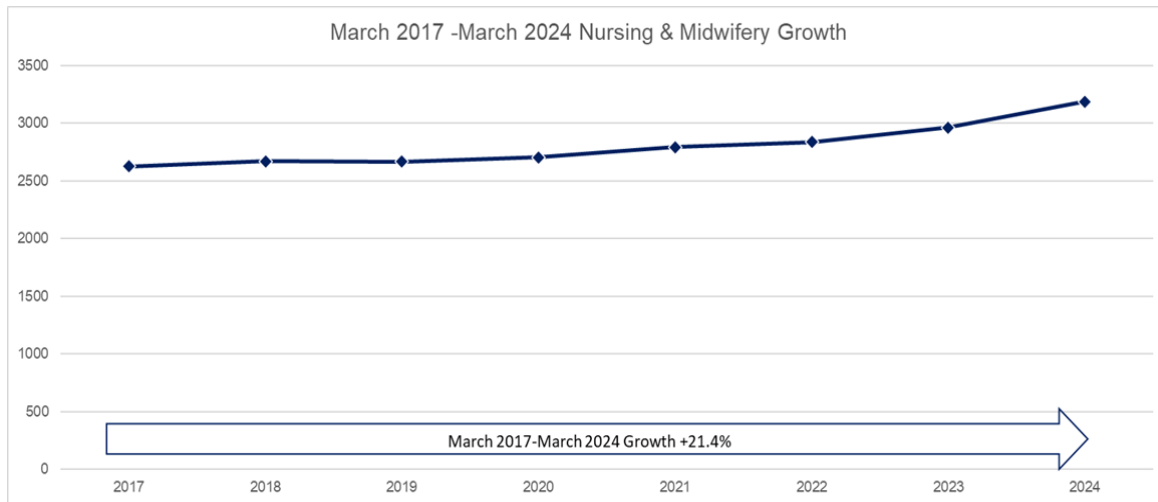
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Workforce Plan 2024-2025: Preparing for Our Future

Professions Analysis Broad future risks Approach to strategic workforce planning and Culture v Plan
CSP & AHMWW
WFP for WOD & Corporate Functions

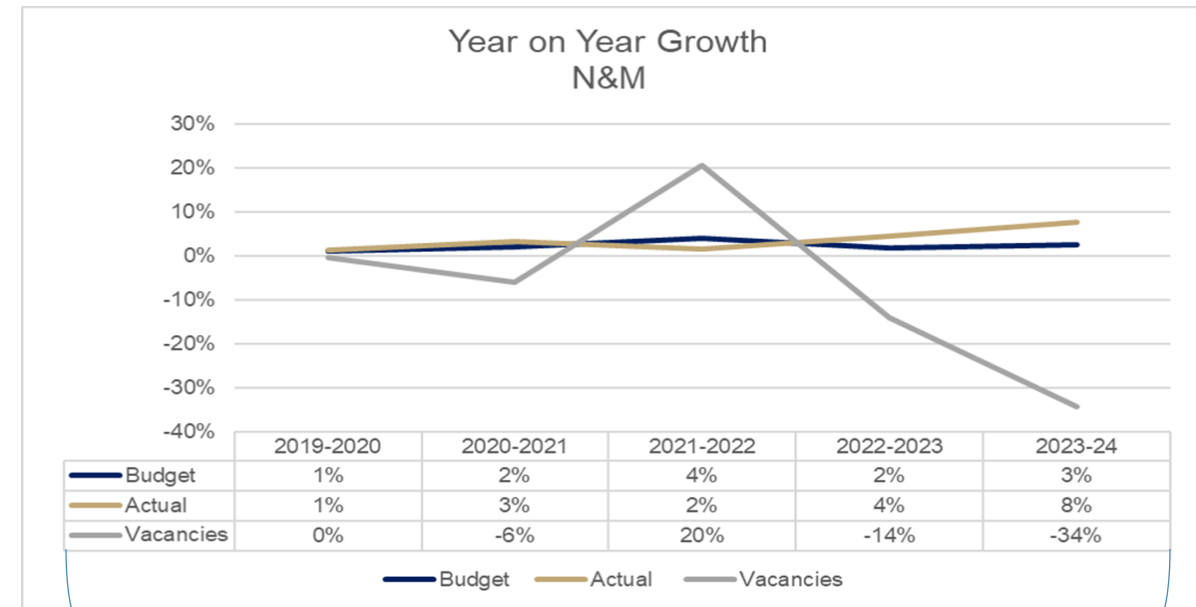
An example Nursing & Midwifery



Year	2017	2018	2019	2020	2021	2022	2023	2024
Nursing & Midwifery	2,625	2,672	2,667	2,704	2,791	2,838	2,963	3,187

Key points:

- Significant reduction in vacancies, even allowing for increases in funded establishment by 370 WTE
- Targeted approach through Grow Our Own and IEN Recruitment post 2021 evidences success in reducing gap
- We now have few projected workforce gaps, careful management of retirements profiles and pipelines is needed to stay within the agreed financial establishments based on critical assessments of need



Actual figures aligned to % figures

Year	2019	2020	2021	2022	2023	2024
Budget	3082.89	3119.78	3181.31	3307.6	3366.75	3452.9
Actual	2,666.52	2,704.49	2,791.33	2,837.78	2,962.88	3,186.60
Vacancies	416.37	415.29	389.98	469.82	403.87	266.30

Example of work to date to reduce variable pay



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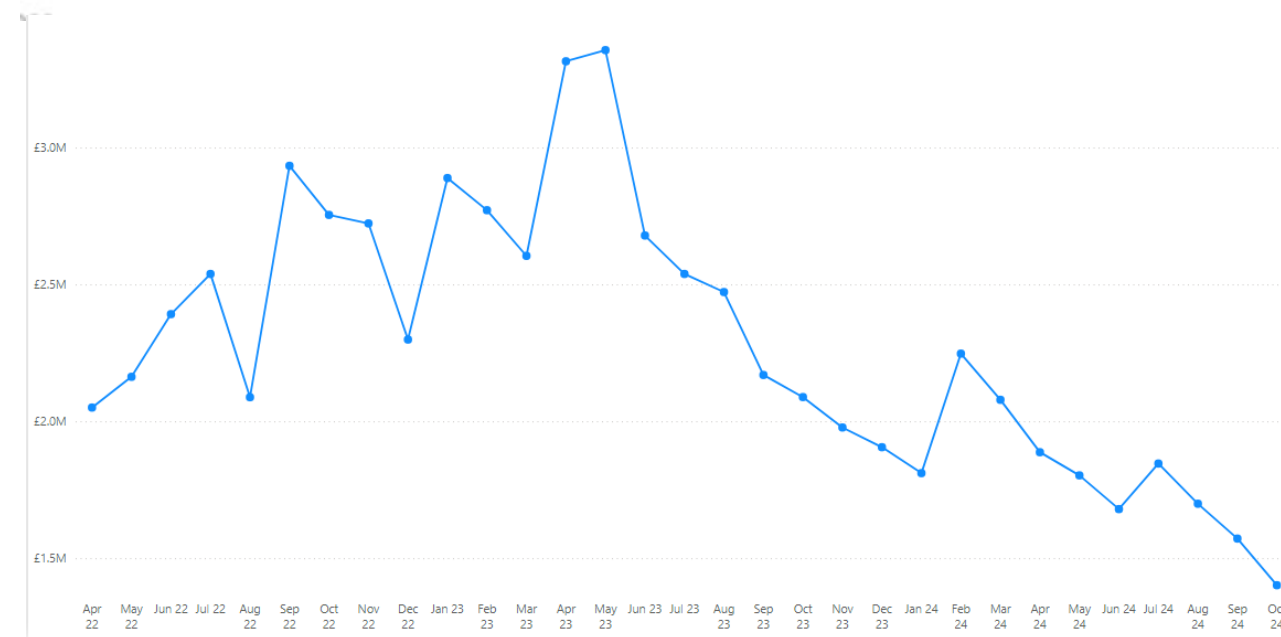
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- Whilst it is recognised that there is still work to do to continue to reduce variable pay expenditure, below are some of the work that has been taken to date by for example by the Unscheduled Care teams:
- Off contract agency usage (via Thornbury agency) ceased as of June 2023
- Travel and accommodation payments to agency workers ceased as of June 2023
- Stabilisation Work Programme started in GGH and PPH but now includes WGH and BGH
- 196 internationally educated nurses have been recruited to the HB and are working in our wards or undergoing OSCE training
- Between 1 May 2023 and 30 April 2024, 76 external Band 5 Nurses offered positions within Hywel Dda and a further 20 have been offered Band 6, Band 7, or Band 8a posts.

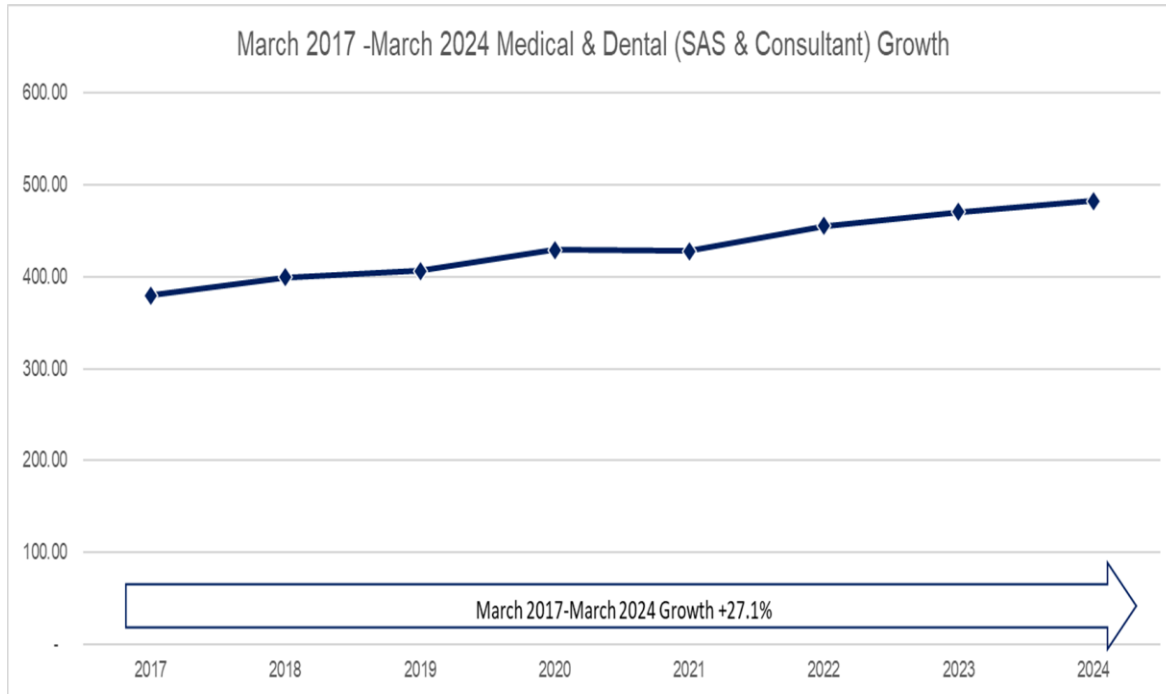
Total Cost by month for RN agency for Unscheduled Care BGH, PPH, GGH and WGH (Our Performance Dashboard).

Total cost by month

- Cost is shown by month paid and therefore does not correlate to the activity data in this section.
- The staff group, request reason, shift type and contract type filters are not available for this chart.



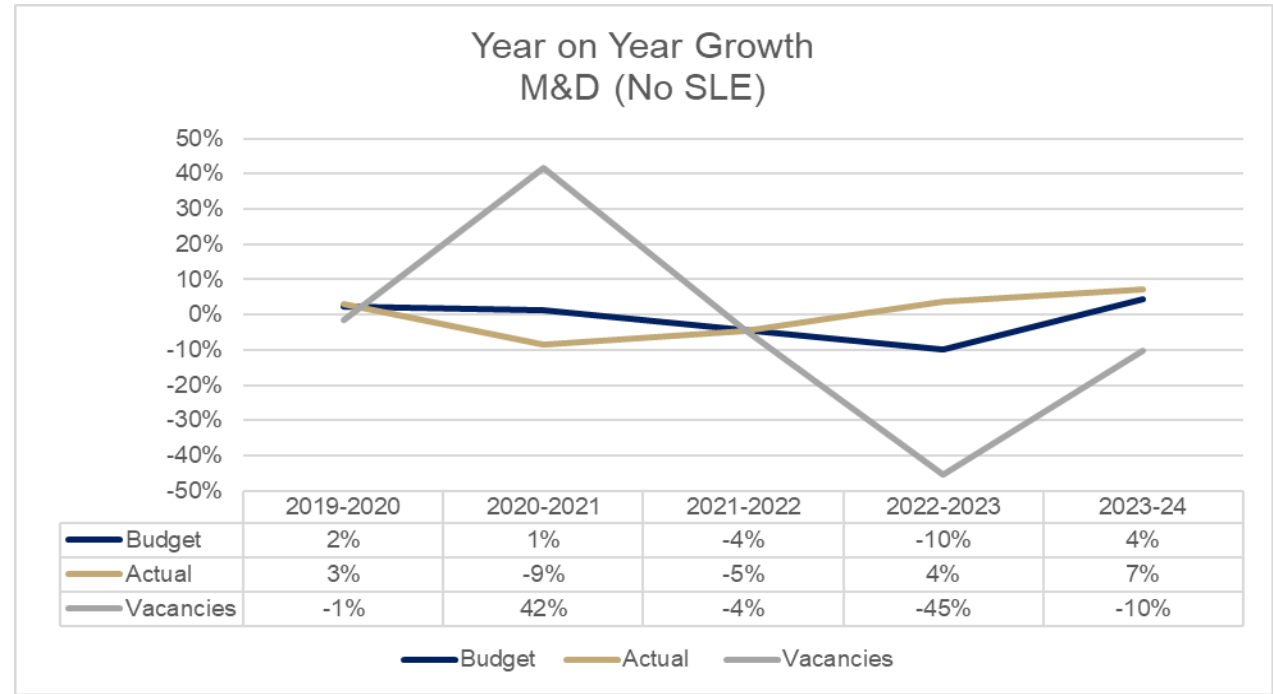
An example Medical & Dental Growth (Year on Year)



Year	2019	2020	2021	2022	2023	2024
Medical (No SLE)	683.52	704.99	644.17	614.06	637.42	683.45

Key points:

- Reduction in vacancies
- Reduction in locums where possible



Year	2019	2020	2021	2022	2023	2024
Budget	859.92	878.96	890.66	851.04	766.87	799.52
Actual	683.52	704.99	644.17	614.06	637.42	683.45
Vacancies	176.40	173.97	246.49	236.98	129.45	116.07

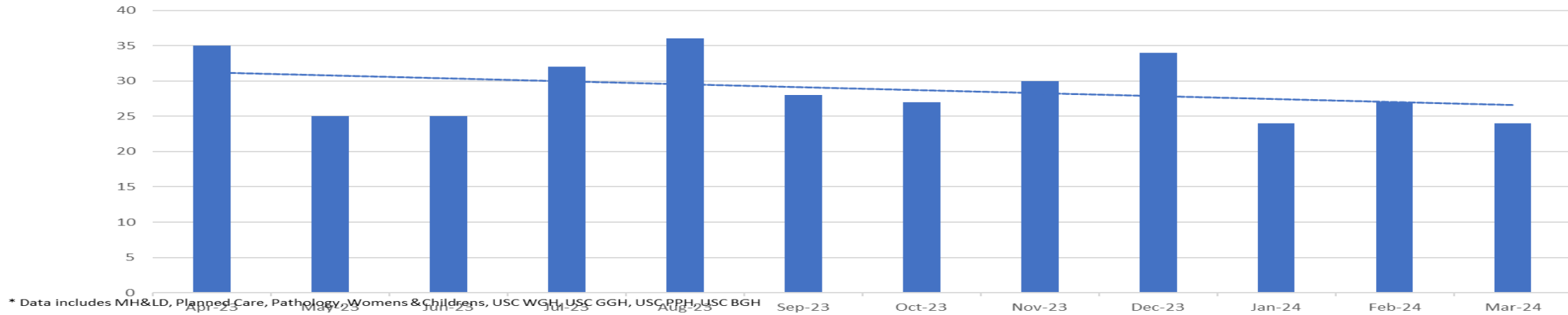
Example of work to date to reduce variable pay



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Number of Medical Agency workers April 23 – March 24



- The Variable Pay Expenditure & Reduction Group has been developed to oversee the main factors contributing to variable pay including agency, additional duties and bank usage & develop action plans.
- Track the top 20 earners receiving variable pay.
- Co-ordinate and oversee plans to reduce variable pay expenditure in line with the organisations target of reducing variable pay by 50% for 2024/25.
- Support and work with operational teams on data collected to ensure clear understanding of variable pay levels and highest earners.
- Collaboration with operational teams to identify opportunities to reduce variable pay levels.

2025/26 Education Commissioning Summary

Approach

This year's education commissioning process provided opportunity to implement strengthened approach, through engagement with services and professional groups across all directorates, with a focused view of services aligned to ministerial priorities.

The approach with Local Authority and Primary Care has continued to develop, with this year being the first Primary Care education commissioning submission for managed practices.

Due to the financial constraints the organisation is faced with, a consistent approach was applied across all services to ensure commissioning requests were based on need (aligned to workforce baseline) and within the financial establishment. Requests for additional education and training requirements remained consistent e.g., postgraduate, and were aligned to operational workforce plans, with clear benefits identified, with a newly formed process to align education commissioning “ask” from services to internal learning and development processes (i.e., higher awards).

All engagement at service level included review and alignment to the following data to apply the appropriate level of scrutiny to provide assurance that commissioning requests were from an informed position:

- Baseline (Age Profile, Turnover and Vacancies)
- Potential Retirement Projections
- Current Retire and Return Rate
- Pipeline Data
- Streamlining/Resourcing Data
- Attrition Data.

This year's process also included implementation of the Professional Leaders Forum, to provide greater assurance and governance, to gain oversight and agreement for all commissioning requests before submission to Health Education Improvement Wales (HEIW).

Summary of 2025/2026 Commissioning Requests

Undergraduate commissioning requests has generally remained steady across all professional groups, with continued ambitions to adopt a “Grow Your Own” approach where possible, enabling development and retention of our people. This year’s submission demonstrates a continued commitment to invest in the Apprenticeship model, through development of 30 individuals. Although this figure has reduced in comparison to previous years, the Nursing pipeline delivered through the apprenticeship model has enabled a pipeline of total 129 Apprentices in the organisation, who are in varying stages of their development. Similarly, requests for places on the Part-Time Nursing degree remain consistent, with 100 places requested this year (for 2030 output). However, the pipeline for Part-Time Nursing programmes from 2028-2030 is dependent on uptake and availability of places on future programmes (inc. 2024 cohorts) and is imperative that alignment of future posts for these individuals is prioritised in our planning, to ensure a seamless process is in place for these individuals to transition into RN posts.

The submission across Therapies is also in line with previous years and figures. However, challenges remain in terms of availability of future posts to grow the Therapies workforce, therefore current education commissioning requests reflects planning within funded establishment *only*. Further focus at a local and national level to include demand and capacity planning to better understand workforce requirements across Therapies is essential and in progress.

The submissions across Healthcare Science professions also remains consistent overall. However, a reduction can be seen on some programmes e.g., Cardiac Physiology and Blood Science, due to ongoing ambitions to support the Grow Your Own approach. This has been successful for a number of years, resulting in substantive employment (to mitigate challenges in retaining new graduates). Uncertainty around ARCH programmes (i.e., Regional Pathology) is also an ongoing concern and presents as a challenges in terms of planning future education commissioning for a regional service model. These risks will be managed as the ARCH programmes develop, the Operational Delivery Network (ODN) and regional roles are established, and as further workforce planning engagement/planning is progressed.

Requests across Pharmacy/Medicines Management remain consistent overall. However, there has been an additional increase in requests in relation to Post-Registration Pharmacists. The submission for Psychology this year demonstrates ambitions to introduce and develop the Clinical Applied Associate Psychologist (CAPS) role, with this being the first time that the organisation has put any requests forward for the M.Sc. programme.

In relation to Physician Associate (PA) and Advanced Paramedic Requests, this year’s process saw a marked reduction in requests for these two roles. Further system wide planning is required to inform future requirements, to include review of pipeline figures and management of risk to align posts for potential new graduates, based on previous commissioning requests. This is not a situation unique to Hywel Dda, and reduction in places e.g., PA role has been seen across Wales and is reflected in HEIWs Education and Training Plan, therefore a national steer on this is necessary.

Risks, Challenges and Further Considerations

A number of risks/challenges were raised during engagement, through analysis of workforce data and through robust planning process. In summary, these include:

- Financial Alignment – Greater alignment of posts for new graduates and those undertaking qualifications e.g., Advanced Practice and level 4 roles is needed. Education Commissioning requests are based on workforce need (within financial envelope), however, due to current financial position, there can be reluctance to commission based on actual requirements, to facilitate workforce growth, demand, strategic direction etc.
- Infrastructure – Feasibility of releasing staff for study given current pressures and impact on financial savings, including challenges to deliver work-based learning, student placements etc. Inability to provide protected learning time for internal workforce undertaking essential development programmes e.g., Advanced Practice roles, lack of backfill e.g., Therapies.
- Transforming Urgent Emergency Care – system wide discussion is ongoing to inform/develop understanding of education commissioning needs across Primary, Intermediate and Acute Care.
- Physician Associate role – There is a risk around required numbers and feasibility to run the programme development of the role in Hywel Dda. Further planning in relation to development of the role within the organisation is needed, including alignment of financial of budgets to develop the role is through an integrated approach to promote multidisciplinary working.
- Advanced Practice/Extended Practice and Medical Associated Professions – A clear strategy is needed to understand approach to advanced/extended practice models (inc. training needs) for the organisation to:
 - a) Determine requirements and identify the opportunities to develop our workforce according to strategic intentions.
 - b) Provide additional governance around development of these roles. This is essential to ensure role requirements is aligned to strategic direction, benefits/impact of the role development is understood, and education/training provision is available (with funding in place to support as required and availability of posts aligned).
- Inequity of development opportunities across all professional groups i.e., availability of part-time degree/GYO opportunities.
- Impact of Nurse Staffing Levels Act (Wales) – potential inability to meet workforce deficit (workforce supply).
- All-Wales Career Framework Compliance – If compliance to the framework is mandated, greater volumes of learners will need to undertake qualifications in line with their role. This will place additional pressure on services to deliver work-based learning, provide education support and release staff for study requirements.
- Education arrangements for part-time programmes can be inflexible, difficulty in releasing staff for blocks of time e.g., New Radiology Assistant Practitioner Programme.

Risks, Challenges and Further Considerations Continued

- Current backfill costs to support staff to undertake part-time study is more than c.£1.2m (L&D data, March 24). Further consideration with regards to how this is managed is required, as there is a risk that costs will continue to increase, as greater volumes of work-based learning and backfill is required.
- Impact of future registration changes (e.g., Nursing Associate role, PAs).
- Local Authority– further opportunities to improve processes to ensure education commissioning reflects the needs of LA and partner organisations – this is currently in development.
- Regional Workforce Planning – Ongoing uncertainty around ARCH projects and future service delivery presents as a challenge. Further clarity is needed to ascertain future workforce commissioning, education, and training requirements, including how we can progress with facilitation of Regional Workforce Models. Critically, how we manage the tension between current and future workforce models *and* explore potential opportunities for regional collaboration to mitigate known risks must be clearly defined.

4.2

11:05, 10 Mins

4.2 - Retention and Discovery Report

***Christine Davies
(Hywel Dda UHB -
Assistant Director of
Organisation
Development)***

| For information

Attachments

[Retention and Discovery Report Update Report- PODCC Dec 2024.docx](#)

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Retention Planning Objective Update, including Staff Discovery Retention Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & OD/Interim Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Christine Davies, Assistant Director of OD, Corinna Lloyd-Jones, Head of Organisation Relations & Elin Brock, Head of Research, Innovation & Improvement

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides a progress update in relation to our retention work programme, with a particular focus on the following Planning Objective for 2024-25:

Nursing, Medical and Allied Health Professional (AHP) and Healthcare Scientists (HCS) retention Task and Finish Groups will identify opportunities that enable staff to share unique cultural experiences in order to identify, deliver and realise opportunities to work differently across the Health Board, with the aim of achieving a reduction in staff turnover of:

- **Nursing: 0.5%**
- **Medical: 1%**
- **AHP and HCS: 1%**

The Staff Retention Discovery Report was commissioned in 2023 to learn more about the experiences of our staff working at Hywel Dda to support our retention strategy and provide further intelligence on retention issues. Gaining a deeper understanding of our culture through our staff's lens not only provided us with the opportunity to 'deep dive' into our Retention Planning Objective, but also understand experiences across all staff groups.

A key focus of our retention priorities since April 2024 has been embedding the recommendations made within the Discovery Report on Staff Retention, which was shared with the PODCC in February 2024 and therefore this report also provides an update in relation to how we are progressing with implementing the recommendations included in the Discovery Report, as well as progress on the Retention Planning Objective.

This report also aligns to the following de-escalation criteria relating to targeted intervention for the Leadership, Capability and Culture domain and provides evidence to support the journey towards de-escalation:

“A culture of listening, learning and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback”

“Plans are in place to develop a sustainable workforce resulting in improved retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan”

Cefndir / Background

This report provides a progress update in relation to the work of our OD team in line with the specific Planning Objectives and Discovery Report noted above, however much appreciation is also extended to our colleagues across the Workforce and OD (WOD) directorate for their pioneering collaborative work to support Hywel Dda’s staff retention intent. We are also grateful to our leaders, staff and TU colleagues for continuously coming together with a compassionate shared purpose of co-creating better ways of working across our Health Board to improve experiences at work.

We also acknowledge the vital work of our OD Relationship Managers in supporting our Health Board’s attraction and retention plans by helping to establish the organisation as an attractive and desirable place to work through providing proactive and responsive support to local teams to enable healthy and happy micro working cultures.

At the beginning of our retention journey in 2021, Hywel Dda was the first Health Board in Wales to make a proactive investment in specific strategies to create environments that support, nurture and retain our workforce, as well as develop and expand our future pipeline. When our Nurse Retention Group was initially established in 2022, we committed to deliver a 1% reduction in turnover of nursing and midwifery staff in 2022-23, however we achieved beyond this ambition, as illustrated below.

Nurse Retention Turnover		Turnover %
Registered	12 months to Dec 22	8.19%
	12 months to Dec 23	5.15%
Unregistered	12 months to Dec 22	8.94%
	12 months to Dec 23	7.16%

Through working with our finance colleagues, we estimate a resulting cost benefit of £2,163,626, based on the avoidance of higher agency cost to cover vacancies. This amount does not include the costs associated with recruitment and productivity loss had we needed to fill the vacancies.

More recently, we have also welcomed HEIW’s articulation of the NHS Wales ambition in relation to retention, as noted in the newly-developed National Retention Hub ([National Retention Hub - Gwella HEIW Leadership Portal for Wales](#)):

Staff retention is a vital part of sustaining and growing our NHS workforce to meet the increasing and changing service demands across Wales. In recent years our staff have been leaving the NHS at an increased rate, due to a variety of staff experience reasons. In response, it was recognised that action was needed and the Belong, Thrive, Stay National Retention Programme was established in 2023.

To support the delivery of the Belong, Thrive, Stay National Retention Programme and ensure a collaborative and collective approach to improving staff retention across NHS Wales, a National Retention Lead, and ten organisational Retention Lead posts have been funded by HEIW on a two-year fixed-terms basis (commenced February 2024). We are extremely grateful for this support which has given Hywel Dda an exciting opportunity to accelerate and strengthen our excellent work already underway, whilst aligning with the NHS Wales programme.

Asesiad / Assessment

For the purpose of logically structuring this report, the following section illustrates our work in relation to:

- Retention Task and Finish Groups
- Discovery Report on Staff Retention

Retention Task and Finish Groups

To note, our Nurse, Medical and AHP and HCS Retention work programmes dovetail with the following criteria set out in the Welsh Health Circular//2024/017 which we regularly provide assurance against:

- Implement and monitoring of the Nurse Retention Plan.
- Implement and monitoring of other professional group retention strategies.

Each of our Retention Groups are jointly sponsored by our Workforce and OD and relevant Clinical Directors, with the overall aim of:

- Overseeing projects to deliver an improvement in the turnover of Nursing and Midwifery/Medical/AHP and HCS colleagues across Hywel Dda to be the best in the NHS in Wales.
- Exploring how our colleagues feel about their unique experiences at work and what changes the organisation needs to put in place to improve.
- Contributing to a reduction in turnover (as agreed annually in line with Planning Objectives).

Additionally, the agreed overall responsibilities of each Group are to:

- Identify, deliver and realise opportunities to think and work differently, with a focus on enhancing how we resource and retain our Nursing and Midwifery/Medical/ AHP and HCS staff, utilising national and local guidance and initiatives to bring into the workplace.
- Facilitate the reputation of Hywel Dda as an employer of choice.

As part of the exploration phase prior to establishing each of our Retention Groups, we carefully analysed the data and intelligence for each staffing group, including a bespoke paper in relation to Retention Research for the specific staffing group prepared by our OD Researcher, layered with Health Board baseline data. Engagement and planning workshops were then held with key stakeholders to start shaping an action plan to develop responses grounded in organisational evidence and learning.

We have also developed a dedicated SharePoint page for retention, which helps signpost and act as an online hub to host positive stories and promote our ongoing work.

Nurse Retention

Our Nurse Retention Group was initially established in 2022 and continues to meet on a 4-week basis. Our Health Board Nurse Retention Action Plan has been mapped to the NHS

Wales Nurse Retention Plan to ensure alignment with national priorities and we have continued the positive trajectory of implementation. The project planning for all areas of the plan include:

- Shaping Organisational Culture
- Understanding our Data and Communicating with our Staff
- Supporting New Starters and Those Changing Roles
- Supporting International Staff
- Development and Career Planning at all stages of an employee's career
- Flexible Working
- Flexible Retirement
- Health and Wellbeing
- Recognising and Rewarding Staff

Some recent examples of work include:

- Supporting International Staff: contributing to the NHS Wales IEN app which supports their onboarding.
- Development and Career Planning: progressing the 'Day in the Life' stories, where we collect experiences of nursing staff from a demographically wide selection to understand their unique individual experiences and highlight areas of good practice. This will also help to showcase different ways of obtaining qualifications and entering nursing roles within the Health Board, which will hopefully support internal movement within the organisation.
- Flexible Working: working in partnership with our TU colleagues, a Task and Finish Group has been established, consisting of managers and staff who have a progressive approach to flexible working. An example of a key action undertaken to date is a flexible working maturity assessment pilot project, due to begin in January 2025, which is being planned and managed from a quality improvement perspective and includes two nursing unscheduled care teams (BGH and PPH).
- Flexible Retirement: working in partnership with our TU colleagues, a Task and Finish Group has been established, consisting of managers and staff who have experienced the retire and return process. Examples of key actions undertaken to date include creating a video as a training resource for both managers and staff to showcase how a coaching conversation can take place on the subject of flexible retirement and creating a SharePoint page to capture all information pertaining to retire and return.
- Recognising and Rewarding Staff: capturing positive and empowering staff stories of best practice and 'centres of excellence' across the Health Board which hold significant learning value, and thereby act as an important means of increasing energy and motivation around how we scale and spread some of these transformational changes.

In terms of progress to date, although our 12-month Nursing turnover rate has increased from 5.05% in October 2023 to 5.87% in October 2024 (+0.82%), our trend analysis has identified an increase in October each year since 2020, with the exception of 2022. Nevertheless, we are extremely proud to continue to be the best performing NHS organisation in Wales for our registered nursing turnover rate.

We also receive regular positive feedback from the NHS Wales Retention Community of Practice regarding our successful approach to retention. When the National Retention Lead joined our Nurse Retention Group meeting on 6 November to share an update in relation to the NHS Wales Belong, Thrive, Stay National Retention Programme, she acknowledged the difficulties of gaining traction in retention strategies and praised Hywel Dda's 'perseverance and innovation which is leading the way across NHS Wales'. Our Health Board's Retention Lead

and Head of Organisation Relations were also recently invited to deliver a presentation in the Rural Health and Care Wales Conference: *Reflection and Future Direction – achievements in rural health, care and wellbeing over the last 10 years and what lies ahead*, where they showcased our Nurse Retention work programme as part of a session focused on recruitment and retention of health and care professionals in rural areas.

In the context of our Medical and AHP and HCS retention progress updates to follow, of note is one of the key learnings from our Nurse retention work in relation to a time lag from the establishment of the Task and Finish Group to when the sustainable reduction in turnover begins to take effect.

Medical Retention

Our Medical Retention Group was established in 2023 and continues to meet on a 6-week basis. In June of this year, in collaboration with our Executive Medical Leadership Team, we committed to increasing the engagement of our clinical colleagues with the Group and are currently exploring pilot projects to support this. We also widened membership of the Group to ensure representation from Primary Care, GPs and Mental Health, and our Interim Deputy Medical Director has stepped into the role of Co-chair, alongside our Head of Organisation Relations to reinforce the clinical commitment.

Our Medical Retention Action Plan mirrors the headings and elements of our Nurse Retention Plan. In the same way that we capture staff stories for Nurse Retention, we are utilising this methodology through engaging with our medical colleagues to capture positive experiences and spotlight best practice. In relation to Development and Career Planning, a further example of work is increasing education in relation to the portfolio pathway (CESR).

In terms of progress to date, our 12-month Medical turnover rate has decreased slightly from 12.11% in October 2023 to 11.94% in October 2024 (-0.17%).

AHP and HCS Retention

Exploration work and research is being finalised ahead of establishing our AHP Retention Group in December 2024. Supported by the Executive AHP and HCS Leadership Team, we have engaged with key stakeholders, including the AHP and HCS Forums. There is also an ongoing communication within the NHS Wales Community of Practice groups to support this work, where our Health Board Retention Lead is engaging nationally to ensure alignment.

Our Health Board Retention Lead was also recently invited to deliver a presentation at the National Imaging Programme Annual Conference at the National Imaging Academy Wales, where she showcased our practical ways of improving culture within teams.

Although this Retention Group will not be fully established until December 2024, in terms current figures, our 12-month AHP turnover rate has increased from 8.51% in October 2023 to 9.39% in October 2024 (+0.88%) and HCS turnover rate has increased slightly from 7.60% in October 2023 to 8.07% in October 2024 (+0.47%).

Turnover figures also now form part of the Directorate Escalation Framework and are monitored monthly.

Discovery Report on Staff Retention

Within the context of our unprecedented workforce supply challenges, in 2023 a further staff Discovery Report was commissioned to understand experiences of working at Hywel Dda and discern what we can do to help keep our valuable staff in our employment where they can live healthy and happy lives. The rich learning provided within the Discovery Report has allowed us to understand more about our organisational culture and the impact this can have on staff retention. It provides us with much insight into how our workplace culture could evolve, to be part of the contribution to our culture change journey and making Hywel Dda a great place to work.

The key themes identified from the staff experiences regarding where they feel we need to improve and think differently are:

1. Accelerate the ownership, pace and impact of our cultural journey.
2. Leadership of people is a fundamental of organisational success.
3. Be bolder and more courageous in our approach to retention.
4. An Ambitious plan for modernisation.

The recommendations made within the report in line with the above themes have been embedded into the next phase of our values-based culture change journey programmes and progress will be recorded as part of our culture update report to the PODCC in April annually.

1. Accelerate the ownership, pace and impact of our cultural journey

The Discovery report highlighted the need to focus the next stage of our cultural progression on gaining a deeper understanding of our culture, particularly in relation to those issues that may have been perceived to be 'acceptable' in the past or may be 'undiscussable' for a variety of reasons.

a) OD Relationship Managers (ODRM)

Every directorate across the Health Board is supported by an ODRM, who focuses on promoting and providing proactive and responsive support through engaging with services/teams to facilitate an understanding of what makes the greatest difference in improving the experiences of their staff. They work collaboratively to build a true picture based on the interpretation of qualitative and quantitative intelligence from various workforce data sources, which informs the co-creation of strategically aligned, but locally owned, People Culture Plans to help transform embedded cultural norms.

b) Sexual Safety in the Workplace

In recognition of our commitment to courageous organisational learning and adaptation, in April 2024 we established a Task and Finish Group to deepen our understanding of workplace misogyny to influence next steps in our approach of creating a psychologically safe culture where staff can speak up for change. The initial part of this work has included working in collaboration across the WOD directorate to triangulate data and intelligence, whilst also considering models of best practice in other organisations, such as WAST's work on reducing misogyny and improving sexual safety in the workplace.

Importantly, this work also supports the Health Board's obligations under the new Worker Protection (Amendment of the Equality Act 2010) Act which came into force on 26 October 2024 requiring employers to take proactive measures to prevent sexual harassment in the workplace. It also ensures alignment with national priorities given the recent NHS Wales

commitment to tackle barriers to sexual safety in the workplace. This includes developing a set of national commitments that align with the freedom to speak up safely and working in confidence agendas, and a Sexual Safety Policy supported by an e-learning module which we anticipate will be in place in the New Year.

This national work programme will complement our local approach and our Task and Finish Group is currently developing an implementation plan which will come into effect in Spring 2025.

2. Leadership of people is a fundamental of organisational success.

Hywel Dda has an ambitious strategy in place to improve the health of the population, by prevention of ill health, as well as an integrated, whole system approach to the provision of services. This strategy is a major cultural shift and the Discovery Report noted that to make this a reality, a leadership shift needs to happen that sees the organisation embrace a different way of leading that is centred on human connections, creating a sense of belonging, collaborative decision-making and embracing change.

Alongside this, the Health Board has been undertaking a number of organisational change processes (OCPs) to ensure that we can flexibly respond to future challenges. A fundamental review of our Operations directorate has been undertaken to evolve the clinical leadership model and structures beneath it. This has enabled Nursing, Medical and AHP and HCS teams to consider the best structure to help us deal with the operational and financial challenges we currently face and are likely to face in the future.

a) Attraction, talent acquisition and senior appointments

The attraction and appointment of high-quality candidates into senior leadership roles is key to the Health Board being able to deliver on its current objectives and future plans, therefore we have undertaken a review of strategy, and improved our approach accordingly. All senior leadership recruitment episodes should now incorporate a minimum of three individual assessments to include a structured interview, psychometric testing (in line with the Health Board's leadership talent management) and an assessment of values (in line with the Health Board's values and behavioural framework).

December 2023 saw the conclusion of the initial development centre for our aspiring Assistant Director talent pipeline, where 6 leaders were offered places within the talent pool. All 6 members have met with the Talent Management team and have agreed their development objectives based on the learning from the development centre and subsequent feedback sessions that will support their transition into an Assistant Director role, at such time that a suitable role becomes available. This is a pioneering approach for Hywel Dda which provides an excellent opportunity for aspiring Assistant Directors to identify themselves as our potential future system level leaders.

b) Leadership Development Programme Offer

The Discovery Report observed a system whereby managers are embroiled in managing services to patients and called upon our people to take a step back and remember, if we manage our people well, they will manage the service well for us. There are a range of programmes in place to support leadership development:

LEAP (Leadership Engagement with Awesome People)

Our LEAP (Band 7-8c) programme develops and supports leaders, enabling them to respond and adapt to the challenges both now and in the future. To date, our senior leaders across Hywel Dda are benefiting from LEAP as follows:

- 4 cohorts have been delivered for 63 leaders.
- 4 cohorts are in progress for 61 leaders.
- 4 cohorts are planned for 2025.

New Consultants Development Programme

Our New Consultants Development Programme enables our new consultants to learn more about Hywel Dda as an organisation, while simultaneously establishing a network of peers from across all sites. To date, our consultants across Hywel Dda are benefiting from the New Consultants Development Programme as follows:

- 3 cohorts have been delivered for 48 consultants.
- 1 cohort is planned for 2025.

Depending on the number of consultants coming through medical recruitment, and other expressions of interest, we may be able to host an additional cohort in 2025, possibly with an Autumn 2025 start.

Coaching Capacity and Capability

Our Coaching Network was established to support change, build leadership capacity and help colleagues develop throughout their careers, by creating a sustainable coaching culture in line with Hywel Dda values. We have continued to grow our internal coaches, offering qualifications and continuous professional development (CPD). To date, we have 37 qualified coaches in our network, with 22 trained and currently completing their necessary coaching hours to complete their qualification. Additionally, approximately 260 coaching sessions have been undertaken in the past 12 months.

To extend our coaching culture, our Coach-Approach Programme continues to embed leading with a coaching style as part of everyday work. It has been designed to provide leaders with the principles and skills to develop a coaching style of leadership. To date, 15 cohorts for 189 people have been delivered.

c) Management development programme offer

The Discovery Report highlighted the pressure on middle managers across the Health Board and suggested that we need to consider how we better support this cohort of staff. Subsequently, in June 2024, 'The Hywel Dda Manager' programme was established by our People Development colleagues to empower supervisors and managers (Bands 3-7) to become more effective, inclusive, resilient and compassionate.

To date, 5 cohorts are in progress for 82 supervisors and managers, delivered in Carmarthen, Llanelli and Aberaeron, with Haverfordwest due to launch in January 2025. In April 2024, 203 applications were received for 112 places.

Cohort 1 is due to complete the programme in November 2024 and the application window has opened for the next cohorts to be delivered in 2025 in Carmarthen, Llanelli, Haverfordwest and Aberaeron.

d) Reviewing our staff well-being offer for managers to manage in a compassionate way

The vital support our Staff Psychological Wellbeing Service continues to provide all staff with the knowledge, skills and resources to pay attention to their mental wellbeing and support our leaders to support their teams in a compassionate way. One to one management consultation is a vital resource for our leaders to address complex staff and team issues, and a series of sessions on mental health and wellbeing at work have been integrated into a number of the Health Board's management and leadership development programmes.

The WOD recent OCP has now consolidated staff wellbeing services within one pillar, bringing Occupational Health and Staff Psychological Wellbeing together to support an improved integrated service offer.

e) Evolving our performance management framework

To effectively support our Hywel Dda values and purpose, the Discovery Report recognised a need to review our performance management framework for how we assess behavioural competencies and manage competencies to support staff and managers to be at their best. This encompasses the behaviour, values and competencies that we want to see across all levels of hierarchy.

In response, an Evolving Performance Management Task and Finish Group has been established to provide leadership and support to the Health Board in developing a framework for compassionately managing staff performance as an integral part of its managing performance agenda. The remit of the Group is to:

- Develop a managing poor performance framework which encompasses how poor performance is effectively managed through a compassionate leadership lens.
- Develop a framework that aligns with performance management which supports succession planning through planning individual career paths and development.
- Provide a forum for the sharing and implementation of ideas, good evidence-based practice and policy guidelines.
- Monitor and evaluate activities/actions and report progress to appropriate groups/committees.
- Align any frameworks to support the Values and Behaviours Framework.

3. Be bolder and more courageous in our approach to retention.

The Discovery Report highlighted the need to see a fundamental shift in the ownership of and buy-in to how retention within our clinical professions is taken forward. The progress update in the previous section on Retention Task and Finish Groups has provided the Committee with progression evidence that Nurse, Medical and AHP and HCS leadership has been assigned to lead these issues relating to the retention agenda, with ownership clearly sitting within the professions themselves and supported by WOD colleagues.

4. An ambitious plan for modernisation

The Discovery Report recognised that the Health Board has suitable resources available within the establishment to support innovation, improvement, and transformation, however it was clear that the resources were spread across the organisation and lacked a programme and systematic approach. This resulted in a silo and disjointed approach and therefore a recommendation within the Discovery Report was to undertake a review of support services that facilitate innovation, transformation, and improvement to move towards an integrated approach. An integrated approach would enable the organisation to maximise its existing resources to lead on strategic programmes of change and modernisation. Discussions have taken place at Executive level regarding progressing these issues during 2025.

Argymhelliad / Recommendation

The Committee is requested to:

- Note progress relating to the retention work programmes to date, including the actions arising from the staff retention discovery work.
- Take assurance that with these work programmes being on track, and also with the turnover figures being monitored as part of the Escalation Framework, that appropriate progression towards the ambitious target figures will be made within the full year timeline.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To provide a progress update to the PODCC in relation to our retention work programme, with a particular focus on the Retention Planning Objective and Staff Retention Discovery Report.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply 6. All Apply 6. All Apply 6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation Not Applicable Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Included within the body of the report.
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A

**Cydraddoldeb:
Equality:**

N/A

5 - PERFORMANCE

5.1

11:15, 10 Mins

5.1 - Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)

*Michelle James
(Hywel Dda UHB -
Head of Resourcing
& Utilisation)*

| For assurance

Attachments

[People Organisational Development Culture Committee SBARv2.docx](#)

[Strategic Objectives 1Av2.pdf](#)



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisation Development (OD)
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 on delivery against national delivery framework targets. The dataset presented is accurate as of 30 October 2024 (unless stated otherwise 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 dashboard in Appendix 1 is produced bi-monthly with the full range of metrics and Key Performance Indicators (KPI's) presented 6 monthly to PODCC in February and August.

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 started to increase from the beginning of 2023 where we were at 10% and is now at 22% in October 2024. Ways to increase participation are continually being explored.
 - More detailed methods of reporting are being explored with the focus on maintaining anonymity.

- Engagement score has been continuously above 70% although it has fluctuated between 75% in April 2020 and 71%; currently October 2024 shows 73% engagement.
- We are seeing a decline in some staff engagement metrics evidenced on the SPC charts, notably feeling proud to work for Hywel Dda has seen a downturn. Evoking pride in colleagues is multifaceted and there may be many reasons in the decline in positive responses.
- There are a number of strategies created to help build staff engagement across the organisation and instigate feelings of pride from working for Hywel Dda. These include
 - Recognition and Appreciation programmes
 - Positive/Supportive Work Environment
 - Professional Development and Opportunities for Growth
 - Strong Leadership Programmes such as LEAP.
- Agency spend as a % of total pay bill; Variable pay (agency, locum, bank & overtime: monthly position).
 - Work has been undertaken to bring a reduction in all temporary workforce to drive costs down. There is a continued trend of reducing nursing agency use in line with the Nursing Stabilisation Plans.
 - Additional controls have been brought in for medical agency bookings from the 1 November 2024 ensuring a Quality Impact Assessment (QIA) supports the booking of agency.
- 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
 - We are awaiting the receipt of all Wales information for the year 2023.
 - Moving forward, the following actions will be undertaken:
 - Scope how other Health Boards across Wales approach All Wales Career Framework (AWCF) compliance.
 - Scope interception points during recruitment and induction to widen opportunities to gather the relevant documentation e.g. Skills to Care.
 - Continue to cleanse current data to enhance accuracy.
 - Request opportunities to raise the profile of the AWCF compliance in Senior Manager Team meetings, Professional Forums, and other platforms.
 - Twice yearly progress updates to the SPPEG – May (post submission of data to Welsh Government) and November (interim position update).
- Percentage of sickness absence rate of staff
 - The rolling rate has consistently been above the Health Board target of 4.79%. In October 24 it stands at 6.61%
 - Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates.
 - 38% of staff on long term absence have the reason for absence listed as anxiety, stress and depression; of which 3% have been identified as work related.

- Guidance being developed for early mental health check-ins by managers and using stress risk assessments in a more preventative way.
 - Reviewing sickness absence training to ensure it remains fit for purpose.
 - Temporary redeployment guidance drafted and now in final stages of development, inclusive of a process to support staff before they become too unwell to undertake their current role but remain fit to do other work.
 - Workforce Sickness Absence Advisor has developed a program of work focusing on deep dives into prevalent high sickness areas with focus on long term sickness and action plans/additional training devised to support.
- 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.
 - Meetings have been set up for December to draw up an action plan. This is driven by the monthly mandatory training group that is then submitted to SPPEG for assurance and governance.
 - The action plan will include additional sessions of support, both online and on sites as well as reaching out at various levels to encourage completion to supervisors at each level.
- Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation
 - Our performance has steadily been increasing, and we are now slightly above our 85% target.
 - We have 2 staff groups that are below the 85% target: Estates & Ancillary (77.8%) and Medical & Dental (48.8%). These rates continue to steadily increase.
 - As with the targeted action for the dementia compliance, a meeting has been set up in December, driven by the mandatory training group and SPPEG.
 - The action plan will include additional sessions of support, both online and on sites as well as reaching out at various levels to encourage completion to supervisors at each level.
- 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 has continued to increase raising month on month, currently sitting at 83%.
- Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job.
 - The rate has steadily increased from 68.2% in April 2024 to 77.3% in September & October 2024.
- Consultant/SAS doctors with a job plan and Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).
 - Continued progress and clear improvements are seen.
- 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.

We have included a Statistical Process Chart (SPC) in relation to staff engagement, agency spend as a % of total pay bill, % sickness absence rate and the percentage of staff who have had an appraisal in 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 report as assurance of performance in key areas of the Workforce and OD agenda.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.

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 Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	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
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 1A:
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.A.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
2022 Sample in March	1169	242	21%	76%
2022 Sample in April	1164	242	21%	74%
2022 Sample in May	1164	215	18%	75%
2022 Sample in June	1163	216	19%	74%
2022 Sample in July	1169	184	16%	76%
2022 Sample in August	1170	199	17%	73%
2022 Sample in September	1129	201	18%	75%
2023 Sample in October	940	168	18%	72%
2022 Sample in November	969	97	10%	74%
2023 Sample in January	1006	144	14%	74%
2023 Sample in February	1010	162	16%	75%
2023 Sample in March	999	168	17%	75%
2023 Sample in April	1001	178	18%	72%
2023 Sample in May	990	181	18%	74%
2023 Sample in June	994	175	18%	76%
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 October	988	161	16%	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%

Engagement Score by Staff Group

Role	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Administrative and Clerical	76%	74%	77%	75%	69%	75%	72%	73%	70%	76%	72%	75%
Allied Health Professionals	77%	78%	69%	75%	69%	76%	70%	78%	71%	70%	74%	72%
Estates, Facilities & Support Services				79%				73%	81%		66%	
Healthcare Scientists								67%	46%	83%	70%	78%
Medical and Dental	73%	69%	73%		60%	78%	58%	59%	72%	67%	77%	67%
None of these											71%	
Nursing and Midwifery	71%	70%	72%	75%	72%	77%	72%	67%	75%	72%	74%	73%
Other Clinical Services	83%	70%				83%	70%		64%	66%		71%
Other Scientific and Technical								77%			70%	
Other		62%							71%			

Note -

Any area with less than 5 responses will not be reported on so as not to identify anyone and respect confidentiality

Current Performance

Engagement scores have shown a consistent improvement, rising from 71% in May, June and July to 73% in September and October. This represents a 3% increase from the lowest score of 70% recorded on March 24.

Performance Against Trend

Following the introduction of new branding, we observed an increase in response rates from 17% in August (pre-rebranding) to 23% in September and 22% in October.

Future Positive Actions

We will continue with the rebranding efforts and enhance communication methods to ensure all staff have access to the Board Outcome Survey.

NHS delivery framework target: 1.A.i - Develop plans to deliver, on a sustainable basis – agency spend as a % of total pay bill.

Variable pay (Agency, Locum, 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

Medical

As of 31st October, there are currently 21 agency workers, a reduction of 4 compared to September. Additional controls have been brought in from 1st November to ensure Quality Impact Assessments support the requirements of agency bookings.

Allied Health Professionals and Health Sciences

As of 31st October, there are currently 17 agency workers compared to 25 in September. Additional controls have been brought in from 1st November to ensure Quality Impact Assessments support the requirements of agency bookings.

Nursing

Nursing agency usage for October has further reduced to a low of 110.44 WTE, the lowest level of nursing agency usage this financial year.

Future Positive Actions

Medical

A health board-wide effectiveness group has been established to advance plans to stabilise the medical workforce. This includes programmes for international recruitment, rostering efficiency, agency control metrics, rate cards, and other positive steps to reduce variable pay spend within the health board.

Allied Health Professionals and Health Sciences

Monthly meetings are being arranged between the Deputy Director of Allied Health Professionals and Workforce to provide support regarding agency usage and workforce planning.

Nursing

The Nursing Stabilisation Programme is in its final phase, with planned Task and Finish groups being stood down to return to monitoring and retention elements. This will continue the current resourcing trends that have seen centralisation and improved efficiencies.

Performance Against Trend

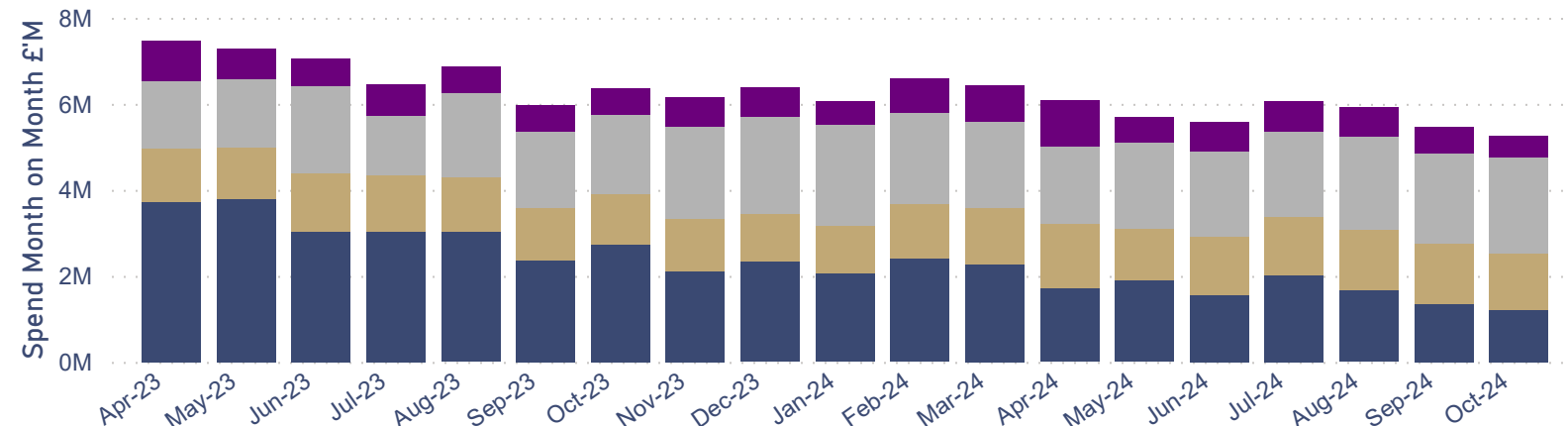
Agency spend has slightly increased from 2.27% to 2.41% due to locum usage. However, agency use continues to decrease across all staff groups. Although overtime usage has reduced, there is a significant risk of increased variable pay spend in January, February, and March, which are historically high months for agency usage. Despite this, it remains below the 5% target of the total pay bill since November 2023.

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

Month Name	2022/2023	2023/2024	2024/2025
April	6.46%	7.82%	3.40%
May	6.12%	7.62%	3.78%
June	6.94%	5.09%	3.08%
July	5.62%	5.62%	3.94%
August	6.46%	6.05%	3.29%
September	6.52%	4.81%	2.27%
October	6.94%	5.25%	2.41%
November	9.27%	4.19%	
December	6.23%	4.64%	
January	7.83%	4.04%	
February	6.89%	4.71%	
March	5.17%	3.05%	

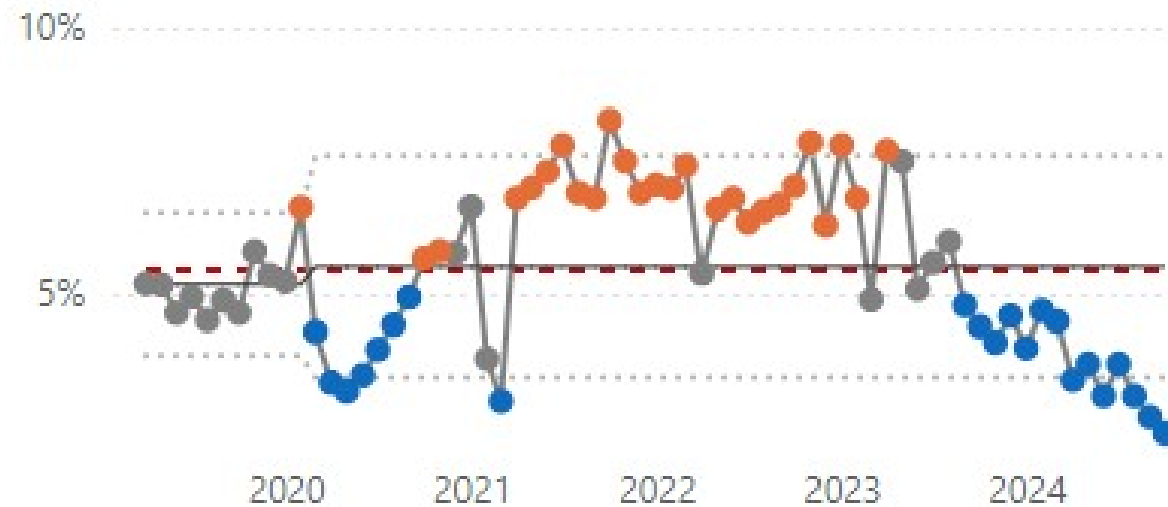
Variable Pay Month on Month

● Agency ● Bank ● Locum ● Overtime



- Key**
- Upper and lower limits
 - Mean
 - - - Target
 - ◆ Ambition
- Variation - how are we doing over time**
- Improving variation
 - Usual variation
 - Concerning variation

Agency spend as a % total pay bill





Current Performance

Submission for financial year 2024/25 to cover the period up to c2027 complete. Awaiting refreshed placement matrix from HEIW for next round.

We are planning to commence the 2025/26 round of education and commissioning for out turn of students.

We have now received information from HEIW on how they wish to approach the online education and commissioning portal. We are still in discussion with HEIW with regards to this year's process and the alignment of additional training needs, which will enable clear communication to be sent to Service Leads to assist with completion of their education commissioning return within agreed timelines.

To align with the Annual Planning cycle, we have revised our approach to align education commissioning discussions to Operational Workforce Planning, inclusive of ongoing training and education needs for current and future workforce.

We have devised a plan which will see the completion of the Draft submission by January 2025, and are in the process of aligning/working with professional leads and operational/corporate colleagues to enable an integrated approach to cover the 3 year annual planning cycle, with Executive sign off of all required submissions by February (to align with annual planning timeline) to submit to HEIW by 31st March 2025.

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

Key	
	Output known
	Completed
	In Progress

Performance Against Trend

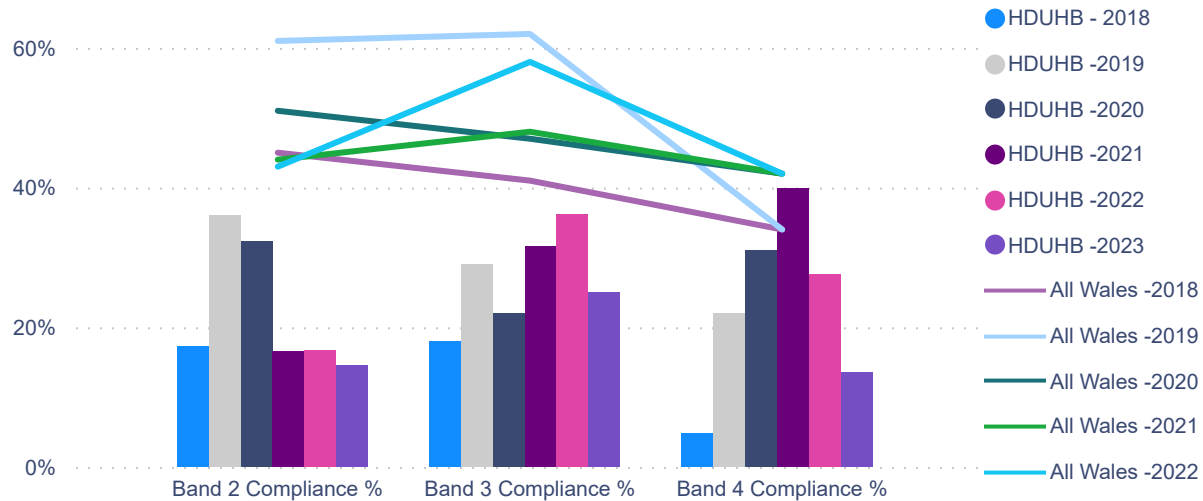
Submission to HEIW are completed as per guidance for all years from 2021 to date based on our current funded establishments. Detailed analysis of submissions available on request.

To note alternative workforce roles noted under APP, PA and CAAP have nominal figures included until a defined "future establishment" can be defined that includes a fuller model for development and expansion in the workforce.

Future Positive Actions

HEIW are due to publish a dashboard as part of the "observatory" offering to allow HB's to track the education commissioning process. Details to follow. Once known we will be able to assess further work linked to the People Regeneration work and our approach to future analytics for education commissioning. Alignment has been made to the Higher Awards process which will continue to be strengthened.

Career Framework Data



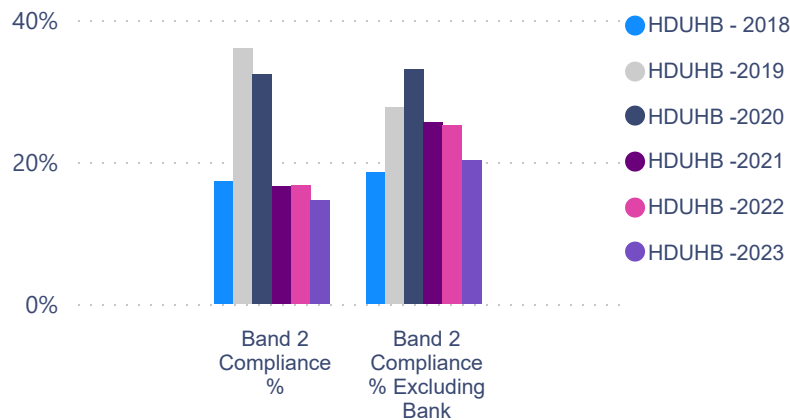
Current Performance

Report was submitted to SPPEG highlighting current position and outlining actions taken/planned to improve compliance. A Career Framework Administrator was appointed in August 2024. Progress includes commencement of cleansing existing records, updating ESR records, correspondence to those who are non-compliant and training to support ESR uploads. A Staff In Post (SIP) report demonstrates an increase of 3% compliance for band 2 and band 3 posts (excluding bank) between 3rd September 2024 and 21st October 2024 demonstrating measurable progress in a short space of time.

Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Speech and Language service		0.0%	4.3%
Radiology	0.0%	9.4%	0.0%
Physiotherapy	0.0%	13.7%	0.0%
Operating Theatres	26.2%	25.7%	60.0%
Occupational Therapy		0.0%	4.7%
Nursing Mental Health	16.3%	31.6%	8.6%
Nursing Learning Disability		23.1%	0.0%
Nursing Community	29.1%	33.0%	27.3%
Nursing Child	25.9%	20.0%	50.0%
Nursing Adult	20.1%	26.4%	17.1%
Maternity	13.8%	33.3%	0.0%
Dietetics			7.7%
Bank / Temporary Staff (on Bank only contracts)	6.0%	17.6%	11.8%

Impact of Bank Compliance on Career Framework Data



Future Positive Actions

- Scope how other Health Boards across Wales approach AWCF compliance as intelligence suggests accuracy of benchmark data.
- Scope interception points during recruitment and induction to widen opportunities to gather the relevant documentation e.g. Skills to Care.
- Continue to cleanse current data to enhance accuracy.
- Request opportunities to raise the profile of the AWCF compliance in Senior Manager Team meetings, Professional Forums, and other platforms.
- Twice yearly progress updates to the SPPEG – May (post submission of data to Welsh Government) and November (interim position update).

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

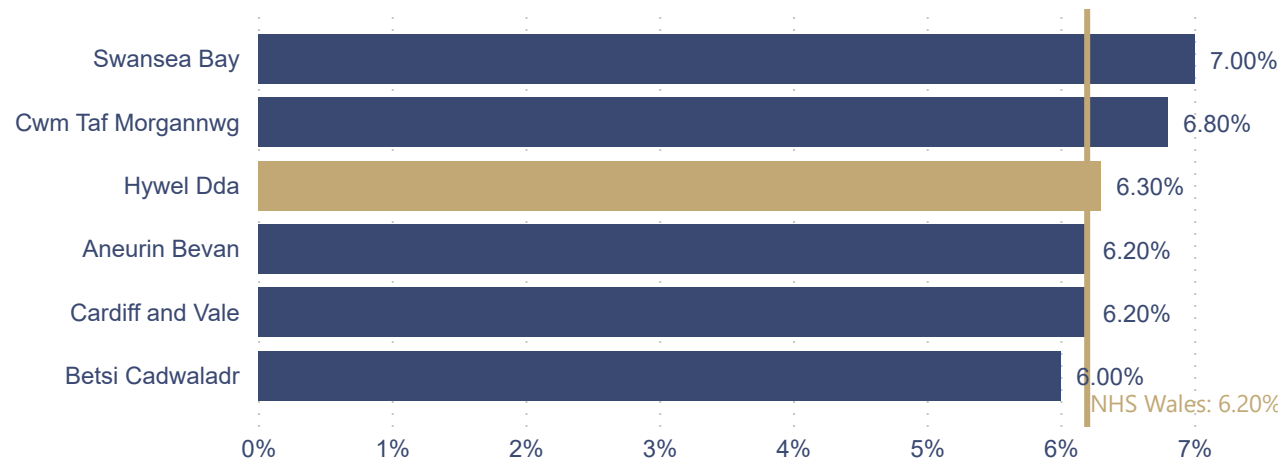
Headcount

Profession	Headcount B2	Number at L2	Headcount B3	Number at L3	Headcount B4	Number at L4
Bank / Temporary Staff (on Bank only contracts)	810	49	108	19	17	2
Dietetics	0		0		13	1
Maternity	65	9	6	2	1	
Nursing Adult	938	189	284	75	111	19
Nursing Child	27	7	10	2	20	10
Nursing Community	55	16	185	61	33	9
Nursing Learning Disability	0		39	9	19	
Nursing Mental Health	80	13	133	42	35	3
Occupational Therapy	0		2		43	2
Operating Theatres	42	11	35	9	10	6
Physiotherapy	2		51	7	43	
Radiology	1		64	6	20	
Speech and Language service	0		4		23	1
Total	2020	294	921	232	388	53

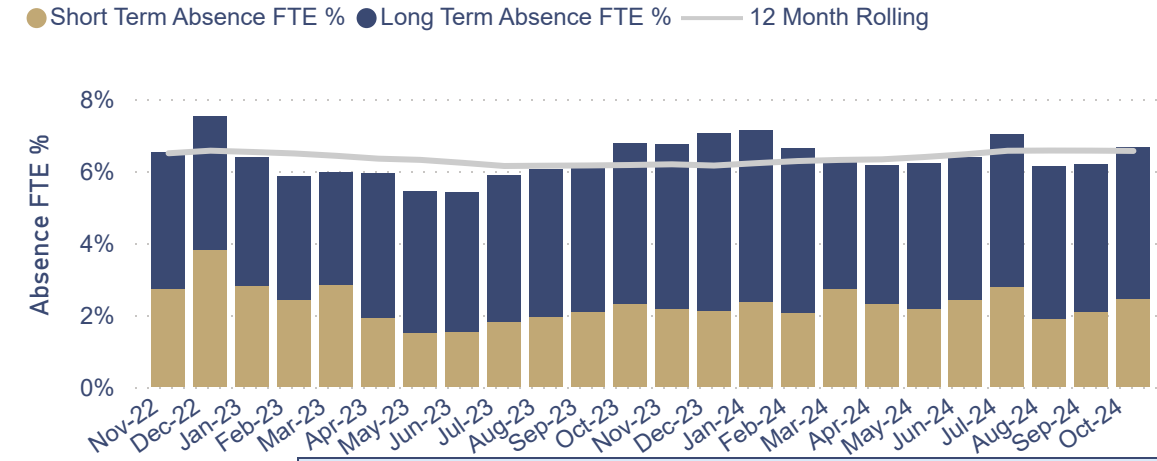
Performance Against Trend

HDdUHB data is significantly lower than the 'All Wales' comparison. The December 2023 data shows a decline in performance, matching the decline in non-registered workforce accessing qualifications due to challenges around backfill and recognising financial constraints on services.

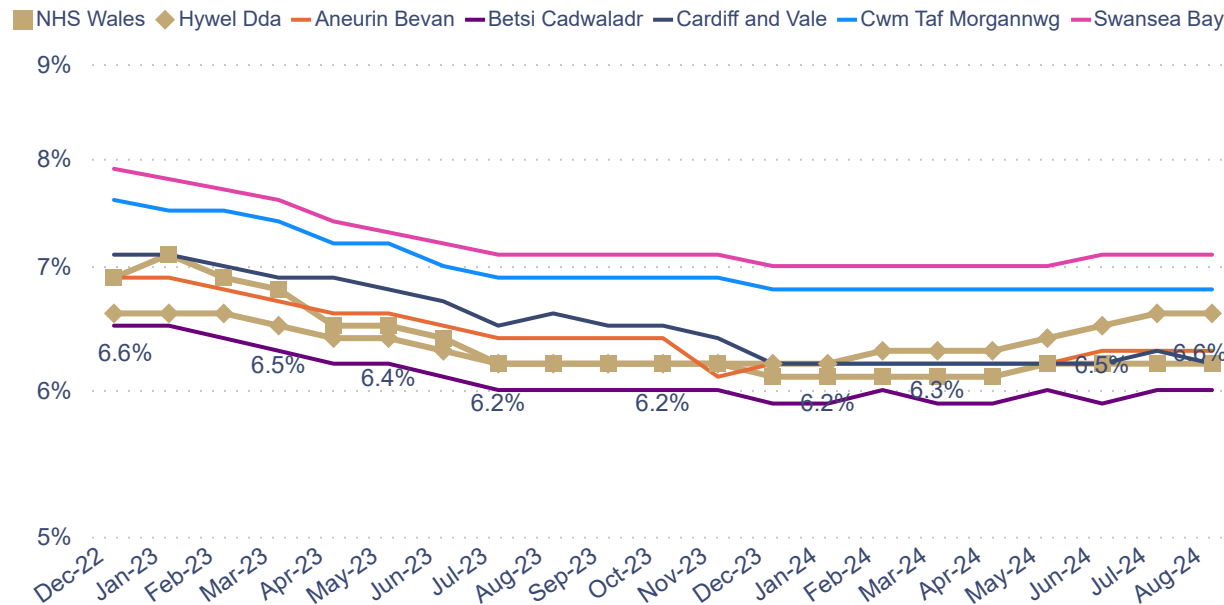
12 month rolling sickness absence rates (UHBs only) to August 2024



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



Rolling 12-month sickness absence rates, Dec'22 to Aug'24



Current Performance

Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The analysis of long term sickness cases (more than 4 weeks) shows that circa 38% of staff are off due to anxiety/stress/depression/other psychiatric illnesses. However only 3% of these are entered as work related absences. More work is being done to understand what additional support would enable an earlier return to work and there has been a significant increase in the number of stress risk assessments being completed which helps understand the issues impacting an earlier return.

Performance Against Trend

Whilst Operational Workforce continue to support services with the management of sickness absence on a case by case basis, there is little capacity to support further with targeted and proactive interventions at present due to complex employee relations case work. We have diverted one part time member of staff to some trend analysis and identification of additional interventions and this is focused on one directorate at present. We will be reviewing the benefits of this work at our January 2025 senior workforce manager meeting.

- Future Positive Actions**
- Guidance being developed for early mental health check-ins by managers and using stress risk assessments in a more preventative way i.e. before the individual goes off on sick.
 - Reviewing sickness absence training to ensure it remains fit for purpose. Training will focus on reasonable adjustments and tailored adjustments. Passport for reasonable adjustments to be rolled out.
 - Temporary redeployment guidance drafted and now in final stages of development. This includes a process to support staff before they become too unwell to undertake their current role but remain fit to do other work.
 - Bitesize Training Sessions being developed which will each focus on just one element of the absence management process. The first one is a 5 minute session on how to conduct effective Return to Work Interviews. A list of some 15 other similar sessions have been identified and have been allocated to the team to develop.
 - The Welsh Health Circular (17) Non Pay Health & Wellbeing Group continue to adapt and deliver their action plan to support a reduction in sickness absence.

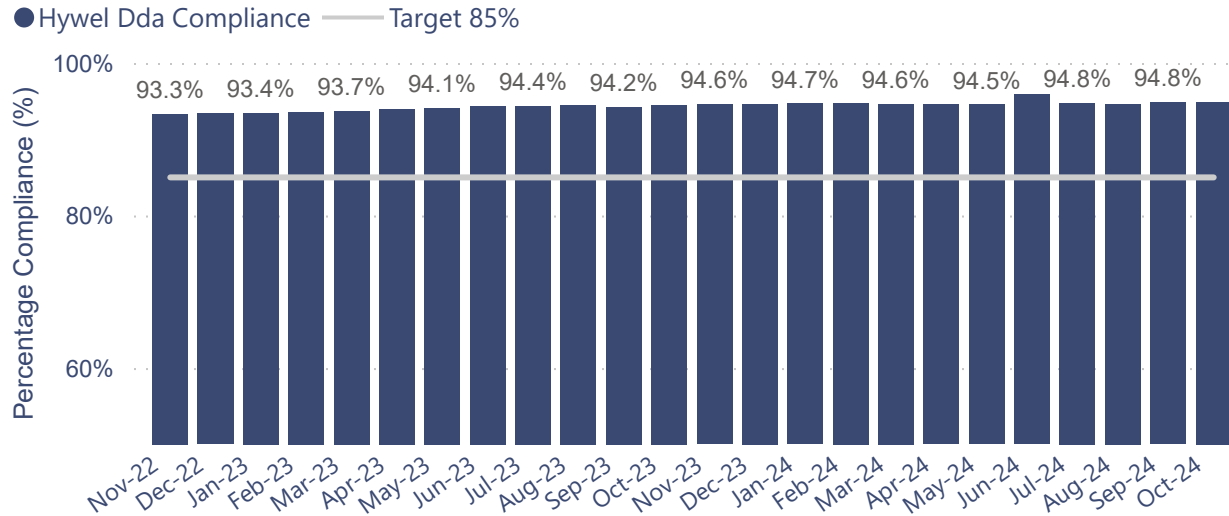
- Key**
- Upper and lower limits
 - Mean
 - - - Target
 - Ambition
- Variation - how are we doing over time**
- Improving variation
 - Usual variation
 - Concerning variation

% sickness absence rate of staff

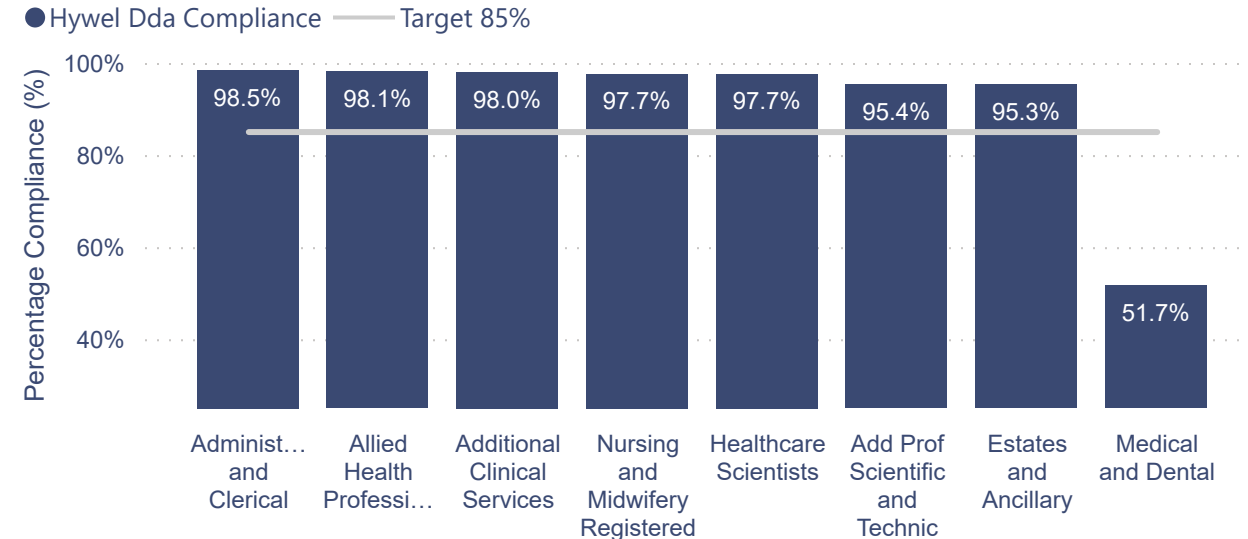


National target 12m reduction. Live data subject to change.

Percentage of Staff completing Dementia Training



Percentage of Staff completing Dementia Training



Current Performance

Dementia training is well above trend in most staff groups.

Performance Against Trend

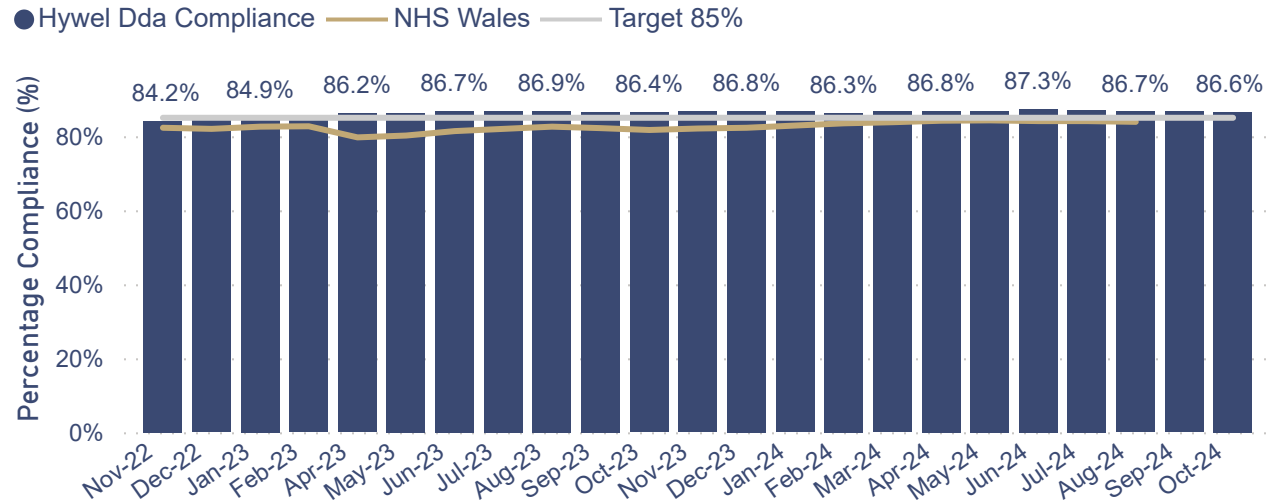
West Wales Care Partnership with Hywel Dda and other partners have developed a draft Dementia L&D framework to support new training for the Good Work framework, however the Framework is in draft and is yet to be published.

Future Positive Actions

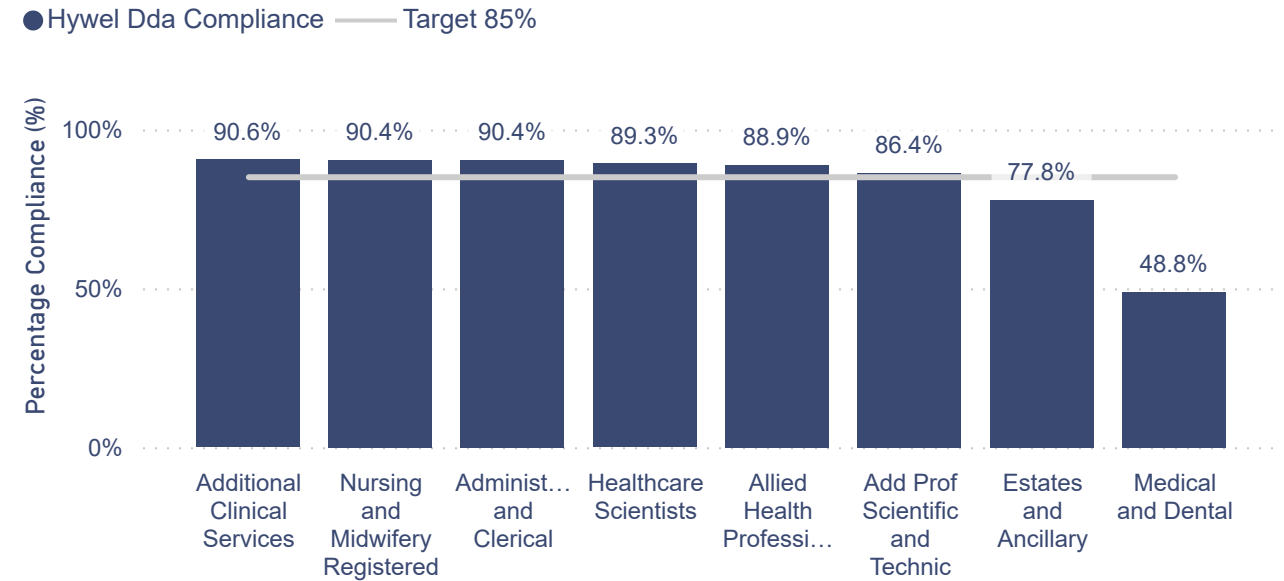
A new Hywel Dda working group has been set up to review the training recommendations and resources in the draft Dementia L&D framework. They have begun to identify if any new training resources should be delivered to target groups and also explore options for suitable Agored module units meet the framework.

The Strategic People Planning and Education Group (SPPEG) is monitoring compliance towards Dementia awareness with actions being driven through this group. This is standing agenda item.

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

The Health Board has increased performance above benchmark.

Performance Against Trend

The Health Board continues to remain above the NHS Wales average and 85% compliance requirements.

Future Positive Actions

We continue to work with Medical and Dental to improve performance in this area.

The Mandatory training group has been re-established meeting bi-monthly which will feed into the Strategic People Planning and Education Group (SPPEG). As a standing agenda item all professions who fall below benchmark will be supported through an action plan.

SPPEG is monitoring compliance towards CSTF with actions being driven through this group. This is standing agenda item.

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



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

Current Performance
 The PADR compliance rate continues to climb, with continued engagement in the process. This is extremely pleasing given the challenge of completing the relevant meetings at one of the most pressured times of the year.

Performance Against Trend
 PADR completion rate has increased, along with the measurement of staff feeling it was meaningful in the board outcome survey. The organisational staff survey score 2023 for PADR was also one of the best in Wales.

Future Positive Actions
 2024 will bring fresh impetus around this agenda with support being offered for identified for teams of historical low compliance. The Culture and Workforce Experience team will also look to evolve the learning with new mechanism for deeper understanding of performance management.

Apr-24
68.2%

May-24
65.9%

Jun-24
70.1%

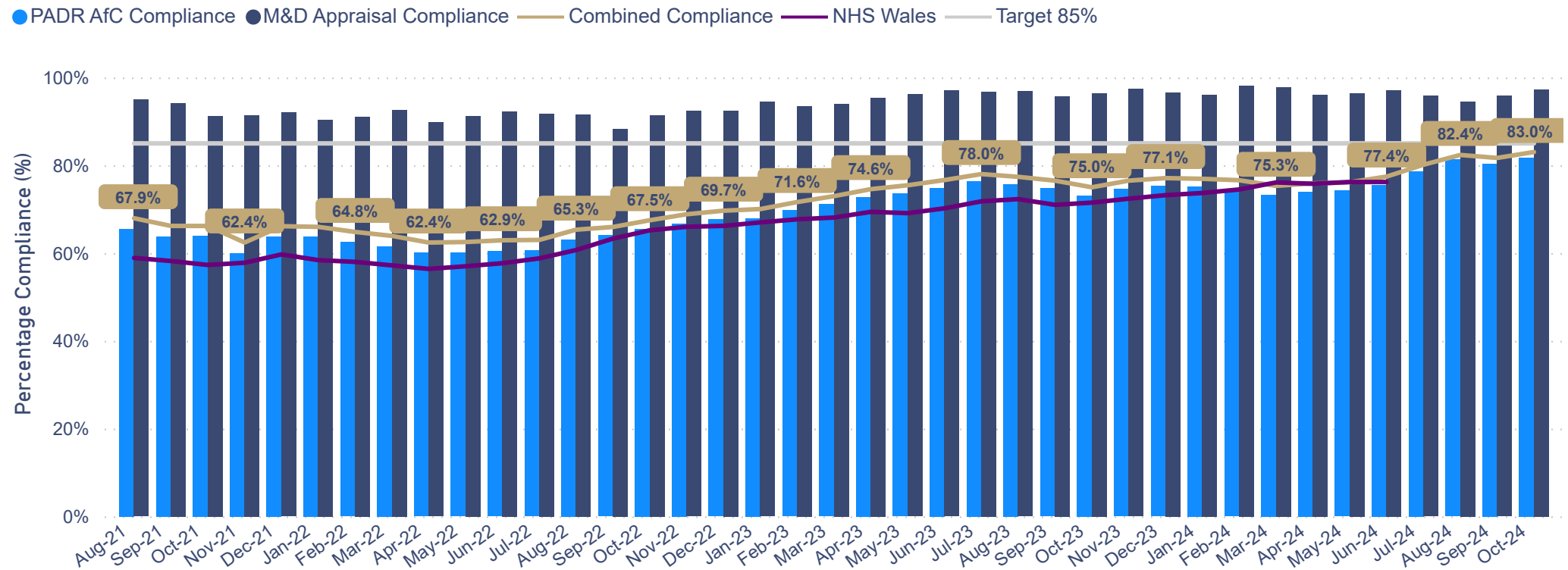
Jul-24
70.8%

Aug-24
70.7%

Sep-24
77.3%

Oct-24
77.3%

PADR Compliance to NHS Wales Performance and Target of 85%



- Key**
- Upper and lower limits
 - Mean
 - - - Target
 - Ambition
- Variation - how are we doing over time**
- Improving variation
 - Usual variation
 - Concerning variation

% staff who have had an appraisal in the previous 12 months



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

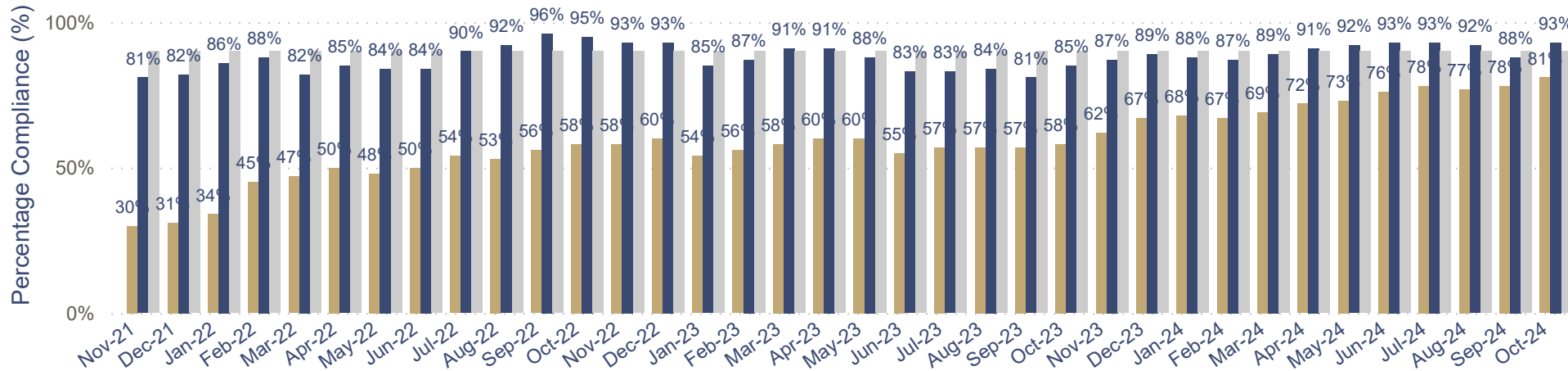
This target aligns to the following statement of intent:

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



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

● Current Job Plan ● Job Plan ● 90% Target

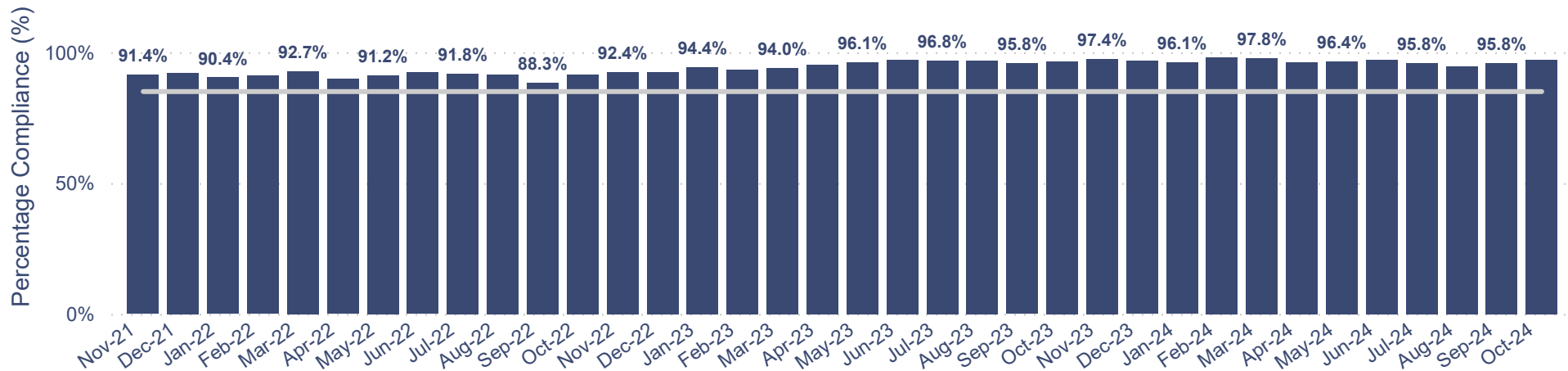


Current Performance
 ▲ There was a 3% improvement in October, with large number of job plans being signed off.

Performance Against Trend
 ▼ The trend remains the same improvement over time.

Medical Appraisal Compliance Performance against Target of 85%

● M&D Appraisal Compliance — Target 85%



Future Positive Actions
 ▼ We have processes in place for chasing up all doctors awaiting sign off and escalation letter where the chasers fail. We continue to deliver training and provide guidance to new Service Delivery Managers(SDM) for using the Allocate system. We work with the SDM's to highlight priority work needed month on month. Escalation meetings to be organised for Services below target.

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



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University Health Board

Current Performance

Monthly reporting confirms risk assessment undertaken for an Apprentice to start prior to DBS being returned. This was to ensure Apprentices could start on employment and educational pathway. Low risk as supervised.

Performance Against Trend

July 23 a small dip in compliance from 100% to 99.2% as one employee commencing prior to their DBS being completed; a risk assessment was completed after starting. A DBS has now been received which contained no information.

Future Positive Actions

Continue to perform at a high standard.

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

Axis	Adult Barred Lists	Child Barred Lists	New Starters - Overseas	% Compliance
Apr-22	130	128	3	100.0%
May-22	150	148	1	100.0%
Jun-22	149	148	7	100.0%
Jul-22	108	108	6	100.0%
Aug-22	124	126	4	100.0%
Sep-22	186	185	3	100.0%
Oct-22	211	210	5	99.5%
Nov-22	100	99	5	100.0%
Dec-22	80	77	4	100.0%
Jan-23	179	147	3	100.0%
Feb-23	131	132	8	100.0%
Mar-23	143	141	7	100.0%
Apr-23	142	132	2	100.0%
May-23	153	146	3	100.0%
Jun-23	103	102	3	100.0%
Jul-23	120	120	3	99.2%
Aug-23	119	115	7	100.0%
Sep-23	170	171	5	100.0%
Oct-23	207	200	6	100.0%
Nov-23	180	174	6	100.0%
Dec-23	111	107	10	100.0%
Jan-24	147	144	6	100.0%
Feb-24	121	118	7	100.0%
Mar-24	103	100	11	100.0%
Apr-24	150	145	3	100.0%
May-24	102	102		100.0%
Jun-24	142	141	1	100.0%
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%

5.2

11:25, 10 Mins

5.2 - Medical Workforce Performance
Management and Mandatory Training

*Eiry Edmunds (Hywel
Dda UHB - Cardiac
Consultant), Amanda
Glanville (Hywel Dda
UHB - Assistant
Director of People
Development), Carly
Hill (Hywel Dda UHB
- Assistant Director)*

| For information

Attachments

[Medical Directorate Statutory and Mandatory Training compliance and Action~.docx](#)



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Medical Directorate Statutory and Mandatory training update and action plan for 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of workforce and OD, Deputy Chief Executive Officer Mr Mark Henwood, Interim Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Carly Hill, Assistant Director, Medical Directorate

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In an ever-evolving society with a constantly developing healthcare sector, the NHS and Hywel Dda University Health Board (HDdUHB) must equip its workforce with the necessary knowledge and skill sets needed to work competently in their profession. Without sufficient training in healthcare, the NHS fails to deliver the highest quality of care and protect the safety of those that they serve.

The healthcare sector is one of only a few sectors in which personal and patient safety is vital. As a result, statutory and mandatory training is required in every NHS organisation, department, and workplace. Within HDdUHB, The Medical Directorate is responsible for monitoring and supporting this training for the medical professional workforce.

Statutory and mandatory training within Hywel Dda applies to all employees, whether temporary or permanent, who are employed by this organisation. This includes any individuals working in the Health Board via an honorary contract or who are on secondment. Whether nurses, doctors, or otherwise, this means that anyone employed by the Health Board should be taking part in mandatory and statutory training that they need to perform their duties of care and safety adequately.

What is Statutory Training?

Of the two types of training, statutory training is generally perceived to be the most important. This is because statutory training is a requirement under law as part of everyday work.

Statutory training is required by the following UK legislation:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999

This form of training is not specific to being able to carry out a particular service, but rather is essential for people working in most NHS environments. For example, the Health and Safety at Work Act 1974 covers a wealth of information that pertains to how people must work to ensure that they and their colleagues are safe.

Statutory training is not optional and applies to almost all Hywel Dda and NHS employees. Therefore, virtually all NHS workers will have to undertake training that is informed by these legislations at some point. However, the exception to this may be if there are staff shortages.

Why is Statutory Training Important?

Statutory training is important within the Health Board because it's about ensuring that staff and their colleagues work in a safe environment. Where statutory training is not undertaken, there are all manner of potential risks. Staff, patients, and visitors could potentially come to harm, and there can be legal repercussions where training has failed to be given or followed.

Some examples of the types of statutory training workers in the Health Board will likely undertake are as follows:

- *Manual Handling Training:* Teaching the proper techniques for lifting, moving, and handling objects safely
- *Fire Safety Awareness Training:* Teaching the responsibilities of fire safety and how to identify and report hazards as well as assess fire risks.
- *Basic Risk Assessment Training:* Teaching what risk assessments are as well as their benefits, relevant legislations, and how to comply with these.
- *General Workplace Health and Safety Awareness Training, as well as local Health and Safety Policies:* Teaching the hazards relating to operating in a workplace and how you can keep yourself and your colleagues safe, taking into consideration local Health Board policies and legislation.

What is Mandatory Training?

Compared to statutory training, mandatory training is slightly different in that it's focused on more specific tasks that are central to a role. However, it is essential and is decided upon by organisational, national, or even governmental guidelines to ensure that a workplace is running in compliance with legislation and policies.

Mandatory training in the NHS will have a focus on keeping staff, patients, and visitors safe. If employees do not take this training, then they may not have the skills and knowledge required to ensure everyone's safety, which is essential in the NHS.

Why is Mandatory Training Important?

Similar to the consequences of statutory training, the repercussions of not having mandatory training in the NHS can also have legal implications. In the NHS, where individual services are commissioned, this can also mean risking loss of the service.

Aside from this, the implementation of mandatory training in the NHS works to reduce any risks of injury or harm in the workplace and to also ensure that any overarching government guidelines are followed. As well as this, it helps to protect the safety and health of all those - patient or employer - in the NHS and Health Board in particular.

Some examples of the types of mandatory training depending on role within the Health Board include the following:

- *Safeguarding Training*: Not all employees will work with vulnerable adults and children, but those who do must understand how to keep them safe.
- *Hazardous Substance Awareness and Training*: Chemicals and other hazards are present in many clinical settings, and to stay safe and on the right side of the law, mandatory training may be required to work with them safely.
- *Information Governance*: Confidential information is prevalent in healthcare, and many employees will have an obligation to understand how it should be used appropriately.
- *Hygiene Training*: Hospital infections hit the headlines regularly in past decades, which is why there's a big focus on preventing them through processes such as proper hand washing.
- *Whistleblowing*: Governmental organisations such as the NHS have many standards they need to uphold, and it's important that staff feel that they can speak out when they see problems.
- *Equality*: Dealing with and caring for the general public at large means understanding concerns surrounding equality, whether that pertains to gender, race, religion, sexual orientation or anything else.
- *First Aid and Resuscitation*: The more people there are with first aid and resuscitation training in particular, the safer an environment is. You'll find that many NHS employees must have this training.

Current situation within Hywel Dda Medical Directorate

The table below highlights the current levels of compliance within each of the training requirements. It can be identified that these are all below 60% with areas for improvement.

Some of this training is provided by face-to-face sessions, e-learning or practical assessments. We need to undertake further analysis as to why rates differ in each of these areas. Service pressures, time and ESR reliability are cited as the biggest challenges for managers and staff in undertaking Mandatory & Statutory Training. Another area we will be considering is how ESR training forms an integral part of the GMC requirements, so to avoid duplication for CPD / CME, and make the skills & knowledge gained transferable between GMC requirements & NHS employers' objectives.

Whilst still below the 85% Welsh Government target, our compliance rates have improved over the last year, however further actions are needed to achieve this target.

Table 1 provides a breakdown of compliance by Medical Directorate at the 30 November 2024.

In conclusion, the data in this report has highlighted that Mandatory & Statutory Training completion rates are steadily improving, and significant progress has been made over the past 12 months. However, achieving the 85% Welsh Government Target continues to be a challenge for Hywel Dda UHB and this position is mirrored with other comparator Health Boards across Wales.

	No. Staff completed and in date	% staff compliance	Not required
100 LOCAL Anti Racism - 3 Years General	39	5.3	
100 LOCAL Ask and Act VAWDASV Group 2 General	103	14	
100 LOCAL Paul Ridd Learning Disability Awareness - No Specified Renewal General	327	44.5	
NHS CSTF Equality, Diversity and Human Rights - 3 Years	381	52	
NHS CSTF Fire Safety - 2 Years	316	42	
NHS CSTF Health, Safety and Welfare - 3 Years	312	42	
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	345	47	
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	220	29.9	
NHS CSTF Information Governance (Wales) - 2 Years	306	41.6	
NHS CSTF Moving and Handling - Level 1 - 2 Years	330	44.9	
NHS CSTF Moving and Handling - Level 2 - 2 Years	168	24	28
NHS CSTF Resuscitation - Level 1 - No Specified Renewal	447	61	
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	23	6.9	403
NHS CSTF Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	0	0	
NHS CSTF Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	18	8	509
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	432	58.7	
NHS CSTF Safeguarding Adults - Level 2 - 3 Years	391	53.2	22
NHS CSTF Safeguarding Children - Level 1 - 3 Years	383	52.1	
NHS CSTF Safeguarding Children - Level 2 - 3 Years	351	47.7	
NHS CSTF Safeguarding Children - Level 3 - 3 Years	43	31.3	598
NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal	396	54	
NHS CSTF Violence and Aggression (Wales) - Module B - No Specified Renewal	389	53	
NHS LANG Listening/Speaking Welsh	648	48.1	
NHS LANG Reading Welsh	646	88	
NHS MAND Aseptic Non-Touch Technique - 3 Years	284	41	28
NHS MAND Autism Awareness - Level 1 - No Renewal	276	37.5	
NHS MAND Carer Awareness	229	31.1	
NHS MAND Consent - 3 Years	160	26.2	120
NHS MAND Dementia Awareness - No Renewal	389	3	
NHS MAND Foundations in Improvement (Wales) - No Specified Renewal	296	40	
NHS MAND Fraud Awareness - 3 Years	266	36.1	
NHS MAND Healthy Start (Wales) - 3 Years	1	20	729
NHS MAND Mental Capacity Act - 3 Years	308	42	
NHS MAND Safeguarding Adults Level 3 - 3 Years	232	10	28
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	264	36	

****Those Highlighted in Yellow are those reported on to Welsh Government**

Cefndir / Background

The need for training requirements of medical professionals within NHS Wales and HDdUHB

There is a legal responsibility within organisations to ensure that their staff receives training to develop the knowledge and skills to ensure a safe and healthy workplace.

Along with a legal requirement, HDdUHB is required to adhere with nationally agreed frameworks. The UK wide Core Skills Training Framework (CSTF), approved by the health minister, has been adopted by all Health Boards and NHS Trusts within Wales. The Framework enables UHBs to standardise the focus and the delivery of key statutory and mandatory training skills.

The terms Statutory can be described as a 'legislative act passed by a legislative body' (Anon: 2010) and training for all staff that is required by law, or where a statutory body has instructed the UHB to provide training on the basis of legislation.

The term Mandatory is defined as 'required or commanded by authority' (Anon: 2010). These training requirements have been determined by the UHB and are concerned with minimising risk, supporting the implementation of policies, and ensuring the UHB meets external standards.

As well as adhering to the CSTF, HDdUHB has identified a range of Mandatory training requirements which are to be met, to ensure all staff are appropriately skilled and that risks are reduced in all areas of their work.

Mandatory modules for medical professionals

The following list highlights the list of mandatory training modules that we are currently required to comply with, some are mandated nationally, whereas some are mandated at a Health Board level. As a Health Board this list below identifies those modules that would be most important, as these are reported nationally and therefore are scrutinised more when it comes to performance data, quality of care and professional standards.

NHS CSTF Equality, Diversity and Human Rights - 3 Years
NHS CSTF Fire Safety - 2 Years
NHS CSTF Health, Safety and Welfare - 3 Years
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years
NHS CSTF Information Governance (Wales) - 2 Years
NHS CSTF Moving and Handling - Level 1 - 2 Years
NHS CSTF Resuscitation - Level 1 - No Specified Renewal
NHS CSTF Safeguarding Adults - Level 1 - 3 Years
NHS CSTF Safeguarding Children - Level 2 - 3 Years
NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal
NHS MAND Dementia Awareness - No Renewal
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years

Asesiad / Assessment

Proposals to improve compliance in 2025.

The Medical Directorate leadership teams actions will include: -

- Implementation of a programme to ensure all managers review direct reports compliance with statutory and mandatory training.
- Provide monthly reports and requests for action needed from Service Delivery Managers and Clinical leads.
- A review of face-to-face training including delivery methods, duration, and content.
- Consider barriers to face to face delivery and consider appropriate venues for training events.
- Review induction and onboarding arrangements including options for scheduling employment start dates with corporate induction weeks.
- Assess how ESR training can form an integral part of GMC requirements to avoid duplication in terms of CPD/CME
- Develop process for approving training as mandatory.
- Review training accessibility arrangements.
- Review and evaluate risks associated with low levels of training compliance.
- Reinforce compliance requirements with communication from the Medical Director.

Action	Action owner	Lead	Timescale
Develop RAG rated compliance report and dissemination process for line managers to receive 2 weekly updates on training compliance and status against corporate improvement plan	Assistant Director Medical Directorate	Gordon Wragg Peter Tunstall	January 2025 onwards
Develop refreshed governance approach, including scoping the options with the GMC requirements to avoid duplication	Assistant Director Medical Directorate	Carly Hill	February 2025
Develop Improvement Plan Brief	Assistant Director Medical Directorate	Gordon Wragg	February 2025
Communicate and cascade Improvement Plan Brief through management structure	Assistant Director Medical Directorate	Carly Hill Gordon Wragg	February 2025
Establish regular reports for sharing with executive, senior and middle management teams	Assistant Medical Director Medical Directorate	Peter Tunstall	February 2025

Review training facilities and develop proposals for increasing access to face-to-face training	Assistant Director Medical Directorate	Helen Thomas	March 2025
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Expected Outcomes and benefits.

- Streamlined process for starting employment and induction including statutory and mandatory training.
- Increase in compliance activity for existing workforce.
- Reduction in corporate risk associated with lack of compliance.
- Improved access to required face to face training.

The Medical Directorate leadership team will develop detailed plans and targets to ensure improvements to compliance towards achieving minimum Welsh Government targets of 85% in 2025.

Argymhelliad / Recommendation

The Committee is requested to:

- Note the above analysis and take assurance from the proposals suggested to improve compliance in 2025.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1191 – Striving to deliver & develop excellent services
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 6. Person-Centred Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 4. Learning, improvement and research Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	2c Workforce and OD strategy Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Mandatory & Statutory Training is one of a number of performance management tools that aim to ensure employees' performance contributes to business objectives and should be used as part of a holistic approach to managing performance. Positive staff experience, which includes compliance with Mandatory & Statutory Training, has a direct impact on the quality of services, the safety of services and overarching patient experience.
Rhestr Termiau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Tîm Cyfarwyddwyr Parties / Committees consulted prior to Executive Team:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Completion of Mandatory and Statutory Training is core to the PADR/Appraisal process and linked with incremental pay progression
Ansawdd / Gofal Claf: Quality / Patient Care:	Mandatory and Statutory Training is one of a number of performance management tools that aim to ensure employees' performance contributes to business objectives and should be used as part of a holistic approach to managing performance. Positive staff experience, which includes compliance with Mandatory & Statutory Training, has a direct impact on the quality of services, the safety of services and overarching patient experience.
Gweithlu: Workforce:	If actions are agreed additional to what is already being supported – staffing implications would need to be reviewed.
Risg: Risk:	Effective Mandatory and Statutory Training will support a highly effective workforce to deliver excellent patient outcomes. This will support the Well-being of Future Generations Act.
Cyfreithiol: Legal:	Mandatory & Statutory Training should take into account individual members of staff needs. This should be considered within the discussion. As Mandatory & Statutory Training, become linked to pay progression EIA should be carried out locally to ensure that no one is disadvantaged due to a protected characteristic. It is important to note that the Welsh Specific Equality Duties require public organisations to report on staff development opportunities. This should be taken into account when discussing opportunities with staff.
Enw Da: Reputational:	Effective Mandatory and Statutory Training will support a highly effective workforce to deliver excellent patient outcomes. This will support the Well-being of Future Generations Act.
Gyfrinachedd: Privacy	Not Applicable at this stage
Cydraddoldeb: Equality:	Not Applicable at this stage

6 - SUB COMMITTEE AND GROUPS

6.1

11:35, 10 Mins

6.1 - Strategic People Planning and
Education Group Update Report

*Amanda Glanville
(Hywel Dda UHB -
Assistant Director of
People Development)*

| For discussion

Attachments

[SPPEG Update Nov 24.docx](#)

Strategic People Planning and Education Group (SPPEG)

COMMITTEE UPDATE REPORT

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 21/11/2024

Quoracy/ Cworwm: Met Report by/ Adroddiad gan: Amanda Glanville Vice Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

SPPEG Group wish to alert members of the People, Organisational Development and Culture Committee (PODCC) that:

- Lack of funding poses a risk to meeting the statutory requirements within the Estates Directorate in order to comply with statutory regulations under the Health & Safety at Work Act 1974 & the Welsh Health Technical Memoranda (WHTMs).
- Fit Note Training Compliance and identification of relevant professions has still not been agreed, with only 22 staff having completed the training across the Health Board. The additional healthcare professions allowed to certify fit notes are nurses, occupational therapists, physiotherapists, and pharmacists. It was hoped that this reduced the demand on doctors, particularly in primary care, who were previously the only profession that could certify and issue fit notes. Intelligence suggests that further updates will be sought from Hywel Dda University Health Board (HDdUHB), with very little progress made to date. Having been discussed in several forums, this is now being flagged as a risk, recognising the expectations placed on the Health Board from Welsh Government.

Advise² (to monitor)/ **Cynghori** (i fonitro)

SPPEG Group wish to advise members of the People and Organisational Development Committee that:

- There is still a need to understand the relationship of all other groups that consider people planning and education as part of their scope, recognising the wider opportunities, duplication, and inefficiencies. Scoping of educational workstreams is now a key priority of the group and how these groups align with SPPEG.
- Recognising the wider financial challenges of the Health Board and the shift to a community and primary care model, usage of wider education and development funding for independent contractors and social care is still an issue that needs to be addressed, recognising the skills development opportunities are delivered by the Health Board. SPPEG has reached out to HEIW for clarification in relation to

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

external funding, however clarity is needed in relation to access to HDdUHB opportunities, recognising the impact this will have on funding and resources.

Assure³ (to note)/ Sicrhau (i nodi)

SPPEG Group wish to assure members of the People and Organisational Development Committee that:

- **SPPEG Evaluation:**

An evaluation has been carried out by the SPPEG and improvements noted were:

- The lack of initial representation of some professional groups, which has shown some improvement.
- Lack of focus on development of the non-clinical workforce, however noted this was significantly more balanced in the November 2024 and the workplan amended to reflect these concerns.
- Need for greater synergy between operational plans and educational requirements and plans.
- More attention to be given to risk, with this now being an ongoing agenda item to mitigate this.
- Most of the sub-groups had been set up including the Medical and Dental Oversight Group, Mandatory Training Group, Interprofessional Education Governance Group, and the Clinical Education Governance Group, with the Future Workforce Governance Group recommencing in the new year to drive the opportunities for apprentices, school engagement and work experience and well as monitoring the Grow Your Own programmes.

The Terms of Reference will be ratified with minor changes as part of the next SPPEG and be presented for SPPEG for final approval.

- **Education and Development Priorities**

The need to identify key priorities within Education & Development until March 2026 was a key objective of the SPPEG by meeting with all executive directors. All involved agreed that education plays a crucial role in ensuring that both staff and patients are well-informed and equipped to handle the complexities of the healthcare system. It was also clear in these meetings that our population, which includes our patients and staff should be at the forefront of any priorities, whilst also considering the current financial position. Priorities identified and approved by SPPEG were divided into the following areas:

Key Priorities for 2024-2026:

- Promoting interprofessional education and collaborative practice.
- Enhancing digital literacy and data science capabilities.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- Centralise training records to enable greater planning.
- Financial planning of education and development opportunities.
- Business as usual approach for 2024-2025: (Recognising forms part of the Workforce and Organisational Development Strategy 2020-2030 or already operationally planned)
- Leadership and management.
- Enhance equity in training access.
- Understanding workforce demand to manage supply routes i.e. the future shape and size of the workforce.
- Cultivate a culture of continuous learning and personal development.
- Scoping Work (Up to November 2025, working with Public Health):
- Preventative health agenda

SPPEG gained assurance as to the identified priorities and the next steps to produce action plans, identifying how each priority would be achieved, which will be presented to SPPEG in February 2025.

- **Leading Engagement with Awesome People Programme Evaluation (LEAP Programme)**

A report was submitted to provide assurance that the LEAP programme was adding value to the performance of the organisation and to demonstrate that LEAP is constantly evolving to take account of the strategic context and the emerging evaluation data. The report recognised the organisation being in Targeted Intervention, and how one of the domains relates to Leadership, Capability & Culture. The report provided evidence relating to the second de-escalation criterion in relation to the effective leadership programmes in place to support the ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.

SPPEG were assured with the robust evaluation of the LEAP programme, that the learning was iterative and continued through each cohort as it evolved to respond to changes in the strategic context. In addition to:

- LEAP was achieving its original purpose in developing a shared leadership culture, based on qualities and behaviors and that it was not primarily designed as a management skills programme.
- LEAP was a continuously improving programme which was evolving to meet the needs of the strategic context and respond to the continuously sought feedback. Developments were in place for current and future cohorts to improve impact.
- The impact of LEAP would be more evident as more delegates complete the programme.

- There was a robust evaluation process in place and that learning was iterative.
- LEAP was one intervention of the OD offer to improve performance.

- **All Wales Career Framework Compliance (AWCF)**

The Health Board AWCF compliancy data below demonstrates that HDdUHB is reporting significantly lower compliance than the All-Wales averages, with December 2023 data showing a further decline in performance. SPPEG therefore requested assurance as to the actions being taken to address this compliance level. The report identified compliance has been accelerated showing a 3% increase in compliance for the band 2 and band 3 workers (excluding bank) between 3rd September 2024 and 21st October 2024 demonstrating measurable progress in a short space of time. SPPEG noted the compliance figures of the Health Board needed improvement but accepted the challenges outlined and were assured that all steps were being taken within financial constraints to manage compliance.

- **Registered Nurse Associate (RNA) Update Position**

An update report was submitted on the regulation, development and implementation of the Registered Nursing Associate role in Wales. SPPEG noted the work already undertaken including the creation of a Local RNA Oversight Task & Finish Group, which will report to SPPEG, who were assured that actions were in place to allow the Health Board to monitor implementation and impact on the workforce and the organisation.

- **Primary & Community Services Academy**

The Primary and Community Services Academy provided a report that highlighted the workstreams and progress to date. SPPEG noted the impact this had on the development of primary care and the collaboration between the Academy and wider teams, however it did highlight the risk around various educational and development work across the Health Board and the need for HDdUHB to consider how all primary care development was brought together, how this aligns with wider health board educational priorities and where the responsibility for community education sits, recognising breadth of professions involved. Key challenge was the way in which education is funded for independent practices, highlighted above.

- **Medical Associate Practitioners (MAPs)**

Following issues and risks highlighted to the group in December 2023, a task and finish group was established, and an update provided. Recognising this was a position paper, SPPEG were unable to take full assurance as to the work planned to continue managing the risks and challenges. SPPEG have asked that an action plan is brought back to SPPEG in February 2024, with clear timelines and methodology of delivery, to provide assurance to the group.

- **National Update on National Imaging Academy**

A report outlined the national and local challenges facing the radiology workforce and the mechanisms being identified to help find local and national solutions. Assurance was provided that work is being done in collaboration with the National Imaging Programme to ensure alignment between risks and opportunities for the workforce although, SPPEG stated to be assured that there was an understanding of how this will impact the Health Board specifically. SPPEG asked for a report to be brought back to SPPEG to provide assurance that risks identified in relation to the local context of risk, education and workforce were being addressed, including methodology and timelines.

- **Statutory and Mandatory Training**

SPPEG received assurance that there was a robust mechanism in place to drive compliance of mandatory training through the Mandatory Training sub-group, with a clear plan to review current non CSTF modules. Action plans are being produced for the two staff groups (Medical and Estates & Facilities) and targeted support is being offered to the 6 operational services who are below the Welsh Government mandatory training compliance benchmark of 85%. SPPEG accepted the action plan and timescales to review all mandatory training modules.

SPPEG noted that the Anti-racism e-learning module (044-24) has already been mandated for all staff well advance of the deadline of the 31 December 2024 imposed by Welsh Governments Welsh Health Circular (2024/386/MD1/1) to support the Anti-Racist Wales Action Plan (ArWAP) to achieve the vision for becoming an anti-racist nation by 2030.

- **Clinical Education Governance Group (CEGG)**

SPPEG previously raised a risk in relation the effectiveness of CEGG in achieving its objectives set out in the Terms of Reference. The CEGG was designed to create a robust process, providing a 'check & challenge' for new or amended roles, ensuring the JDs, competencies and clinical training programmes are consistent, appropriate, and fit for purpose. The group aim is to consider any of these documents through a multi-professional lens ensuring alignment with both clinical pathways and professional governance structures. SPPEG approved a new process for the CEGG to consider requests using the implementation for new clinical roles, set out in the 'Developing New Clinical Roles (Job Descriptions (JDs), Competencies, Learning and Education) Policy' and highlighted a clear link to other processes, including Annex 21. SPPEG recommended a review of the new process once embedded to measure effectiveness of the changes made.

- **Interprofessional Education (IPE) Strategy**

SPPEG received an updated IPE Operational plan, which is the key driver of the IPE strategy. SPPEG noted the progress made and were assured by the progress to date, although did remind all members that for this to be fully embedded, needs to be everyone's responsibility.

- **Centralising Training Data**

SPPEG received a detailed report outlining how the Health Board could:

- Establishing a process to ensure all training is booked and managed centrally.
- All training competencies are recorded against individuals records to allow for forward planning of resources and financial investment needed, which would support workforce planning.
- Establishing a process to ensure all training delivered externally is recorded to not only demonstrate collaboration with external stakeholders, but also to create some central governance around the training and standardisation.

SPPEG approve the approach and noted the risks associated with the current and proposed changes.

- **Meeting the standards of the GMC Practical Skills and Procedures Framework**

Paper presented to SPPEG on the progress made towards the action plan which was created in response to the previous concerns relating to Foundation Doctors being able to meet the standards of the GMC's *Practical Skills and Procedures Framework* (2019). SPPEG were assured with the actions taken and how this was now being managed.

Review of Risks/ Adolygiad o Risgiau

Risks have been identified and discussed through reports submitted to the SPPEG. It was noted within the SPPEG that there is a need to better collate risks and the Assurance and Risk team have agreed to support setting up this process.

Sharing of learning/ Rhannu dysgu

Through review of the SPPEG structure and the volume of reports received through the SPPEG, there has been significant sharing of practice, along with a deeper understanding of how the group can truly embrace an ethos of a multi-disciplinary working. The collaboration across disciplines demonstrates the commitment to fostering a multidisciplinary approach. This collaborative model not only enhances individual and team learning, but drives innovation, breaks down silos and ensures a collective expertise to lead to better outcomes for both staff and the communities we serve.

Recommendation/ Argymhelliad

The Committee is asked to:

- Respond to the items that they are being alerted to
- Note the items the Group is advising them of
- Be assured on the items that the Group is providing assurance on

6.2

11:45, 10 Mins

6.2 - Research and Innovation Sub Committee
Update Report

*Mark Henwood
(Hywel Dda UHB -
Interim Medical
Director)*

| For discussion

Attachments

[6.3 RI Sub-Committee Update PODCC Dec 2024.docx](#)

RESEARCH AND INNOVATION SUB-COMMITTEE UPDATE REPORT

Date of last meeting: 11 October 2024

Quoracy: Met

Report by: Mark Henwood, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

The Research and Innovation Sub-Committee have no items of which to alert the People, Organisational Development and Culture Committee (PODCC) on.

Advise² (to monitor)

The Research and Innovation Sub-Committee wish to advise members of the PODCC of a report that was presented to share current plans for oncology clinical trials. The proposal is to develop and implement a South West Wales plan to increase the access to, and uptake of, cancer clinical trials. Currently, patients living in Swansea Bay University Health Board (SBUHB), with more common cancers, have a greater opportunity to enter interventional drug trails than those living in Hywel Dda University Health Board (HDdUHB). SBUHB and HDdUHB hope to develop a situation whereby there is equity of access to cancer clinical trials across the region. Liaison with SBUHB is ongoing to work through the details of the report and agree on a preferred option for progression. The report was noted and accepted. A further update will be presented when discussions have taken place with SBUHB.

The Research and Innovation Sub-Committee (R&ISC) wish to advise members of the PODCC on the positive progress being made with the Pentre Awel project, in light of the Board signing the lease agreement, and the intention to locate research and innovation activities at the scheme. However, the R&ISC noted that the Department does not have the funds to off-set the costs of the scheme, should it be asked to contribute to the lease costs.

Assure³ (to note)

The Research and Innovation Sub-Committee wish to assure members of the PODCC on:

- R&D site activity performance, noting a challenging position, but a focussed approached to recovery.
- Progress against the R&D Strategy (2021-2024), including plans to develop the next strategy and an aim to publish this around February 2025.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- Activities of the Research Quality and Sponsorship Group (RQSG).
- An update on the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) scheme that is a five-year investment agreed by the Government, NHS England and the Association of the British Pharmaceutical Industry (ABPI). The programme is set to drive forward the NHS's capacity to deliver commercial clinical research. A call for ideas on the types of expenditure will be initiated and the results of which will be used to form an appropriate spending plan across Wales.
- University partnership activities. Representatives from University of Wales Trinity Saint David (UWTSD), Swansea University and Aberystwyth University were unable to attend. Discussions will take place to explore if R&ISC is the most appropriate forum for university updates. The R&ISC also noted that objectives going forward for each university partner have been set and continue to be monitored, at present, through R&ISC meetings.
- The financial position of the TriTech and Innovation division.
- Progress against the Board approved TriTech Business Plan.
- National Innovation developments and increasing interest in understanding the wider potential of the TriTech model.
- Proposals to support the Health Board's capability and capacity to support social innovation.
- A partnership project with the National Botanic Gardens to create spaces for rest and recuperation across hospital sites.

Review of Risks

The R&ISC reviewed the three Research & Development risks (two service level, one directorate level) that are aligned to it. The outcome of the discussions is below:

- Risk 1036 – Research space in Withybush General Hospital (WGH): The team have a moving date of 11 November 2024. Once the move has taken place, the risk can be closed.
- Risk 1492 – Research Delivery Funding: An Organisational Change Process (OCP) has been initiated to mitigate this risk of reduced funding from that of 2023/24 and, as such, the risk score will remain the same, but the description has been amended to reflect the delivery funding being one of the drivers for the OCP.
- Risk 1160 – Lack of research leads: R&ISC members agreed an engagement plan should be developed to cover all levels; corporate, executive and site levels as there is much support that can be offered to encourage staff to undertake research.

The R&ISC also reviewed the two TriTech and Innovation risks (service level) that are aligned to it. The outcome of the discussions is below:

- No changes to the scores for risk 1511 (regulatory climate) and risk 1508 (lack of clinical leadership).

R&ISC members took assurance from the reports and consequent discussions and decisions.

Sharing of learning

N/A

Recommendation

The Committee is asked to:

- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on.

Agenda, papers and minutes are available on request.

6.3

11:55, 10 Mins

6.3 - Trade Union Update

*Heather Hinkin
(Hywel Dda UHB -
Assistant Director
People Management)*

Implementation of Welsh Health Circular WHC (2024) 017

| For information

Attachments

[WHC 2024 017 Non-Pay PODCC SBAR December 24.docx](#)



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Implementation of Welsh Health Circular WHC (2024) 017
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The attached report provides an update on the progress which is being made to implement some of the non-pay elements of the collective agreement for 2022-2024 for Agenda for Change (AfC) staff, as required by Welsh Health Circular WHC (2024) 017.

Cefndir / Background

The Welsh Health Circular (2024) 017 provides a framework for delivery in partnership on progress in a number of key areas.

This report provides an overview of the progress of four workstreams which are co-delivered with Staff Partnership Forum members. Staff Partnership Forum established four workstreams in December 2023 following a scoping exercise of the key issues arising from the non-pay deal in relation to:

- Flexible working – to include flexible rostering practice and rosters.
- Agency reduction – with links to incentivising pay, contracts and general Terms and Conditions.
- Retention – to include retire and return.
- Sickness absence – to include parity between support for mental health and physical Health.

Asesiad / Assessment

A summary of the progress to date in relation to the four Staff Partnership Forum workstreams and the broader non-pay elements is summarised below.

Flexible working

The Task and Finish Group continue to meet on a monthly basis, with key actions undertaken since the last update including:

- New session for delivery on the Health Board’s LEAP Development Programme, with a focus on fostering a leadership culture which promotes flexible working at team level, will be launched in March 2025 (co-created and delivered with the Senior Workforce Manager (People Effectiveness)).

- Flexible working maturity assessment pilot project will begin in January 2025 by adding an assessment of flexible working maturity into our Organisational Development (OD) Relationship Managers' exploration phase when working with services/teams. This project is being planned and managed from a quality improvement perspective.
- Digital Workforce and Productivity Solutions Team at NWSSP have developed a new promotional video designed to support the use of flexible working functionality in ESR across NHS Wales: it highlights the transactional process for recording flexible working arrangements in ESR and touches on key elements of the Flexible Working Policy that the system does not fully align with or make explicit.
[Flexible Working in ESR - YouTube](#)
[Gweithio'n Hyblyg yn ESR - YouTube](#)
- NHS Wales Flexible Pensions Policy was approved in September (see 'Retention to include Retire and Return' update below for further information).

As this work also aligns with the Health Board's wider retention programme, updates continue to be shared with the specific retention groups as necessary, including Nursing, Medical and AHP and HCS; the latter group is scheduled to begin in December. Additionally, links continue with the Health Board's Rostering Group and a member of the Flexible Working Group is also a member of the Rostering Group.

Agency Reduction

The Task and Finish group is well established and continues to meet regularly to discuss elements within the National Workplan. The reduction of nursing agency also forms part of the Variable Pay Expenditure Reduction & Efficiency Group which meets weekly. As of November, the priority of this group will move to Medical Efficiency and Stabilisation with Nursing Stabilisation returning to business as normal.

Although the Health Board's agency expenditure showed promising signs of decrease in June 2024, a sustained decrease through to October 2024 has only been seen for nursing. Nursing agency spend decreased significantly from £1.8m in February to £750k in October. However, other categories such as Medical and Allied Health Professionals and Health Scientists have shown fluctuations, with no consistent downward trend.

Agency Spend February 2024	Agency Spend June 2024	Agency Spend August 2024	Agency Spend October 2024
Nursing £1.8m	Nursing £1.1m	Nursing £1.06m	Nursing £750k
Medical £407k	Medical £321k	Medical £485k	Medical £409k
Allied Health Professionals and Health Scientists £54k	Allied Health Professionals and Health Scientists £48k	Allied Health Professionals and Health Scientists £85k	Allied Health Professionals and Health Scientists £51k
Health Care Support Worker £48k	Health Care Support Worker £4k	Health Care Support Worker £15k	Health Care Support worker £1.3k

Due to continued pressures around waiting list initiatives, additional agency usage for Allied Health Professionals (AHPs) has been authorised through the Financial Control Group with an exit plan linked to recruitment. Further work is ongoing to identify these opportunities, with significant lessons being learnt around the ability to hire into this speciality.

Exit plans (supported by quality impact assessments to mitigate any risk of adverse outcomes for patient care) were in place to reduce agency use across all staff groups to zero by the 1st of November. However, the following nursing areas are using agency, but action plans exist to reduce this linked to PIN delays for Newly Qualified Nurses (NQNs), Internationally Educated Nurses (IENs), and recruitment processes. This plan aims to deliver by the end of the year for the remaining areas:

- Planned Care
- WGH – Ward 4/ACDU and ED
- PPH – Ward 1 / Ward 3 / Ward 4 / Ward 9
- GGH – Cardiac Care Unit
- MHL D – HCSW PICU
- Carmarthen Community – Amman Valley

Further updates will be provided on these increased controls through the Value and Sustainability group, along with support from the Variable Pay Reduction and Efficiency group.

Retention to include Retire and Return

Since our last update in August 2024, the group have met monthly and some of the key areas of work have been:

- The SharePoint page is now up and running and has had 918 views to date. [Retirement and Flexible Retirement \(sharepoint.com\)](#)
- A video training resource was created to train leaders to have a coaching conversation regarding retirement and flexible retirement with a member of staff. Several other videos and webinars have been sourced and can be found on the SharePoint page. A poster was created to advertise the SharePoint page, and this has contributed to increased views.
- The People Development team are running a “planning a positive retirement” course over teams via affinity connect.
- The Flexible Pensions Policy was published in the last month, and we continue to advertise it and link it to the SharePoint page.
- Views have been sought from All Wales agile network, to explore what other Health Boards are doing in this area. There were no surprises, and Hywel Dda are experiencing similar barriers. Some of the key barriers to changing hearts and minds on flexible retirement have been identified:
 - lack of knowledge on the part of managers,
 - lack of understanding of what is possible,
 - service pressure – e.g. easier occasionally to accommodate reduction in hours but not offer fixed days.
 - incorrect assumptions that the manager will have to offer flexible approach to all staff that request it i.e. “if I give to one, I have to give to all”.

Sickness / Wellbeing

The Task and Finish Group continue to meet on a monthly basis, with key actions undertaken since the last update including:

- SharePoint page developed to provide a one stop resource for staff who wish to find out more about either retirement or flexible retirement has received 918 views to date (Nov 2024): [Retirement and Flexible Retirement \(sharepoint.com\)](#)
- Video launched as a training resource for both managers and staff to showcase how a coaching conversation can take place on the subject of flexible retirement and available on the SharePoint page, along with other useful videos and webinars.
- NHS Wales Flexible Pensions Policy was approved in September to provide an overview of the options available to employees who are members of the NHS Pension Scheme to access their pension or part of it and/or plan for retirement through utilising the flexibilities available within the scheme which fit with employees’ aspirations for flexible working and work/life balance.

- People Development running a “Planning a Positive Retirement” course over Teams via affinity connect.
- Views sought from NHS Wales Agile Network to explore what other Health Boards are doing in this area: similar barriers to changing hearts and minds on flexible retirement are being experienced across organisations.

Action to be carried forward:

- Continue to meet as a group, with a key focus on promoting and educating, including signposting to the NHS Wales Flexible Pensions Policy and Health Board SharePoint page.
- Plan and deliver a soft launch of the NHS Wales Flexible Pensions Policy in early 2025, including:
 - media coverage and signposting to the SharePoint page and offering staff the opportunity to accept/take questions over Teams.
 - re-survey staff to pulse check their views/knowledge on flexible retirement as an ongoing means of evaluation.

This Group’s work is focused on retire and return, however it dovetails with the Health Board’s overarching retention work programme and the following criteria set out in the Welsh Health Circular//2024/017, which we regularly provide assurance against:

- Implement and monitoring of the Nurse Retention Plan.
- Implement and monitoring of other professional group retention strategies.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** updates provided on the four collaborative workstreams of the non-pay deal.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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 Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field. 2.2 To provide assurance to the Board on the implementation of the UHB’s Workforce and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board’s overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people

Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circular (2024) 017 - Implementation of the Non-pay Elements of the 2022-4 Collective Agreement.
Rhestr Termau: Glossary of Terms:	Not Applicable.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	The contents of the submission to Welsh Government were shared with Trade Union Representatives and signed off by the Chair of Staff partnership Forum.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None arising from this paper.
Ansawdd / Gofal Claf: Quality / Patient Care:	None arising from this paper.
Gweithlu: Workforce:	None arising from this paper.
Risg: Risk:	Delivery on the Welsh Health Circular must be reported to Welsh Government at specified intervals. Failure to comply may impact our relationship with Welsh Government and our local and national trade unions.
Cyfreithiol: Legal:	None arising from this paper.
Enw Da: Reputational:	Reputational risks may arise from a failure to implement all aspects of the Welsh Health Circular within our control.
Gyfrinachedd: Privacy:	None arising from this paper.
Cydraddoldeb: Equality:	None arising from this paper.

7

12:05, 0 Mins

7 - FOR APPROVAL

7.1

12:05, 5 Mins

7.1 - Outcome of Advisory Appointments
Committee (AAC)

*Heather Hinkin
(Hywel Dda UHB -
Assistant Director
People Management)*

| For approval

Attachments

[SBAR AAC PODCC Nov 24.docx](#)



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Advisory Appointments Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Director of Workforce & OD (Organisational Development) and Interim Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin - Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

To update the People, Organisational Development & Culture Committee (PODCC) on the outcome of the Advisory Appointments Committees (AAC's) held between 1 October 2024 and 25 November 2024, and to seek approval for these appointments on behalf of the Board.

Cefndir / Background

The following appointments were made at recent AAC meetings, and require PODCC's approval on behalf of the Board:

- Consultant in Cardiology;
- Consultant General Physician (Interest in Respiratory);
- Consultant in Anaesthetics ICU;

Asesiad / Assessment

Consultant in Cardiology

The AAC, comprising of Eleanor Marks, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Mr Lee Davies, representing Chief Executive Officer; Dr Eiry Edmunds, Assistant Medical Director representing the Medical Director; Navroz Masani representing the Royal College, Dr Clive Weston, Clinical Lead and Dr Robin Ghosal and Dr Senthil Elangovan rep representing the department met on 1 October 2024 to interview one candidate for the role of Consultant in Cardiology based at Prince Philip Hospital.

- Dr Ramasami Nandakumar was appointed to the post of Consultant in Cardiology. Date due to commence in post 5 December 2024.

Consultant General Physician (interest in Respiratory)

The AAC, comprising of Maynard Davies, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Mr Huw Thomas, representing Chief Executive Officer; Dr Warren Lloyd, Assistant Medical Director representing the Medical Director; Dr Ian Williamson representing the Royal College and Dr Angela Puffett and Dr Scott O'Rourke representing the department met on 12th November 2024 to interview one candidate for the role of Consultant General Physician (interest in Respiratory) based at Withybush General Hospital.

- Dr Elisabeta Both was appointed to the post of Consultant General Physician (interest in Respiratory). Date due to commence in post 5 December 2024.

Consultant in Anaesthetics ICU

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Mrs Sharon Daniel representing Chief Executive Officer; Dr Subhamay Ghosh Assistant Medical Director representing the Medical Director; Dr Stuart Gill, Clinical Lead rep; Dr Michael Martin, additional panel member and Dr Brian Jenkins representing the Royal College met on 18th November to interview three candidates for the role of Consultant General Physician (Interest in Respiratory) based at Glangwili General Hospital.

- Dr Peter Molnar due to commence in post: 10 December 2024.
- Dr Helen Ivatt date due to commence in post: to be confirmed (within six months of offer).
- Dr Jessica Notzing date due to commence in post to be confirmed as is due to complete CCT within six months. Dr Notzing remains in contact with service and recruitment.

Argymhelliad / Recommendation

The PODCC is requested to:

- Approve the appointments on behalf of the Board.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Approve Appointments made by the Advisory Appointments Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Trac Recruitment System
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	AAC – Advisory Appointments Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	These appointments are within the overall service financial allocation. The appointee will have detailed job plan when in post in order to ensure that value for money is achieved.
Ansawdd / Gofal Claf: Quality / Patient Care:	Non-appointment to these posts would have posed significant risk to the HDdUHB in terms of patient/client care.
Gweithlu: Workforce:	The appointments will provide services to enhance patient/client outcomes within HDdUHB.

Risg: Risk:	Non-appointments would have posed risk to the HDdUHB in terms of financial consequences of providing locum cover.
Cyfreithiol: Legal:	Appointments are in accordance with statutory obligations in relation to substantive recruitment.
Enw Da: Reputational:	Appointments will provide services to enhance patient outcomes.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No adverse impact

7.2

12:10, 5 Mins

7.2 - Workforce Policies for Approval

*Heather Hinkin
(Hywel Dda UHB -
Assistant Director
People Management)*

Received 13/12/24

| For approval

Attachments

[PODCC SBAR revised policies - Dec 24 - V3.docx](#)

[1255 - Job Evaluation.docx](#)

[2024_12_05 Job Evaluation Policy and Procedure FINAL.pdf](#)

[EqIA Screening Form Job Evaluation Policy and Procedure.docx](#)

[2024_09_27 Policy Review Quarterly Schedule - Copy.xlsx](#)

**MEWN PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
IN-COMMITTEE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of W & OD and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to note or approve the recommendations in relation to the documents listed below.

In so doing, the report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents and that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Details of the policy and changes made are outlined in the next section.

1. All Wales policy for approval and update

Committee is asked to adopt the following All Wales document:

- All Wales Job Evaluation Policy & Procedure (new)

We received an updated quarterly policy schedule too late for inclusion in my last report to Committee. A copy is now attached of the September update with the next iteration being due in December 2024.

2. Policies yet to be presented for consideration

Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided.

A request for extension of these local policies together with rationale can be found in the next section.

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

1. All Wales Policy for approval

All Wales Job Evaluation Policy & Procedure (new)

Key changes include:

- The effective date of change of any new banding – our local policy states the date the Executive Director signs the application whereas the new policy states it should be 'backdated to when the postholder and manager agree that the job had changed. This could vary depending on how long the member of staff has been carrying out the duties or the time it has taken to develop and match the new job description. This date should be agreed before the re-evaluation takes place'.
- Greater emphasis on the use of All Wales generic role profiles and job descriptions
- The requirement to review job descriptions every 3 years.
- As a result of the adoption of this new All Wales policy, the Job Evaluation Lead for Hywel Dda will review our local policy which focuses on our local process to discharge our responsibilities to ensure it remains fit for purpose.

2. Policies yet to be presented for consideration – extension requests

Listed below is the outstanding policy in terms of the timetable for review, together with rational and proposed new expiry date.

Local Policy - Extension Request

Policy Lead Area	Policy Name	Rationale	Extend To
Medicines Management	558 - Medication Errors	Policy has been to Quality, Safety and Experience Committee (QSEC) and to the local and Health Board Staff Partnership Forums and LNC. It is due to be considered by Medicines Management Operational Group (MMOG) and once approved in principle will be presented to the next People Committee for approval.	31/3/25

Asesiad / Assessment

The new All Wales policy has been shared with the Local Partnership Forums and Staff Partnership Forum for comment. Documents that apply to Medical and Dental colleagues are also shared with the Local Negotiating Committee (LNC) for information.

A screening Equality Impact Assessment (EqIA) has been developed based on the All Wales EQIA received as required by the Corporate Policy Office.

Following approval of the recommendations below, all documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Adopt the All-Wales Job Evaluation Policy & Procedure.
- Extend the Medication Errors Policy until 31 March 2025.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation, which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: Workforce:	The policies and procedures apply to all staff unless expressly stated as otherwise in the scope.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.

Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Equality Impact Assessments have been provided or updated as required.

Job Evaluation Policy and Procedure

Policy information

Policy number: 1255

Classification: Employment

Supersedes:

Version number: 1

Date of Equality Impact Assessment: 11/12/2024

Approval information

Approved by: PODCC

Date of approval: **Enter approval date**

Date made active: **Enter date made active (completion by policy team)**

Review date: **Enter review date (normally three years from approval date)**

Summary of document:

This policy has been developed in line with the nationally agreed NHS Job Evaluation Scheme to ensure compliance with the Job Evaluation Scheme Handbook through a consistent application of process, approval and three yearly cycle of job description review.

Scope:

All staff

To be read in conjunction with:

[1103 – Performance Management Policy](#) – opens in a new tab

[995 – Respect and Resolution All Wales Policy](#) – opens in a new tab

Owning group:

Name the group with ongoing responsibility for this document

Date signed off by owning group

Executive Director job title: Director of W&OD

Reviews and updates:

Version 1 – new policy



Job Evaluation Policy and Procedure

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru *yn*
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



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Section 1

Policy scope, principles and benefits

1. Introduction

This policy has been developed in line with the nationally agreed NHS Job Evaluation Scheme

Introduced in 2004, the scheme is used to determine the pay bands for all staff on AfC contracts and relies on consistent application within organisations and across the service. The scheme is based on fairness and equality in line with equal pay legislation and is a continuing requirement as organisations develop new services and roles and incorporate the job evaluation process into procedures, particularly, but not exclusively, organisational change and service improvement.

The Job Evaluation Handbook contains guidance on interpreting and applying the AfC JE scheme and National Job Profiles, which have been developed nationally and approved by the executive on behalf of Staff Council.

This policy and procedure will set out the requirements for fulfilling the scheme across Wales to ensure a consistent approach across organisations.

2. Policy statement

NHS Wales is committed to the fair and consistent application of the Agenda for Change (AfC) NHS job evaluation scheme (JE) both at national and local organisation level.

This is in line with the commitment of employers, trades union representatives and Welsh Government to work in partnership to maintain a fair and consistent NHS pay system which supports NHS Service modernisation and delivery and meets the reasonable career aspirations of staff.

3. Scope

This policy applies to all staff employed under Agenda for Change terms and conditions of service

4. Principles

The aim of this policy is to ensure that all NHS Wales organisations are consistent in their application of the national job evaluation scheme. In addition, the policy sets out the process for approval and application of NHS Wales Job Descriptions where they are available and the review of these job descriptions on a three yearly cycle.

Section 2

5. Governance Arrangements

All employers in NHS Wales are required to ensure they have effective systems and arrangements in place to discharge their AfC responsibilities. They are accountable for ensuring compliance with AfC policy and the NHS Wales Job Evaluation Scheme Handbook.

Specific actions include –

- Working in partnership at a local level with an appointed Management and Staff Side Job Evaluation Lead (see annex 1). Organisations should provide facilities time to staff side leads to enable them to participate in JE lead work. This does not include sitting on panels which should be treated in the same way as management JE panel members.
- Provide suitably funded job evaluation support who can provide guidance and administration of the job evaluation processes.
- Have trained job evaluation trainers to provide training in the various job evaluation packages (see annex 2).
- Have an appropriate number of both management and staff side trained JE practitioners in matching, analysis, evaluation and consistency checking.
 - Management practitioners can be anyone who is not representing a union.
 - Staff practitioners do not need to be, accredited trade union representatives, but they should be employed by their local organisation and be nominated by and accountable to their local trade union branch and/or staff side. When sitting on panels staff side practitioners should not use facilities time but be released from their substantive role in the same way a management practitioner is.
- Ensure appropriate records and information is kept on CAJE (Computer Aided Job Evaluation System) to be able to provide
 - Local and NHS Wales monitoring and consistency checking of activity.
 - Robust notes on decisions and audit trails that would stand up in legal proceedings.

6. Job Descriptions

6.1. NHS Wales Approved National Job Descriptions

NHS Wales Job Descriptions are intended to ensure consistency in role descriptions for key roles across NHS Wales organisations. The aim of this is to facilitate movement and progression, together with ensuring equal pay for equal value within and across organisations. As these form part of National terms and Conditions, where an NHS Wales approved job description is in place, organisations must use this Job Description for relevant roles. These Job Descriptions will be subject to review on a minimum 3-year cycle to ensure they are up to date. These are available through the Wales Job Evaluation web pages <https://www.nhsconfed.org/wales/nhs-wales-employers/job-evaluation> and will be added to as NHS Wales job descriptions are developed.

6.2. Job Descriptions

An NHS Wales Job Description Template has been developed to -

- address attraction and recruitment challenges arising from overly lengthy job descriptions that didn't really identify what the job was about
- Aid in sharing approved job descriptions across Wales
- Increase the creation of NHS Wales Job descriptions

Where an NHS Wales approved Job Description is not available, the Job Description template must be used for all new job descriptions and/or when a job description is used for recruitment purposes. All AfC staff must have an up to date and agreed job description that describes the role, and the tasks required of them to carry out their job. It should not be about the individual person in the role. It is the means by which our employees understand what has to be achieved and can be used to determine criteria by which their performance

will be assessed. There is guidance on writing job descriptions in the Introduction to Job Evaluation and Writing Job Descriptions guide.

6.3. Organisation Job Descriptions

Where NHS Wales Approved Job Descriptions are not suitable for particular roles, organisations may have their own library of generic job descriptions which can be used. Again, these should be on the NHS Wales Job Description Template and should be subject to a three-year review to ensure they are still fit for purpose.

6.4. Individual Job Descriptions

It is important to remember that where there is no suitable NHS Wales or organisation job description then job descriptions for individual roles should be developed, remembering that this is for the role and not the person in the role.

6.5. Reviewing Job Descriptions to ensure they are up to date

All staff must have the duties that they undertake reviewed against their job description on an annual basis as a minimum to ensure they reflect the role to be carried out. Organisations must develop their own local process to undertake this, ensuring it is part of the PADR process and where a job description is more than 3 years old it must be reviewed in full.

Organisations must ensure that members of staff are undertaking the role detailed in their job description. Where this is not the case then organisations must –

- Allocate an appropriately banded job description for the role being undertaken which may involve a re-banding of pay
- Review the wider role in the department which may involve ensuring that the member of staff works to their current job description

It is also important to review the job description when roles are redesigned, changed as a consequence of service redesign, or a vacancy occurs. Organisations must check whether there is an appropriate NHS Wales approved or local job description to fit the role before developing a new job description.

Depending on the level of change to role the following options would be available –

- Identify if there is an NHS Wales Job Description that better matches the role required and the duties being undertaken
- Agree no changes to the job description - no further action
- Agree changes to the job description. The job evaluation team must be consulted to assess the job description in partnership. The outcome will be -
 - Advice that the changes have no effect on the current pay band.
 - Advice that a re-evaluation of pay band is required.

Organisations should have clear processes on how changes to roles will be identified and verified. Any changes must go through the job evaluation process to ensure robust and auditable outcomes

Where job descriptions cannot be agreed there must be an attempt to reach agreement using an early resolution approach. If an agreement cannot be reached and there is no resolution, then employees can choose to use the Wales Respect and Resolution policy.

6.6. Re-evaluation of Changed Jobs (Re-evaluation of Pay Band)

Where it is agreed that the demands of the post have changed significantly, a re-evaluation of the post needs to be carried out which should assess the whole job.

The result could be being allocated a NHS Wales Job Description or when none exists by submitting a new agreed job description which details the skills and responsibilities applicable to the post.

If the banding outcome changes as a result of re-evaluation, that change should be backdated to when the postholder and manager agree that the job had changed. This could vary depending on how long the member of staff has been carrying out the duties or the time it has taken to develop and match the new job description. This date should be agreed before the re-evaluation takes place.

Disputes about back-dating should be resolved through local procedures.

7. Job Evaluation Process

In order to assign an appropriate pay band to a job description it must go through the job evaluation process. The full process for both job matching, job evaluation and consistency checking is available in the NHS Job Evaluation Scheme Handbook. Procedures should be consistent across Wales for ease of monitoring (see annex 3).

8. New and Updated National Job Profiles

From time-to-time new national job profiles are developed or current ones updated via requests from employers and trade unions. Employers will want to prepare for this in advance by ensuring that job descriptions are up to date, and staff are undertaking the duties against the job description. Organisations will need to ensure they have sufficient job evaluation capacity to handle an increase in activity when this occurs.

9. Further Advice

The full process for both job matching, job evaluation and consistency checking is available in the NHS Job Evaluation Scheme Handbook.

Further advice can be sought from your local Job Evaluation Leads the NHS Wales Job Evaluation Lead and if required this can be escalated up to the UK Job Evaluation Group (JEG).

Annex 1

Outline for Organisation Job Evaluation Scheme Leads

The benefit to the organisation of appointing JE Leads is to ensure the organisation is applying the Job Evaluation Scheme in line with that nationally agreed, which will ensure roles are appropriately banded and the graded scheme is consistently applied.

The role of the Job Evaluation Leads (JE Leads) is to support the organisation to maintain specialist detailed knowledge of the NHS Job Evaluation Scheme and processes. They will be experienced JE practitioners, with one representing management and one representing, and appointed by, a recognised trade unions/staff side in the organisation.

Partnership working is an essential requisite of the JE Scheme, and it is essential that the organisation has a partnership pair of job evaluation leads, together they share the responsibility and ownership of the JE processes and how they operate within the organisation, supports the transparency and integrity of the process.

Working in Partnership the JE Leads have a joint responsibility to

- Ensure that nationally agreed good practice guidelines contained in the NHS Job Evaluation Handbook and supplementary guidance sent out by the NHS Staff Council are integrated into the organisation's job evaluation policies and practices.
- Keep up to date on NHS Job Evaluation developments and share recommended practice locally, keeping Job Evaluation practices up to date and relevant to the organisation.
- Work with management and staff side to ensure that Job Evaluation Policies and Procedures are monitored and reviewed in partnership.
- Provide advice and guidance to employees, managers, and accredited staff representatives about good practice in job evaluation process, on all aspects of the scheme and the interpretation of the organisations JE policies. For example, the evaluation of new and changed jobs.
- To ensure that there are adequate numbers of trained job matchers and evaluators to meet the demands of the organisation including keeping an up-to-date register of trained matchers and evaluators.
- Alert the organisation to any failures in process or operation of the JE process which may expose the organisation to equal pay challenges.
- Keep an overview on the management and storage of documentation involved in job evaluation so that a clear audit trail is maintained in the recording of panel decisions and JE processes.
- Have an awareness of the national Job Evaluation Group (JEG) and provide a link to the national group in terms of seeking their technical advice and guidance where required.

Technical competence

- Trained in all aspects of the NHS Job Evaluation Scheme including Job Matching, Job Evaluation and Job Analyst and Consistency checking
- Be the technical experts and advise the organisation on the application of the Scheme

- Understanding of equal pay legislation
- Ability to implement and ongoing maintenance of the JES within organisation
- Working knowledge of CAJE or other similar electronic system for storage and audit of outcomes.
- Keep their own technical knowledge up to date by undertaking refresher training as required and accessing NHS Employers websites for up-dates on profiles etc.

Behavioural competence

- A commitment to working in partnership and ensuring this is embedded within the organisation's JE Scheme processes
- A commitment and ability to challenge poor practice in order to ensure the credibility and governance of the scheme is maintained.
- Resilience
- Ability to influence others
- Ability to mediate and build consensus when opinions differ
- Ability to work as part of a Team, build local capacity for panels and ensure succession planning
- Ability to maintain confidentiality and to convey the importance of this to those involved in the scheme.

Skills

- High level attention to detail
- Ability to analyse a large amount of information and draw conclusions from the data.

Support for JE Leads

It is important that JE Leads are given the necessary support and resources to enable them to undertake their roles effectively. This may include, but is not limited to, access to computer systems, administration support, finance to support the individual practitioners training and panel members training.

Annex 2

Job Evaluation Training

Organisations need to ensure that staff are trained in the matching, analysis, evaluation and consistency checking processes of the NHS JE Scheme for continuity

Every job evaluation practitioner is required be up to date on current practices, before they take part in local panels/processes.

It is essential that organisations keep a register of names of practitioners and trainers.

JEG has developed a number of courses that cover the full scope of the NHS Job Evaluation Scheme. All courses should be completed in order, as the second, third and fourth courses require attendees to have a level of experience in NHS job evaluation. This training is endorsed by the NHS Staff Council.

In Wales, we have our own trained trainers delivering the JEG courses at a local and national level. There are no costs to organisation other than the release of time for the trainers and the provision of training materials. Each organisation should have its own JE trainers in partnership who will provide training in their own organisation and also assist in training across Wales where needed. By using shared trainers across Wales, it enables training to be provided free of charge.

The following JEG accredited courses are available and can be delivered face-to-face and virtually.

Stage 1 - Job Matching Course (2 days)

A course for new and inexperienced members of staff in job evaluation.

Job matching is the main method of undertaking job evaluation (JE) within the NHS.

All practitioners that sit on matching panels should be trained to ensure they understand the scheme and the methodology it uses. As all JE work should be completed in partnership, we try to run this course with equal numbers of management and staff-side representation.

Stage 2 - Consistency Checking Course (1 day)

This is a course for those who have already completed the job matching course, with a good understanding of job evaluation and a desire to undertake consistency checking in their organisation.

All job evaluation outcomes must go through consistency checking. This work is often undertaken by the two job evaluation leads, or alternatively, an experienced partnership pair who are up to date in JE practices.

Stage 3: Job analysis and Job evaluation (2 days)

This course is designed for experienced job matchers who will have some understanding of how to assign values across the 16 factors.

On the rare occasion that a role is so specialised and unique that it cannot be matched to a national job profile, it must be fully evaluated. This requires analysis and evaluation by trained practitioners of the job analysis questionnaire that is agreed by the post holder and/or line manager. Most roles match to profiles, so an organisation would not need to train all practitioners in analysis and evaluation, but a select few, experienced practitioners.

Stage 4: Refresher training (1 day)

This is a condensed course to be completed by job evaluation practitioners who may need a refresher to remain up to date with job evaluation practices.

WALES JOB EVALUATION UNIT COURSES

CAJE Administrators Course (1/2 Day)

This course is for those who are responsible for the administration of the Computer Aided Job Evaluation (CAJE) system. All new administrators must attend this course to ensure consistency and good practice across Wales. Having a standard approach to using the system enables organisations to undertake local consistency checks and have a good auditable trail for all job evaluation outcomes.

Train the Trainer (1 day)

This course is for experienced JE practitioners to provide JE training in their own organisation and across Wales.

Delegates must have completed the full 2-day job matching training and be experienced in panel work. To deliver the job analysis job evaluation training they must have also completed this course themselves.

Delegates can be either management or staff side job matching practitioners and should be confident in delivering training to an audience and have an engaging interactive aptitude to support all learning types

Annex 3

Job Evaluation Process

In order to assign an appropriate pay band to a job description it must go through the job evaluation process.

This should be carried out using the Computer Aided Job Evaluation (CAJE) web-based system. Members of the job evaluation team must be trained to use the system to ensure consistency across Wales and have their own login details. Job descriptions should be numbered with the agreed Wales code which enables organisations and Wales monitoring to easily identify roles. All new job descriptions and re-evaluation of pay bands should be entered onto CAJE as a new job with a new job match reference code e.g. 2024/0012

The following has been taken from the NHS Job Evaluation Scheme where you can find the full processes.

Job Matching

Job matching is an analytical way of evaluating as many different jobs as possible to nationally evaluated profiles in the most efficient and consistent manner possible. Job matching avoids the need for many local evaluations

- Job matching is carried out by a panel of between three and five representatives comprising both management and staff side, who must have been trained as job matchers in the NHS Job Evaluation Scheme. The majority of roles are expected to match to a national profile.
- Once matched it must be checked for both quality and consistency by two trained JE practitioners in partnership.
- The outcome, including a copy of the matched job report, should be sent to the relevant manager following the local processes and procedures in place. Where there is a job holder in the role the outcome must also be notified to the member(s) of staff, including a copy of the matched job report, details of the proposed pay banding and what to do in case of disagreement.

Job Evaluation

Local evaluation is much more detailed and thorough than job matching, so it is important to be sure that a local evaluation is necessary before starting the process.

A job will need to be evaluated, where an attempt has been made to match them to one or more national profiles, but this has not proved possible, for example unusual and/or very specialist clinical and non-clinical NHS roles or jobs going through role re-design.

- As part of the full job evaluation process the member of staff (where there is one) and manager complete a job analysis questionnaire (JAQ) which is analysed by two representatives comprising both management and staff side, who must have been trained as job analysts in the NHS Job Evaluation Scheme.

- Once the JAQ has been agreed the job evaluation is carried out by a panel of between three and five representatives comprising both management and staff side, who must have been trained as job evaluators in the NHS Job Evaluation.
- Once evaluated it must be checked for both quality and consistency by two trained JE practitioners in partnership.
- The outcome, including a copy of the evaluation job report, should be sent to the relevant manager following the local processes and procedures in place. Where there is a job holder in the role the outcome must also be notified to the member of staff, including a copy of the evaluation job report, details of the proposed pay banding and what to do in case of disagreement.

Review Process

In the event that groups of staff or individuals are dissatisfied with the result of matching or evaluating they may request a review which must be submitted within three months of notification of the original panel's decision.

All reviews must be entered onto CAJE using the original job match reference code and adding an 'R' to the end of the job match reference to indicate it is a review e.g. 2024/0012R

- In order to trigger a review, the jobholder(s) must provide details in writing of where they disagree with the match or evaluation and evidence to support their case. It is good practice for organisations to have a review evidence form listing the factors for the jobholder(s) to complete. Jobholders only need to provide information on the factors where they disagree.
- The review must be carried out in partnership by a panel of between three and five representatives comprising both management and staff side, the majority of whom should be different from the original panel.
- A review panel will –
 - Confirm the same match / evaluation outcome.
 - Confirm a match to a different profile or make a different evaluation. The band can go up or down.
 - Possibility of referring the job for full evaluation (JAQ).

Once the full job evaluation process has been completed the job holder has no right of appeal beyond the review panel if their complaint is about the banding outcome. However, in the event that the jobholder can demonstrate that the process was misapplied they may use the All-Wales Respect and Resolution policy. Where this is upheld, a possible remedy may be to use a new panel or escalate to the Wales Job Evaluation Lead who can arrange for a new panel outside of the organisation.

NHS Wales Approved/ Shared Job Descriptions

NHS Wales Approved Job Descriptions do not need to and should not be taken through organisational job evaluation processes.

However, there are occasions where organisations may want to use a job description that hasn't been through their own job evaluation process. For example: There is a job description available that has been through the evaluation process in another NHS Wales organisation and has been agreed for sharing at All-Wales level.

Jobs that have been approved for wider sharing must be uploaded to your own CAJE account and advice has been produced by the NHS Job Evaluation Group (JEG) to support employers when using a job description that has been developed and banded by another organisation. In all these situations the employer must ensure that:

- They are satisfied and can prove that the job matches to a national profile or evaluates at the stated band **AND**
- The outcome is consistent with other jobs within that employer **AND**
- They have an audit trail demonstrating that the pay band can be justified.

Wales has an agreed process for sharing of job descriptions which have been banded by other NHS organisations in Wales (see annex 4). It is important to remember that when adding a Wales or Shared job description to your CAJE account you use the same job match reference to allow for the monitoring of use.

Updating Job Descriptions

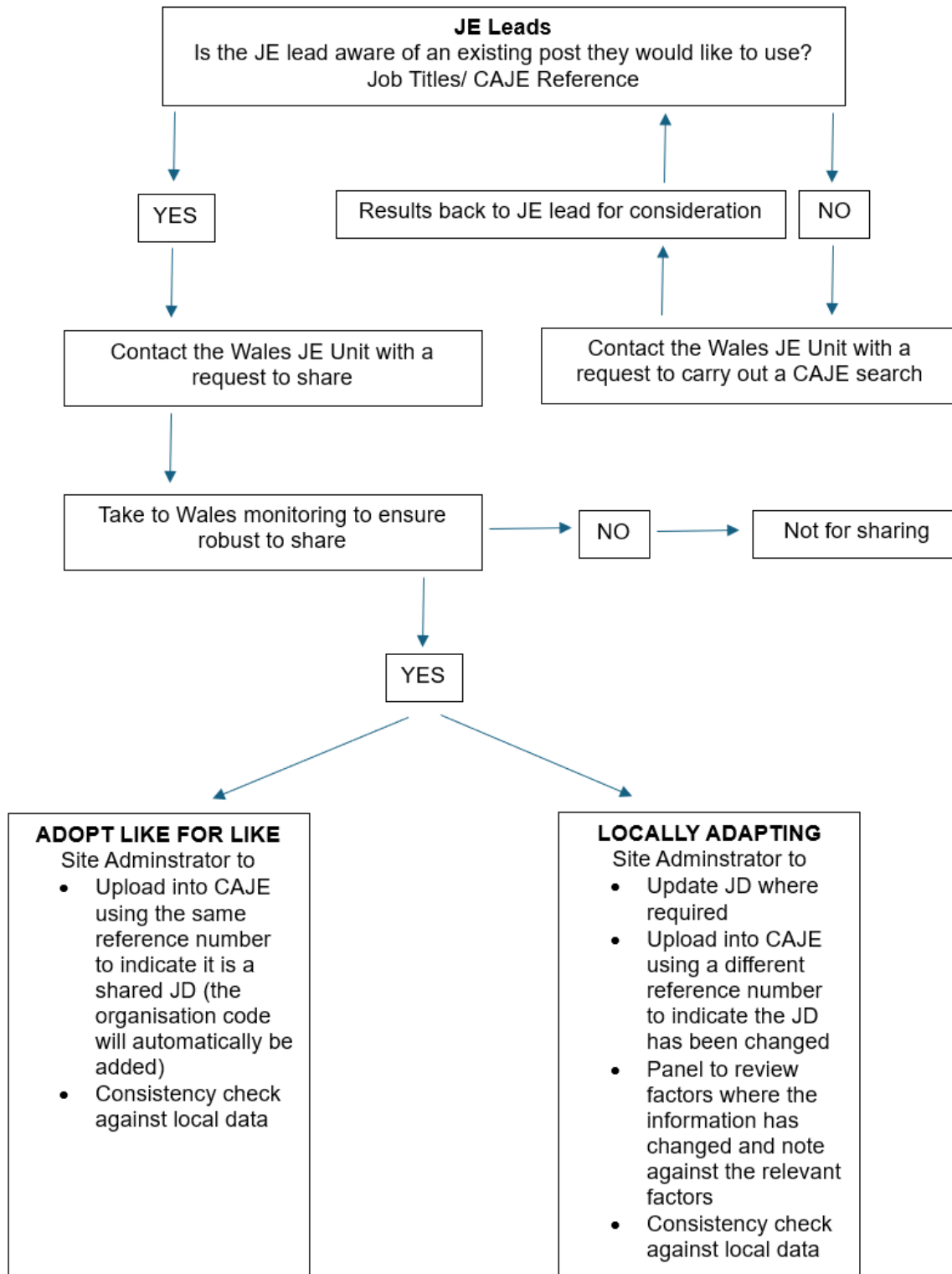
A substantial amount of job evaluation work involves updating/amending job descriptions that have already been matched/evaluated or using a pre-banded job description to develop a new one i.e. basing the job description on one that already has a band outcome.

These must be assessed by the job evaluation team in partnership to see if the changes impact upon the pay band.

The process for dealing with these types of updated/amended jobs can be found in Annex 5.

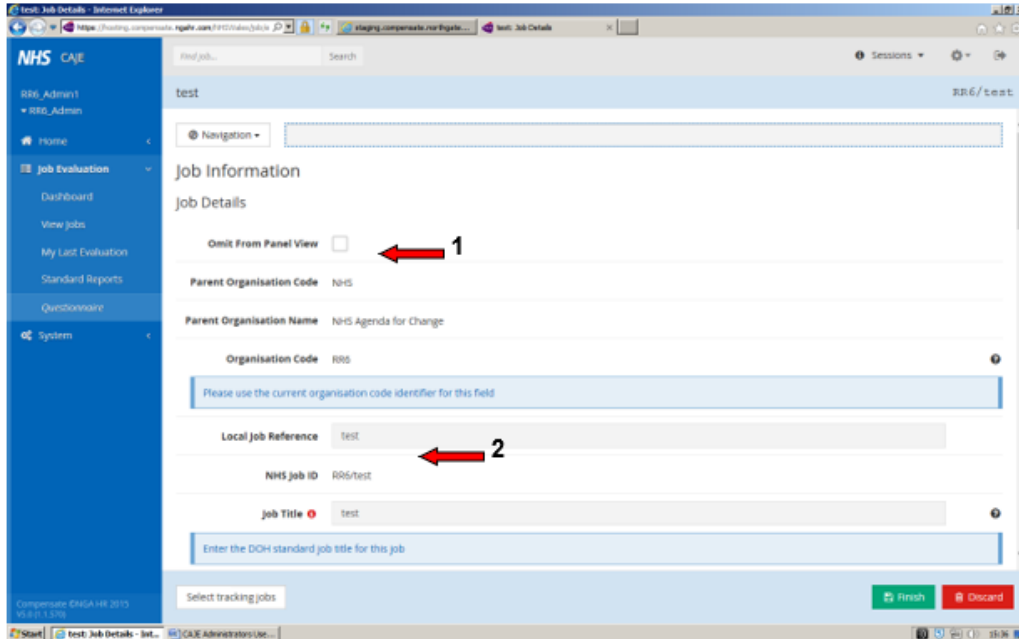
Annex 4

Wales Process for Sharing of Job Descriptions

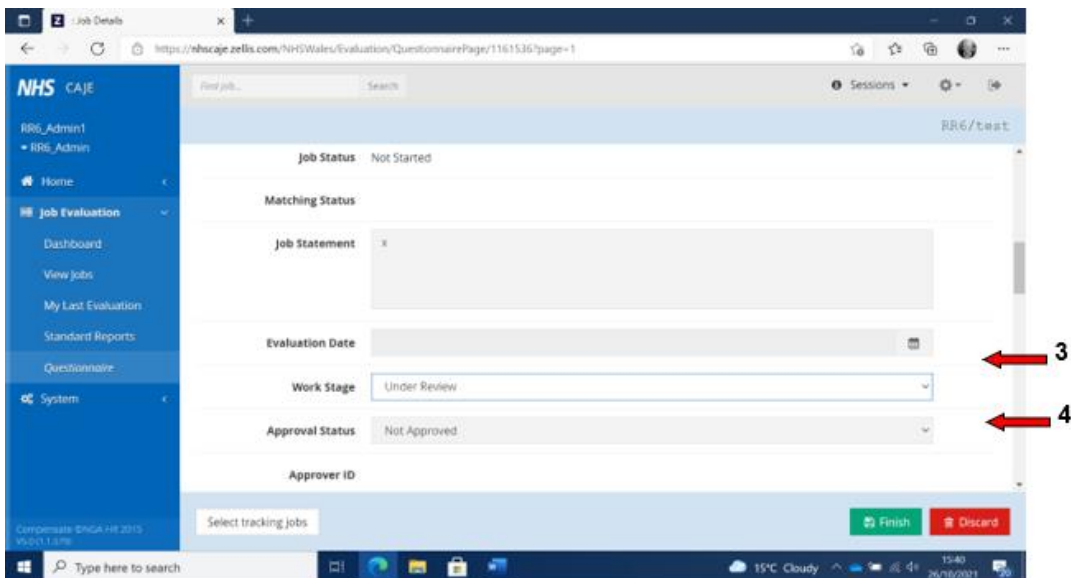


Adopting the JD Like for Like

In CAJE add a New Evaluation and complete the Job Details page as you would usually when adding a job but remembering the following:

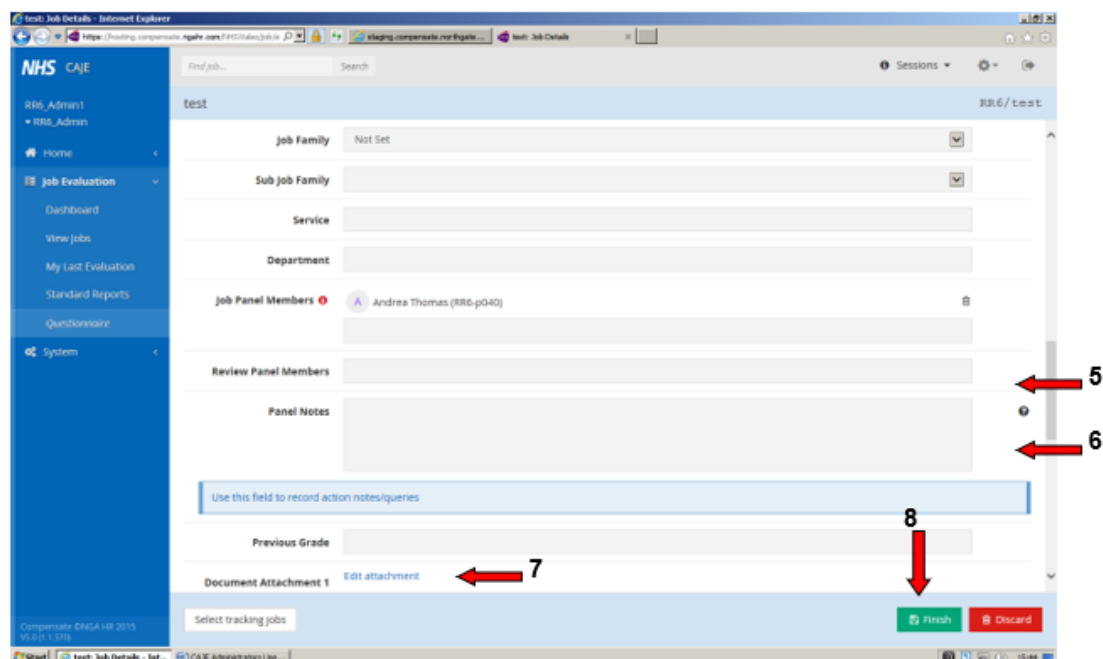


- 1 Click in the 'Omit from Panel View' box.
- 2 Add in the same CAJE reference - Please use the same reference code when adding to CAJE. This helps identify it as a shared JD. (Your Org Code will automatically be added by CAJE)

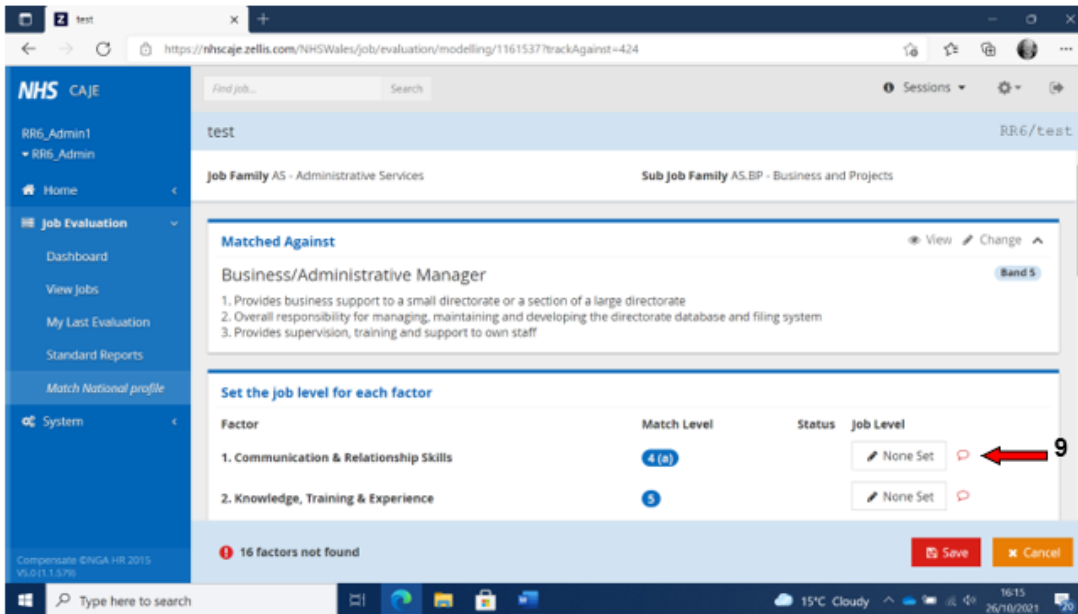


- 3 The evaluation date should be the date job description was approved for sharing

4 Change both 'Work Stage' and 'Approval Status' to 'Approved'



- 5 Job Panel Members should be the person entering the job onto the system
- 6 Add a panel note for audit trail e.g., 'Matched by ABMUHB code RVC/2017/0093 and approved at Wales Monitoring for wider sharing' or 'Wales job description CYM/Wales/2024/0003'
- 7 Upload your JD
- 8 Finish and proceed to Profile Matching
- 9 Chose the same profile that was originally used and copy ALL the information and scores from the Job Match report into CAJE as if you were carrying out a job match and save. This is ready for partnership consistency checking against organisation data before release



Locally Adapting the JD

Follow the steps above, however as this will be looked at by a panel you will need to –

- 1 Give the JD your own CAJE reference code because you are changing the JD
- 2 Enter the panel members details
- 3 Make a note in the panel notes that the JD has been adapted e.g., 'Matched by ABMUHB code RVC/2017/0093 and adapted for local use'
- 4 The panel should review the information that has been changed or updated, all other scores should remain the same
- 5 Once completed and save you should follow through your usual local consistency checking and approval steps.

Annex 5

Wales Process for Updated/Amended Job Descriptions

In order to know how many jobs of this type are being processed and to ensure an audit trail the following process should be followed using CAJE.

This process should only be followed where updates and amendments are not significant enough to change the band. This assessment should be carried out in partnership by the job evaluation team.

All jobs that have been updated or amended should use the same job match reference code and add an 'A' to the end of the job match reference to indicate it is an amended job description e.g. 2024/0012A and a number relating to the number of times this original JD has been used.

Only original job descriptions should be used when updating but these can be used several times to create different jobs. Therefore, you may have

- 2024/0012A1
- 2024/0012A2
- 2024/0012A3.

They may or may not have the same job title. For example, Radiology Secretary 2024/0012 may become –

- Radiology Secretary 2024/0012A1
- Rheumatology Secretary 2024/0012A2
- Clinical Secretary Radiology Secretary 2024/0012A3

As an audit trail it is clear to see that job description 2024/0012 has been updated or amended but the changes were not significant enough for it to need matching.

You should not use Rheumatology Secretary 2024/0012A2 as a basis for updating or amending as this is not an original JD. You should refer the manager to Radiology Secretary 2024/0012.

The approval date on the job description should be the date it was checked.

Receive Updated/Amended Job Description

- In partnership check that the updated or amended job description does not affect the original band outcome
- Add job to CAJE by finding the original job match and using the 'Copy' function to create a new record
- You may need to update the profile in the original profile has been archived. You should make a note of this in the panel notes

CAJE Process part 1

- Click 'Omit from Panel View' as you would if you were approving a job
- Add the same job reference code adding a 'A' and the appropriate number
- Add job title
- Add the job statement of the new job
- Add today's evaluation date
- Change the 'Work Stage' and 'Approval Status' to Approved

CAJE Process part 2

- Add job panel names of partnership pair who checked the job
- In the panel notes add '-Based on XXXX/XXXX with no significant updates or amendments to change the band'
- You may also want to make a note of where a factor level would be impacted eg. new job would now be supervising, but this still doesn't change the overall band outcome
- Attach the new job description documents to the record

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Workforce & OD
Service Area	People Management

Title of Procedure, Project, Proposal, Policy being screened:	Job Evaluation Policy and Procedure
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

An All Wales Job Evaluation Policy and Procedure has been introduced to ensure that all NHS Wales organisations are consistent in their application of the national job evaluation scheme. In addition, the policy sets out the process for approval and application of NHS Wales Job Descriptions where they are available and the review of these job descriptions on a three yearly cycle.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Evidence considered includes knowledge of the policy and procedure and the feedback received regarding the impacts on staff groups. An EqlA has been undertaken on an All Wales basis and evidence from this has been included within this assessment.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to age.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to disability.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to gender reassignment.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to marriage/civil partnership.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the				

role. Therefore, it is not envisaged that there will be an impact due to pregnancy or maternity.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:
 This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to race/ethnicity.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:
 This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to religion or belief.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:
 This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to sex.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:
 This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to sexual orientation.

Armed Forces Community

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	X
<p>Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact due to being a member of the Armed Forces Community</p>					
<p>Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty</p>					
Positive Impact		Negative Impact		No Impact	X
<p>Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact with regards to the Health Board's Socio-Economic Duty.</p>					
<p>Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.</p>					
Positive Impact		Negative Impact		No Impact	X
<p>Justification of impact identified: This procedure is applicable to all staff employed under Agenda for Change terms and conditions of service. The process of Job Evaluation aims to promote equality and avoid bias as the process evaluates the role being undertaken and not the individual within the role. Therefore, it is not envisaged that there will be an impact on Welsh Language Standards</p>					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Rebecca Noyce
	Title	Assistant Head of Workforce
	Contact details	Rebecca.noyce@wales.nhs.uk
	Date	09/12/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	10/12/2024
	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer

Guidance has been provided by Diversity & Inclusion Team:	Contact details	Kylie.daniels@wales.nhs.uk
	Date	11/12/2024
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Date:-	Sep-24 Name of All Wales Policy	Last Issue Date
	Disciplinary	Mar-17
	Organisational Change	Mar-17
	Capability	Jun-18
	Managing Attendance at Work	Oct-18
	Menopause	Dec-18
	Respect and Resolution	Jul-24
	Employment Break Scheme	Jan-20
	Reserve Forces Training and Mobilisation	Mar-20
	Procedure for NHS Staff to Raise Concerns	Sep-23
	Pay Progression	Jan-20
	Special Leave	Dec-20
	Recruitment and Retention Payment Protocol	Dec-20
	Secondment	Jul-21
	Flexible Working	Jan-24
	Pregnancy Loss Support	Sep-24
	Upholding Professional Standards in Wales	Oct-15

At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a r

The core element of this approach is to move away from using a review date as a prompt for review. All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh NHS Wales Employers. This schedule will be issued on a quarterly basis as confirmation of policies remain

*Extant - legal term derived from Latin for still in existence/still live

Original Planned Review Date	Currently Under Review	Current Position
Mar-20	Yes	Remains Extant*
Mar-20	No	Remains Extant*
Jun-21	Yes	Remains Extant*
Dec-21	Yes	Remains Extant*
Dec-21	No	Remains Extant*
N/A	No	Remains Extant*
Jan-23	No	Remains Extant*
Apr-23	No	Remains Extant*
May-23	Yes	Remains Extant*
Oct-23	No	Remains Extant*
Jan-24	No	Remains Extant*
Apr-24	No	Remains Extant*
Jul-24	No	Remains Extant*
N/A	No	Extant*
N/A	No	Extant*
Oct-18	No	Remains Extant*

revised approach to the review of All Wales policies and procedures.

of an existing policy, to recognise key prompts for review and to provide an option for a transaction Partnership Forum.

ing extant to provide clarity and support organisations from a governance and assurance perspective

ial review where changes/updates to an existing policy are more administrative than material.

8 - FOR INFORMATION

- PODCC Workplan 2024/25

| For information

Attachments

[PODCC Work Programme 2024-25 v 4.doc](#)

**HYWEL DDA UNIVERSITY HEALTH BOARD – PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE
WORK PLAN
APRIL 2024 – MARCH 2025**

The following table sets out the Committee’s proposed work plan for 2024-25, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	11 April 2024	13 June 2024	20 Aug 2024	29 Oct 2024	16 Dec 2024	18 Feb 2025
GOVERNANCE AND RISK								
Apologies*	Chair	CSO	✓	✓	✓	✓	✓	✓
Declaration of Interests*	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	Chair	CSO	✓	✓	✓	✓	✓	✓
PODCC Terms of Reference	Chair	CSO						✓
PODCC Annual Report to Board	Chair	LG	✓					
Self-Assessment of Committee Effectiveness – Outcome report 2023	LG	KR	D	✓				
Self-Assessment of Committee Effectiveness – 6 month outcome report	LG	KR					✓	
Corporate Risks Assigned to PODCC	LG	RW	✓		✓		✓	
Operational Risks Assigned to PODCC	LG	RW		✓		✓		✓
Monitoring of Welsh Health Circulars (WHCs) (quarterly)	LG	RW		✓	✓	✓		✓
Monitoring of Ministerial Directions (if any) (quarterly)	LG	RW			✓			
Targeted Intervention Progress Report	LG	SA			✓	✓	✓	✓
PEOPLE								
Staff Story (video/presentation etc)	LG	various	✓	✓	✓	✓	✓	✓
Discovery Report & Action Plan (TI 47)	LG	CD						✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	11 April 2024	13 June 2024	20 Aug 2024	29 Oct 2024	16 Dec 2024	18 Feb 2025
Annual Carers Report	LG	AB		✓				
Workforce Efficiency (Agency costings)	LG	DO	✓		✓			✓
Employment Law	LG	HH					✓	
Employment Reduction: Deep Dive	LG	HH		✓		✓		✓
Employee Relations Report	LG	HH	D	✓ (+ IC)				
Community Nursing Annual Report/ Community Staffing Update	JP	TE/LL/SC	D	✓				
Speak Up Safely Working Group 6-monthly report to PODCC	LG	RB		✓				
Impact of Government Immigration Rule Changes on HDdUHB Staff	LG	HH	✓					
Partnership Forum Update	LG	HH		✓				
Trade Union Update	LG	AD			✓	✓	✓	✓
Staff Survey Results Update Report (TI 43 & 45)	LG				✓			
Implementation of the Non-Pay Deal	LG	AB			✓			
CULTURE								
Welsh Language Annual Report 2023/24	AHM	AHM/EW		✓				
Welsh Language and Culture Discovery Report	AHM	AHM/EW		✓				
Increase in stress amongst staff: Deep Dive	LG					D	D	✓
LGBTQ+ Action Plan and Stonewall Assessment Update	LG	AB		D	✓			
Culture Progression Report, including PADR update (TI 47)	LG	CD	✓					
Armed Forces Annual Update	LG	AB		✓				
PLANNING								
Delivery against Planning Objectives aligned to PODCC: General Updates	DW	DW	✓ closure	✓		✓		✓
Delivery against Planning Objectives aligned to PODCC: Deep Dives: PO1: Workforce stabilisation	LG	DO						

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	11 April 2024	13 June 2024	20 Aug 2024	29 Oct 2024	16 Dec 2024	18 Feb 2025
○ Workforce Plan (TI 44)	LG	TW					✓	✓
○ Recruitment Plan (TI44)	LG	HH				✓		
○ Retention Plan (TI 41 & 42)	LG	CD					✓	
○ Workforce Education and Development Plan (TI 41 & 42)	LG	AG			✓			
Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports (TI 48)	LG	AB			✓			
Tritech Business Plan and KPI Monitoring for Tritech Institute	MH	LP			✓			
PERFORMANCE								
Performance Assurance & Workforce Metrics: Integrated Performance Assurance Report (IPAR) (TI 48)	LG	MJ	✓	✓	✓	✓	✓	✓
Medical Workforce Performance Management and Training	LG	CH					✓	
HEIW Targeted Visit Report (requested by SPPEG to bring to PODCC)	LG	MH/HW			✓			
SUB-COMMITTEE UPDATES								
Sub-Committee Terms of Reference:								
• Research & Innovation Sub Committee	MH	LP	✓					
• Anti Racist Wales Implementation Group	LG	AB			✓		D	
• Strategic People Planning and Education Group	LG	AG	✓					
Sub-Committee Update Reports:								
• Research & Innovation Sub Committee	MH	LP		✓	✓	✓		✓
• Research & Innovation Sub Committee University Partnerships Update	MH	LP		✓				
• BAME Advisory Group Mid-Year Review (inc Bullying & Harassment update and Anti-racist Wales action plan)	LG	AB/SM				✓		
• Strategic People Planning and Education Group	LG	AG	✓		✓	✓		✓
Sub-Committee Annual Reports:								

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	11 April 2024	13 June 2024	20 Aug 2024	29 Oct 2024	16 Dec 2024	18 Feb 2025
• Research & Innovation Sub Committee	MH	LP	✓				✓	
• Strategic People Planning and Education Group	LG	AG				✓	✓	
• BAME Advisory Group	LG	AB	✓					
• Research and Development Framework Annual Update	MH	LP			✓			
• Research and Development Strategy Review	MH	LP						✓
FOR APPROVAL								
Corporate & Employment Policies	LG	HH	✓	✓	✓	✓	✓	✓
Contractual and Legislative Changes	LG	HH	✓					
Outcome of Advisory Appointments Committee	LG	MJ	✓	✓	✓	✓	✓	✓
FOR INFORMATION								
PODCC Workplan 2024/25*	LG	CSO	✓	✓	✓	✓	✓	✓

Initials:

D – Deferred AB – Anna Bird AD – Anthony Dean AG – Amanda Glanville AHM – Alwena Hughes-Moakes CD – Christine Davies CSO – Committee Services Officer	DO – Daniel Owen DW – Daniel Warm EW – Enfys Williams HH - Heather Hinkin HW – Helen Williams KR – Karen Richardson LL – Lyanne Lewis	LP – Leighton Phillips LG – Lisa Gostling MH – Mark Henwood MJ – Michelle James PK – Phil Kloer RB – Robert Blake RW – Rachel Williams	SC – Sarah Cameron SM – Steve Morgan TE – Tracey Evans TW – Tracy Walmsley
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9 - MATTERS AND RISKS FOR ESCALATION
TO BOARD

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

10

12:25, 5 Mins

10 - ANY OTHER BUSINESS

All

11 - DATE OF NEXT MEETING

Tuesday, 18 February 2025