

## Workforce Strategy - Workforce Stabilisation

### Deep Dive Planning Objectives: Education & Development Plan 2025/26

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Reporting period: 2025-2026

# Workforce Stabilisation: Education & Training Plan

The strategic focus of the Workforce Strategy 2020-2030 identified the outcome needed to embed in our plan for workforce stabilisation and the educational offer:

“Create a future ready, compassionate, digitally enabled workforce by developing people, leaders and teams; aligning education and career pathways to service need; and embedding a learning culture that improves quality, value and staff experience” (Workforce & Organisational Development (OD) Strategy 2020-2030)

Underpinned by principles, that have been held throughout iterations of the Annual Plan and Workforce Technical document as part of the Integrated Medium Term Planning process; acting as a golden thread for Workforce Stabilisation as a core theme and the development of the Education & Training Plan based on:

- Values & compassion led – behaviours and culture reflecting organisational values; leaders capable of difficult conversations with empathy.
- Collective leadership – leadership as a shared endeavour at individual, team and system levels.
- Learning health system – continuous quality improvement, reflective practice and system learning.

Planning Objective was to develop and implement an Education and Training Plan. The purpose of this document is to brief on the development of the plan and to demonstrate impact. The Education and Training Plan is presented as a set of 8 themes which also resonate with the HEIW Workforce Strategy & Implementation Plans. Each theme is presented with examples of work, case study or rather small “value vignettes” for illustration purposes and examples of how assurance process will continue to be strengthened.

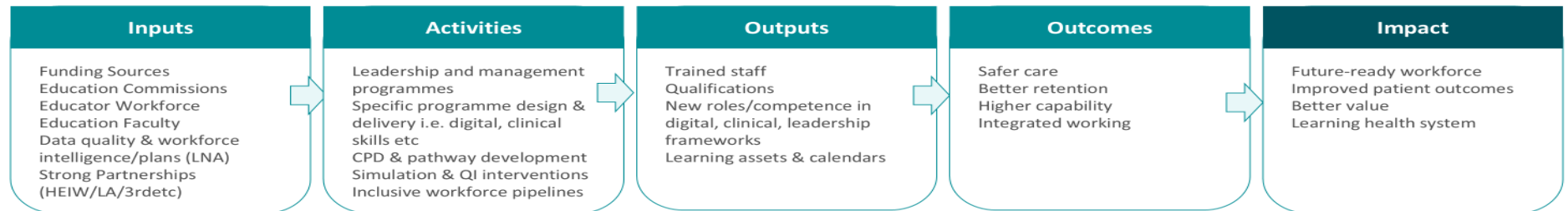
1. Leadership and Culture
2. Workforce Planning & Role Design
3. Attraction Recruitment and Retention
4. Education, CPD and Career Pathways
5. Simulation & Learning Health System
6. Equality, Diversity and Inclusion
7. Team Effectiveness and Wellbeing
8. Digital Workforce & Data

# What have been the key achievements so far?

In short, the Education and Training Plan has been an iterative process, partly given the complex nature of the healthcare and education system and the maturity of related Health Board wide processes. The Education and Training Plan has been a living process and revised throughout the year based on context and critical challenges.

Proposed trajectory: in terms of the strategic ambition to “Create a future ready, compassionate, digitally enabled workforce by developing people, leaders and teams; aligning education and career pathways to service need; and embedding a learning culture that improves quality, value and staff experience” (Workforce & OD Strategy 2020-2030); we would reflect that we continue to move positively towards this, noting the challenges.

Set out on the following slides a summary is provided for each of the 8 themes identified, to demonstrate impact and provide assurance of progress, setting out next steps and learning so far. To give an initial overview of approach a high level theory of change model is illustrated below followed by a critical summary of key achievements to date:



**Value**  
 Education investment is increasingly targeted to workforce plans, safety signals and service change.

## Key achievements

- Scaled leadership development (Hywel Dda Manager Programme; Foundations in Management)
- Stronger pipelines (apprenticeships, schools/colleges engagement, volunteering, Pathway 4)
- Improved education governance (collaborative working across teams and alignment to workforce planning; Continuous Professional Development (CPD) controls)
- Simulation embedded for safety, Quality, Improvement and integrated care (Essential of Simulation Educator capability; ongoing preparation for the Atriwm centre)
- International recruitment retention supported through pastoral and revalidation workshops
- Strengthened education commissioning approach (For completeness, an overview of analysis is provided in Appendix 2)

**Assurance**  
 Evidence of scale, governance and impact;  
 Key risks remain in clinical mandatory training capacity and data completeness.

# Theme 1: Leadership & Culture

## Highlights:

1. Hywel Dda Manager Programme: high demand and strong satisfaction
2. Management resources consolidated (Inform + manager hub)
3. Foundations in Management launching 2026

## Key capabilities & offers

- Leadership pathways (front-line to senior) including System Level Leadership Improvement Programme (SLLIP); Aspiring Medical Leaders; Senior Sister/Charge Nurse programmes.
- Coaching, mentoring and action learning network.
- Leadership discovery diagnostics (e.g., cultural stocktake) and targeted interventions.
- Talent management & succession integrated into appraisal.
- Skills for performance, capability, conduct and change conversations

## Value - Case study

*A new manager built confidence in difficult conversations and inclusive leadership; improved team expectations and consistency.*

## Strengthening assurance measures

Completion and satisfaction;  
 3-month 'application of learning';  
 care-group uptake/active monitoring

To progress:  
 Launch of Management Competency Framework i.e. behavioural indicators in appraisal

## Key details:

**The Hywel Dda Manager** is a 7-day development programme designed to empower supervisors, managers, and aspiring managers to become more effective, inclusive, resilient, and compassionate in their roles. This 7-day programme is available across all 3 counties. This programme has seen significant interest across the organisation with the following information:

- 459 applications to attend; 163 people have now graduated the programme; 65 still working through the programme; 121 due to start in the coming months.
- Overall Programme Rating: 4.85 / 5; Majority of participants: "Very satisfied" and rated sessions as "Extremely useful."

**Foundations in Management workshop.** A pilot was launch in October 2025 to gain user feedback with the course being launch in February 2026 with 5 sessions planned for 2026. This 2-day workshop is designed to equip new managers with the essential tools, insights, and confidence to thrive in their roles.

**Management Resources;** a range of resources designed to be accessed as and when required. These resources include workshops, webinars, pre-recorded content and guidelines, all carefully curated by our subject matter experts here at Hywel Dda. This is known as Inform and to date has had over 7500 page views. Further management resources have been brought together in one central intranet page to better support new and aspiring managers. To date, this site has had over 9700 views and includes manager/external offerings such as: Accredited ILM qualifications provided by local colleges. In 2025, 42 managers gained an accredited qualification with 27 managers starting their journey and 47 remaining on programme.

**Further work:** Launch of the new leadership & competency framework currently due to be piloted by Powys Health Board. A review of programmes and processes will be required.

# Theme 2: Workforce Planning & Role Design

## Highlights

1. Workforce planning integrated into service planning with education commissioning aligned.
2. CEGG (Clinical education governance group) supports safe role development
3. Learning needs analysis informs integrated care roles

## Key capabilities & offers

- Workforce plans embedded in service business planning with education commissioning aligned.
- Workforce analytics (scenario modelling; workforce demand/supply forecasting) to inform assumption & pipeline building considerations
  - i.e. Grow Your Own
- CEGG approach to new, extended and expanded roles

## Key details:

In February 2025 Clinical Education implemented the Band 2–4 Support Worker Development Programme (SWDP). Extensive collaborative work, including a Training Needs Analysis (TNA), was undertaken with Local Authority partners to ensure programme content aligned with identified service risks and organisational needs. In order to ensure more effective and efficient use of education and commissioning budgets, strategic reviews of departmental educational needs were implemented with workforce planning colleagues. A recent example of this collaborative approach was demonstrated during discussions with the Estates and Facilities team regarding educational expenditure, where joint working helped to align investment in education with workforce priorities and longer-term planning requirements.

**Further work:** While this represents positive progress, further work is required to ensure that organisational procurement of training and education is consistently informed by robust workforce and learning data. This includes improving the alignment between workforce plans, training needs analysis, and commissioning activity, to support more strategic, evidence-based decision-making and maximise the value of investment in learning and development across the organisation.

## Case Study Value

Home First + Delta Wellbeing = standardised competence (observations, SBAR) using simulation across organisations.

## Strengthening assurance measures

Numbers trained vs eligible; competence/competency sign-off; partner feedback;

To progress:  
Holistic metrics & dashboard e.g. demonstrate system benefits i.e. admission avoidance/flow indicators

# Theme 3: Attraction, Recruitment & Retention

## Highlights:

1. Apprenticeship Academy: 139 apprentices; 81% retention in 2025
2. Inclusive routes: Pathway 4; values-based selection
3. Internationally Educated Nurse retention supported via pastoral model

## Key capabilities & offers

- Values based recruitment, improved candidate experience with Shared Services, talent pools for near miss candidates.
- Enhanced induction; early leaver analytics and interventions; flexible working; benefits; redeployment pathways.
- Grow Your Own, Apprenticeship Academy, return to practice, and alternative talent pools
- Welsh language development; Disability Confident Level 2.

## Key details:

Enhanced Induction: working with key stakeholders to design & develop a new induction management system. This enhanced system will enable the team to track KPI's across the onboarding journey. This will allow the team to identify any bottlenecks in the corporate induction journey that is delaying onboarding of staff into roles. Further work has been undertaken to review, redesign and simplify the corporate induction communications sent to all employees through their onboarding journey.

International recruitment support: maintaining pastoral support over an extended period has ensured IEN's feel valued, supported and their wellbeing has been prioritised resulting in a very high retention rate of 95.94% to date. Revalidation workshops were created to support through the first NMC revalidation cycle since arriving in Hywel Dda (296 nurses including 10 GYO nurses that sat OSCE). A similar approach was taken to support international medics recruited via the project (7 to date)

Strengthened Annex 21 application and governance processes to improve consistency and oversight. This work has focused on ensuring applications are appropriate, with learning plans and intended outcomes aligned to the requirements of the role and the needs of the service

Apprentice Academy: our current staff community includes 139 apprentices. Apprenticeship routes include Health Care (est. 2019), Digital (est.2021), Corporate Governance (est 2021) Patient Experience (est. 2021), Electrical and Mechanical Engineering (est.2021) and Finance (est. 2023). Retention rates: 2025 data - 81% retention rate for all apprentices across all routes.

Return to Practice -9 Return To Practice requests were facilitated in the following areas, Art Psychotherapy, Podiatry, Pathology, Blood sciences, Speak and Language, Occupational Therapy, Mental Health Pharmacy and Orthopaedic technician

Work experience: A total of 409 placements were facilitated during the reporting period (171 generic work experience/136 clinical elective/69 *Becoming a Doctor* placements/7 virtual work experience sessions/26 applicants participated in work experience workshops)

## Case study

Pathway 4 placement built confidence and employability for a learner with Additional Learning Needs with potential for progression into volunteering/employment.

## Assurance measures

Conversion rates; 6/12-month retention; candidate experience; EDI monitoring.

# Theme 4: Education, CPD & Career Pathways

## Highlights:

- Workforce Planning reviews embedded in higher awards process
- CPD governance strengthened (professional sign-off + finance oversight)
- Band 2–4 Support Worker Development Programme scaled

## Key capability & offer:

- Central education commissioning aligned to workforce plans.
- Simulation and modern training facilities; virtual Learning Resource Centre
- Clinical Education and Community based learning facilitated
- Structured links with **schools/colleges** and volunteering pathways into employment..

## Key details:

Throughout 2025, the Support Worker Development Programme delivered a programme of 11 subjects, each repeated across the year. These included: Infection Prevention and Control, Footcare, Diabetes, Chaperone Training, Portfolio Development, Oral Health, Falls and Frailty, Community Health Pathways, Epilepsy, Physiological Observations, and End of Life Care. All sessions were designed and facilitated by subject matter experts and Clinical Education Tutors. A total of 158 Healthcare Support Workers (HCSWs) attended SWDP sessions, representing Nursing and Midwifery, Admin and Clerical, Allied Health, Mental Health, Phlebotomy, and Primary Care. Attendance was: 35% Band 2, 49% Band 3, 10% Band 4, and 7% from Primary Care (other roles).

Volunteering : 144 volunteers recruited in 2025; 60/144 volunteers were still in education or training; the range of volunteering roles available is expanding by working closely with TU representatives and the Governance Group to assess interest and operational feasibility. This collaboration has enabled a diverse group of volunteers to contribute meaningful support across our sites, resulting in over 12,512 volunteer hours recorded in 2025. Further detail in Appendix 1

Worked with Health Education and Improvement Wales (HEIW) on an all-Wales redesign of clinical induction units, reflecting the updated Band 2 and Band 3 job descriptions. In October, Hywel Dda’s HCSW Clinical Induction programme was updated accordingly, incorporating learner feedback to ensure relevance and practicality. The redesigned induction is now more streamlined and skills-focused, consisting of 4 days for Band 2 staff and 5 days for Band 3 staff. Simulation has been embedded in the programme to provide a structured and supportive environment for practising clinical skills and building learner confidence. Clinical Education has also provided bespoke refresher or competency maintenance training.

Agored Cymru Development: As an Agored centre we currently support a range of provision and learners; for the overview please see Appendix 1

Facilitated Continuing Professional Development (CPD) opportunities, ensuring learning activity is aligned to professional requirements, service delivery needs, and organisational priorities and “Group Study Leave” has supported coordinated learning activity and promoted value for money through shared provision. Please see Appendix 1

## Case study – Value of Spend 2025/26

HEIW Advanced and Enhanced Practice: 63 applications supported at a value of £171,685  
 HEIW MHLA Strategic Workforce plans funding: 340 applications supported at a value of £102,431  
 HEIW Band 2-4 Development Worker Funds £355,000 commitment to education provision, resources and staff time & Case Study in Appendix 3

## Assurance measures

Attendance by band/profession; pre/post confidence; competence sign-off; curriculum refresh cycle. Future ambition: integrated dashboard for career & pipeline management

# Theme 5: Simulation & Learning Health System

## Highlights:

- 100 educators trained in Essentials of Simulation; 600+ staff reached
- EQiIP deterioration programme with Resus team (pilot March 2026)
- Atriwm simulation centre enables scale across acute/community
- Joint LA Partnership for Atriwm (now planned for opening in 2027/28)

## Key capability & offer:

Simulation and modern training facilities ; virtual Learning Resource Centre  
 Alignment to Clinical Education provision – Acute & Community Simulation Rooms  
 Development of Interprofessional education portfolio  
 Simulation Faculty development

## Key details

Simulation developments are allowing teams to rehearse structured communication whilst working under pressure in real-time scenarios. The value of this approach is well documented leading to greater familiarity with clinical systems and processes; builds confidence in using documentation, IT systems and escalation pathways that mirror real clinical practice resulting in stronger team trust and resilience. In addition, the shared simulation experiences support reflective learning, psychological safety and resilience within interprofessional teams. Specific developments in place/planned: **Community simulation room:** the community simulation room will provide a highly realistic, adaptable home environment designed to support immersive learning across community and primary care teams. The community simulation room will provide a neutral learning environment where staff from HDdUHB community services, primary care teams, WAST, local authority and third-sector organisations can engage in interprofessional learning. **Control room and debriefing rooms:** The control room will enable faculty and subject matter experts to observe acute and community simulation scenarios in real time, adjust manikin responses and communicate with learners, supporting safe, realistic practice of patient assessment and clinical decision making.

We recognise simulated learning as an essential tool for developing knowledge, skills, behaviours, and attitudes in a safe and supportive learning environment; it enables staff to practice and reflect on realistic clinical scenarios without risk to patients, simulation supports improvements in patient safety, quality of care, teamwork, and system performance. We continue to roll-out the development & implementation plan based on the contract awarded to Swansea University for the simulation faculty development.

## Case study

Datix themes informed acute deterioration scenarios (please see further detail in Appendix 4) and OSCE assessment; supports safer escalation behaviours.

## Assurance measures

Pilot evaluation; OSCE results; incident trend review;  
 To progress: utilisation and faculty capability.



# Theme 6: Equity, Diversity & Inclusion

## Highlights:

- Welsh-medium learning strengthened (schools and apprenticeships)
- College partnerships support Welsh qualification delivery
- Inclusive recruitment and reasonable adjustments embedded
- Pathway 4 Placement opportunity with potential for future employment

## Key capabilities and offer:

Strengthen Welsh Language provision linked to critical services

Strengthen embedding principles of equity across all programmes

Focus on widening access to qualification and employment opportunities

## Key Details:

Pathway 4 programme supports students aged 16-25 with additional learning needs to gain access into the workforce. The programme supports students to gain skills and confidence through work experience.

To widen access and provide opportunities to those with additional support needs. Hywel Dda have supported the Pathway 4 programme supporting 19 students across three counties to gain work experience placements.

One Pathway 4 learner successfully gained employment within the health board post-work experience. Four Pathway 4 candidates went on to join our volunteering network.

We are critically reviewing our processes and procedures to ensure our approach is values led and based on sound practices that promote equity for all.

Our apprenticeship offer is being reviewed to ensure we strengthen pipelines into employment and create accessible opportunities. (A future paper will be drafted for SPPEG)

## Case study

Welsh-medium apprentice became an ambassador, promoting bilingual care and widening access.

## Assurance measures

Welsh-medium participation/completion; staff confidence; patient experience where language preference relevant.

# Theme 7: OD, Team Effectiveness & Wellbeing

## Highlights:

- Psychological wellbeing interventions for staff exposed to conflict
- De-escalation learning with simulation and structured debrief
- Making a Difference workshops delivered across counties

## Key capabilities & offers

Underpins our Wellbeing Strategy; visible listening (walkabouts, continuous feedback); recognition programmes. Underpins access to Occupational Health and Psychological Health & Wellbeing and how we can support through reflective practice and learning processes (Schwartz etc)

## Key details:

Apprenticeship Academy won the Chairs Award for their collaborative practice with Iechyd Dda to support young apprentices. Apprentices can gain support from Iechyd Da service up to the age of 25yrs. Volunteers can attend coffee and catch-up session on their volunteering site every other month to meet with fellow volunteers and catch up with their site Engagement Officer  
 Targeted interventions to support wellbeing:

- **Making a difference** is a 1-day workshop which covers making a difference to your customers, colleagues and yourselves focussing on healthier working relationships and the impact of incivility in the workplace. During 2025 over 250 staff have attended
- **Community based healthcare workers simulated learning** on difficult learning on end of life diagnosis. Partnership with Primary Care and Community Services Academy (Academy), established that many non-clinical, patient facing staff experience repeated exposure to conflict, verbal abuse and intimidating behaviour in their contact with service users. Learner feedback identified sessions and simulation scenarios were highly relevant to their working roles. They described feeling safe and protected enough to openly discuss how they feel and react to conflict. To date, three exploratory pilot recognition and de-escalation of conflict sessions have been delivered to a total of 24 HDdUHB staff working within general practice reception and dental health school teams. A further pilot programme will be delivered in early 2026 to HDdUHB staff working within the HDdUHB Communication Hub Contact team.

## Case study

Primary care reception staff reported improved confidence and emotional regulation after de-escalation simulation pilots.

## Assurance measures

Learner feedback; uptake; incident reporting; sickness trends; spread plan (e.g., Contact Hub).

# Theme 8: Digital Workforce & Data

## Highlights:

1. One Source of Truth for Training : 12-month training calendar system built
2. Audit planned to improve ESR learning capture
3. Digital literacy embedded through Essential Skills Wales in apprenticeships

## Potential capabilities & offers

ESR Learning Management System used to its full potential.

Manager/educator training on digital workforce tools

Workforce development analytics from operational to Board level

Training & development on digital and artificial intelligence tools

## Key points

Progress has been made with an improvement project known as One Source of Truth for Training, aimed at strengthening organisational oversight and planning of training provision. This project enables the organisation to publish confirmed training dates for key mandated training across a rolling 12-month period, supporting Ward Managers and service leads to plan more effectively and release staff for training in a timely and coordinated way.

The One Source of Truth Training approach provides Learning and Development with enhanced visibility of the full range of training being delivered in house and undertaken across the organisation. This increased transparency supports more effective monitoring, helps to reduce duplication, and enables better alignment between training activity, mandatory requirements, and workforce priorities.

While the core digital system underpinning One Source of Truth Training has now been developed and is ready for implementation, further work is planned during 2026 to ensure full organisational adoption. This will include a comprehensive audit of all training activity across the organisation to confirm that learning is consistently captured through ESR, providing a single, reliable dataset to support assurance, reporting, and future commissioning decisions.

## Case study Value

Single training calendar improves planning, reduces duplication and supports compliance oversight.

Integration of standard approach for educator workforce estimated as c200-400 individuals

## Assurance measures

Adoption; ESR completeness; reduction in duplication; compliance trends; manager feedback.

To Progress: AI skills/tools utilisation, Audits

# Assumptions and Immediate Risk/Mitigations

We work from a set of core assumptions, if these are compromised the plan is compromised and misalignment ensues; our energy and focus needs to be maintained on the following fundamental elements:

1. Services can release staff to learn i.e. protected time and/or flexible delivery
2. Training is consistently recorded (ESR capture) to enable assurance and planning.
3. Faculty capability and quality governance keep pace with scaling simulation.
4. Education commissioning decisions remain aligned to workforce plans
5. Faster adoption of best practice/learning and optimisation of digital technologies

The 2 critical risks identified and the mitigations are captured here; further work is ongoing related to Workforce Planning and Education Commissioning which will be contained within the Education & Training Plan for 2027/28 which is in development.

**Risk 1 Statutory & Mandatory training Mitigations: Identify top 5 high-risk competencies and clinical areas; protect release time and expand blended simulation delivery.**

Assessment: Statutory and Mandatory training continues to be a challenge across the organisation, with Hywel Dda having one of the highest mandatory training requirements in Wales. Between April and November, organisational compliance demonstrates differing trajectories across statutory and mandatory training categories, these include All Wales Core Skills framework, In contrast, additional clinical training compliance remains significantly lower and largely static, increasing marginally from 65.31% to 65.90%. This variation highlights the ongoing challenge of delivering specialist, role-specific clinical training within highly operational environments and represents a recognised area of risk requiring continued organisational focus.

**Risk 2 Data & Digital Capabilities Mitigations: Undertake an audit of ESR data in support of new workforce solution to assess accuracy/integrity of data; understand the digital capabilities of the solution for deployment of alternative learning methods; strengthen digital learning solutions and educator capability.**

Assessment: To provide assurance, integrity of data requires testing as do the process for a new workforce solution. This will be a requirement and by assessing risk & capability early we will understand any future limitations of the new workforce solution and contribute to effective future design. To ensure we can maximise the solutions we are proposing, we need to ensure we have built educator capability for the digital tools and solutions.

# So what? Now What?

## So What (value):

Workforce sustainability through developmental pipelines  
 Safer care via simulation/Quality Improvement practices  
 Improved value through CPD governance  
 Equity through inclusive routes and Welsh-medium learning.

## Board ask

Note progress and support mitigations related to:

- Statutory & Mandatory training capacity/compliance
- Need for effective ESR data capture & LMS capability
- Building educator workforce faculty capabilities
- Need to continue to assess equity in learning practices/processes

## Now what? Reflect on the following:

- 90 days: 1) confirm top clinical training risks; 2) Develop protected release plan; 3) Develop education & training plan for 2026/27 and scope 27/28 implications from Education & Commissioning Process; 4) Reflect on the draft Education Commissioning Plan submitted to HEIW by 31 March 2026 for implications – strategic & operational.
- 180 days: 1) Implement One Source of Training Truth & Publish Metrics Dashboard (see note below); 2) align to work for New Workforce Solution in relation to data accuracy audit for ESR data; 3) Assess the future LMS capability requirements against NWS; 4) Agree temporary Ystwyth operating model and future Atriwm operating model; 5) Agree faculty development pathway; 6) Develop plan for publishing annual learning health system impact report.

## Examples of metrics for Dashboard aligned to the 8 core themes of the Workforce Strategy Education and Training Plan (NB to be refreshed 2026/27)

- **Leadership & Culture:** % leaders meeting behavioural standards in appraisal; frequency of leadership/culture stocktakes; participation in leadership offers.
- **Attraction & Retention:** Time-to-hire; % offers accepted; 12-month retention; agency/locum spend; Welsh language & Disability Confident milestones.
- **Learning & Careers:** Stat/Man compliance/targeted interventions; CPD hours aligned to change; simulation utilisation; number of GYO/apprenticeship starts and conversions.
- **Team Effectiveness:** Team climate/psychological safety scores; attendance; OD interventions completed and sustained.
- **Digital Workforce & Data:** ESR LMS utilisation; quality/timeliness of workforce dashboards.
- **Wellbeing & Engagement:** Engagement index; OH/psych support uptake; bullying/harassment incidence; vaccination rates.
- **Innovation & Learning:** QI spread/scale metrics; time-to-adopt innovations; learning briefs; participation in QI & research activities.

# Appendix 1 Further information on projects

## Structured links with schools/colleges and volunteering pathways into employment:

- VPI Status - supporting schools with the new curriculum (CWRE), ensuring there is added value to Health Board staff carrying out sessions
- To support the Curriculum for Wales (CWRE) and improve the experience of school pupils, the simulation has been embedded into school/college offer using scenarios, providing greater opportunities and increasing realism. To date, the Simulation team have engaged with 600 pupils over 6 schools creating sessions to complement the CWRE and learning progress. Feedback highlighted that prior to engagement, only 35% of students had considered a career within HDdUHB, increasing 63%, with 100% of students enjoying the practical aspect.
- Armed Forces Covenant – Veterans Session - Supporting Veterans seek employment, volunteering and work experience opportunities within the Health Board
- Pembrokeshire and Gower colleges and Coleg Sir Gar Health and Social care students to support work experience and volunteering opportunities to fulfil their academic studies. Bespoke sessions are carried out with students prior to work experience or volunteering activities. Also, support the IT students L3 at Pembrokeshire college with work experience opportunities within the IT department. Health Care masterclasses carried out by internal Health Care professionals at Coleg Sir Gar, Pembrokeshire college and Coleg Ceredigion to support L3 health and social care students with further studies options/ applications.
- 69 students completed the 'Becoming a doctor 2025 programme', hosted by the Medical Education Team, which provided networking opportunities with medical students, clinical skills, simulation workshops and GP/Hospital placements
- Links with county wide County Volunteer Councils 's to promote HB volunteering opportunities. Volunteer targeted recruitment – every other month
- Volunteers since 2025 are now receiving health board training to support future employment – Making a Difference, IPC and Health and Safety
- Job Skills Wales + programmes – this is an extended work experience programme (up to 6 months) supporting young people aged 16-18 years. Students have been supported to gain experience in Hotel Facilities, Radiology and Ward areas

# Appendix 1 - Continued

## CPD and Study Leave Management

- Learning and Development has continued to support staff across the organisation to access a wide range of Continuing Professional Development (CPD) opportunities, ensuring learning activity is aligned to professional requirements, service delivery needs, and organisational priorities.
- Group Study Leave CPD has supported coordinated learning activity and promoted value for money through shared provision. During the reporting period, 12 Group Study Leave CPD applications were approved, supporting 115 staff members to participate in professional development activity. This represented a total investment of £34,662 and enabled 238.5 study days, equating to 1,789 learning hours.
- In addition to group-based activity, individual CPD has continued to form a significant component of organisational learning support. Excluding group training requests, 1,010 individual CPD applications were approved. This resulted in an investment of £196,819 and supported a total of 30,533 hours of professional learning across the workforce.
- CPD Higher Awards represent a substantial investment in developing advanced capability and leadership across the organisation. In 2025, 282 CPD Higher Award applications were approved, with a total associated cost of £661,164.55. This supported 5,446 study leave days, enabling staff to undertake higher-level qualifications that contribute to workforce sustainability, succession planning, and the development of specialist and advanced practice roles.
- To strengthen assurance and governance, CPD application processes were enhanced during the year. Applications are now required to be reviewed and signed off by relevant Professional Leads, ensuring alignment with professional standards and service priorities, with final financial and strategic oversight sitting with the Educational Financial Control Sub-Group. Collectively, these arrangements provide assurance that CPD investment is appropriately governed, monitored, proportionate, and aligned to workforce plans and organisational priorities.

# Appendix 1 - Continued

## Agored Cymru Development programmes designed & delivered with learner numbers:

- Level 3 in Dietetic Support – 2 learners active with 2 completed
- Level 3 in Physiotherapy Support in Wales – under review for updating (7 learners on full qualification and 9 on 25 credits)
- Level 3 in Occupational Therapy Support in Wales (17 learners on full qualification and 14 on 25 credits)
- Level 3 Diploma in Perioperative in Wales – 5 active learners
- Level 3 Diploma in Rehabilitation Support (Wales) - 3 active learners (This is the final run as this diploma has been replaced by the Frailty Diploma)
- Level 3 Diploma in Speech and Language Therapy Support - 1 learner active
- Certificate in Fundamentals of Ophthalmology – 1 learner and has completed & Level 3 Diploma in Fundamentals of Ophthalmology – 5 learners are active
- Level 3 Diploma in Podiatry Support for Podiatry Assistants and Technicians – (under review) 9 active learners
- Level 3 Diploma in Primary Care Health Care Support – 11 active learners
- Sexual Health level 3 Unit – 15 learners completed
- Diploma in Healthcare Science Physiology with a project of 1 learner and in the process of rolling out across the health board with 3 in the process of starting.
- Level 3 unit on Principles of administration of medication and their effects on individuals – 15 active learners
- Level 3-unit Fundamental Skills for the administration of medication and monitoring the effects of individuals – 17 active learners
- Level 3 Therapy Assistant Practitioners (combined units of Physiotherapy, Occupational therapy, speech and language units) to gain 25 credits – 10 active learners



# Appendix 1 - Continued

## Agored Cymru Development & HEIW

Within the last year we have worked alongside Health Education and Improvement Wales, all Wales health boards and Agored Cymru in developing and reviewing the following diplomas with the scoping process currently underway to review delivery and support for the following:

- Level 3 Diploma in Clinical Imaging and Radiation Science
- Level 7 in Autonomous Management of Minor Injurers
- Level 2 certificate in Venepuncture (Phlebotomy)
- Level 3 Multi-professional Support Worker
- Level 3 People Living with Frailty (Replaces the Rehabilitation Diploma)
- Level 2 Certificate for Anatomical Pathology Support workers in Wales
- Level 4 Cancer Care
- Level 3 Perinatal Care

We as a centre have had 6 external quality reviews with one currently been completed.

There has been more this year due to the running of new diplomas/certificates within our framework with Agored.

All outcomes have been positive with action points to undertake which are achievable with ongoing support for the Agored Team.

# 2027/28 Education Commissioning Draft 29/1/26

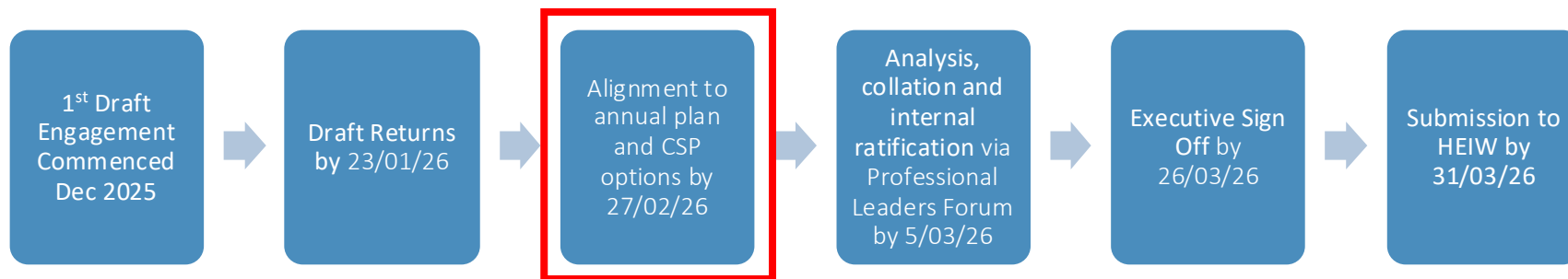
During this year's education commissioning process, stakeholders across the organisation have positively engaged, with c.53 education commissioning responses received. Continued collaboration across all sectors is underway, which includes commissioning requests for Primary Care. This is required to promote a holistic understanding of education commissioning requirements for the entirety of the workforce, prioritising key areas e.g. to build on requirements for independent practices in Primary Care and to develop engagement with the local authorities.

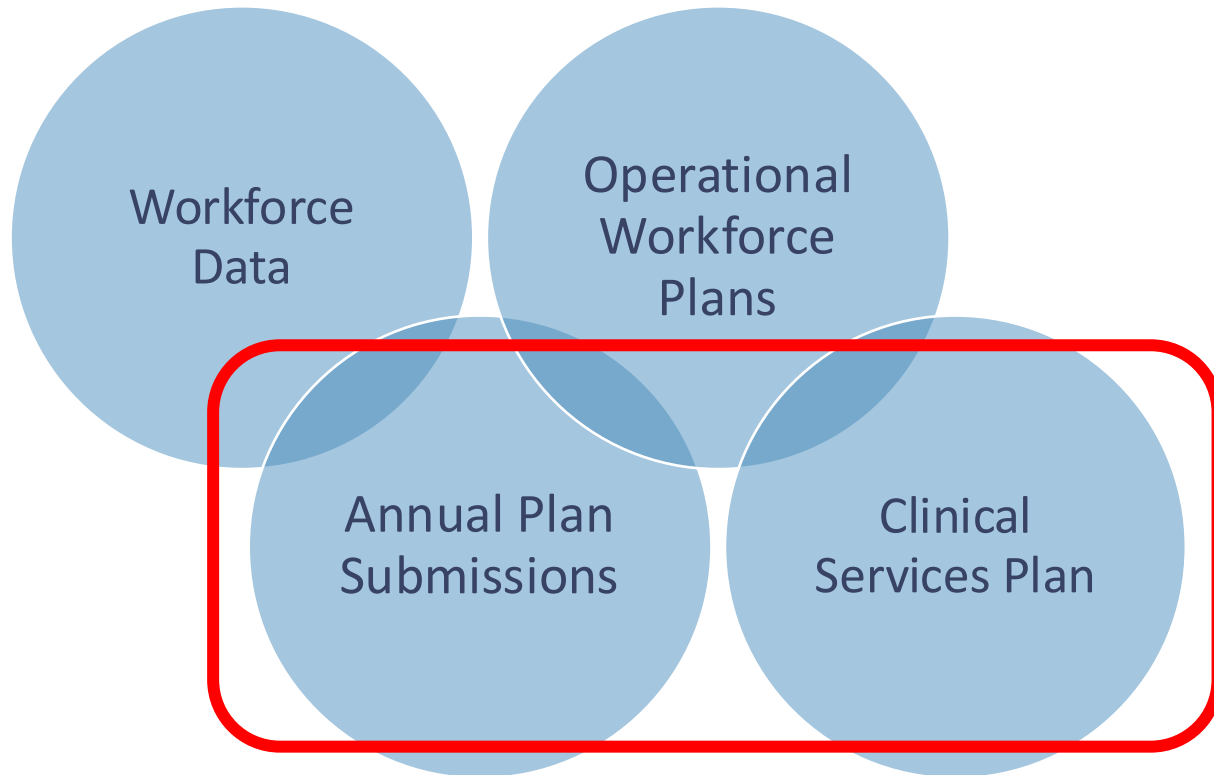
During this year's approach, the organisation has been able to build on people planning engagement across services, through the development of workforce plans, action plans and professional group plans. This has been delivered through an aligned approach, to ensure education commissioning needs for current and future workforce is considered and reflected in the organisation's draft submission to Health Education Improvement Wales (HEIW). However, it should be noted that further engagement is needed to gather responses from all services, which will be prioritised during February and March 2026, to also ensure that wider considerations are prioritised to promote:

- Integrated workforce/service design
- Alignment of resource to meet education commissioning outturn
- Financial profiling/alignment
- System wide planning in alignment with local, regional and national strategy

Throughout this summary document, this year's draft education commissioning requirements are summarised for each professional group. Please note, an initial summary of further considerations, risks and critical questions has also been provided, to help inform further check and challenge before the final submission is shared with HEIW by 31 March 2026. This will inform future education and commissioning plans.

- Commissioning for 2030 output (undergraduate) and to inform HEIW's 2027-28 Education and Training Plan (ETP)
- Workforce planning engagement with service leads – aligning workforce plans, action plans, annual plans and education commissioning submissions
- Planning based on no-additionality, within current financial envelope and inclusive of financial savings plans
- Check and challenge for undergraduate requirements is underway, to align future posts and feasibility to recruit new graduates. This is critical to inform commissioning requirements for 2030 output, through assessment of historical requests, new graduate recruitment/retention and projected workforce gap. This will help to ensure submissions are put forward based on the current financial envelope, to avoid over commissioning and to promote realistic requests which are relative to potential vacancies informed by workforce baselines/workforce modelling.
- Professional leads engagement and sign off will be prioritised during February 2026, to ensure alignment with professional group plans.





- During this year's education commissioning cycle, we have utilised workforce data to inform education commissioning pipeline requirements, focusing on workforce baselines for each service e.g., retirement/pipeline/high risk roles etc.
- We have also used valuable insights and identified priorities which form part of services' workforce plans, action plans and professional group plans to align education commissioning needs appropriately.
- During the final stages of engagement, we will review education commissioning requirements alongside annual plans and clinical services options, to assess and align commissioning needs.

***N.B - CSP options are yet to be decided, therefore education and commissioning "check and challenge" will be prioritised during February 2026. This will assess the feasibility of the options, however, further refinement of education commissioning requirements for any additional/changing workforce need will require further scrutiny when confirmed options have been agreed.***

Nursing & Midwifery (Full Time Programme Only)								
Year of Output	2023	2024	2025	2026	2027	2028	2029	2030
Bachelor of Nursing (B.N.) Adult	212	194	163	160	166	163	200	<b>*135 (Indicative only and subject to change. Based on annual streamlining activity)</b>
Bachelor of Nursing (B.N.) Child	21	8	23	11	15	16	9	<b>7</b>
Bachelor of Nursing (B.N.) Mental Health	25	25	46	18	25	25	35	<b>16</b>
Bachelor of Nursing (B.N.) Learning Disability	15	15	9	11	12	9	10	<b>1</b>
Bachelor of Science Midwifery	20	20	15	15	15	15	16	<b>16</b>
Return to Practice	20	0	0	0	5	7	5	<b>5</b>

## Adult Nurse Pipeline Analysis/Modelling Assumptions

Supply Position (based on historical education commissioning requests and active GYO pathway)					
Year of Output/Supply	2026	2027	2028	2029	2030
<b>Full Time</b> Bachelor of Nursing (B.N.) Adult	160	166	163	200	<b>*135 (Draft EC Submission)</b>
<b>Part Time (HCSW and Apprentice routes)</b> Bachelor of Nursing (B.N.) Adult	36	26	49	27	<b>TBC</b>
<b>Total Output:</b>	<b>196</b>	<b>192</b>	<b>212</b>	<b>227</b>	<b>TBC</b>

Potential Retirements				Historical Streamlining Activity – Adult Nursing			
Within 1-3 years	Within 4-6 years	Within 7-10 years	>60.54 years	Year	2023	2024	2025
182	231	494	384	Historical NQN Recruitment	92	113	97
<i>*Projections based on N&amp;M average retirement age (60.54 years)</i> <i>*Data filtered to exclude Paediatrics, School Nursing, Health Visiting, MHL and Midwifery</i> <i>*7-10 years not included, see note below</i>				Average recruitment = <b>c.101 (HC per annum)</b>			

### Workforce Modelling/Pipeline Analysis

- 2026-2029 Pipeline (F/T and P/T Programmes) = **827 (HC)**
- Potential Retirements (1-3years, 4-6 years and >60.54 years) = **797 (HC)**
- Likely Recruitment 2026-2030 (based on historical streamlining) = **c.404(HC)**

**Potential Retirements Minus Likely Streamlining Pipeline = Gap of 393 (HC)**

*\*Projections based 1–6-year potential retirement projections, including those over average retirement age >60.54 years.*

*\*7-10-year retirement projections NOT included in calculations, as pipeline not yet commissioned.*

*\*Calculation do not include workforce additionality, attrition, internal churn, turnover, changes to retirement etc.*



# Pipeline Data by County– Part-Time Nursing Programmes (HCSW Pathway)



Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Applications Underway
Bachelor of Nursing (B.N.) Adult	2025	Pembs x6 Carms x13 Cered x3	Bachelor of Nursing (B.N.) Adult	2026	Pembs x12 Carms x14 Cered x3	Bachelor of Nursing (B.N.) Adult	2027	Pembs x10 Carms x9 Cered x1	Bachelor of Nursing (B.N.) Adult	2028	Pembs x11 Carms x16 Cered - x9	Bachelor of Nursing (B.N.) Adult	2029	Pembs x9 Carms x10 (SU/OU) Cered (Aber) x8	Bachelor of Nursing (B.N.) Adult	2030	TBC
Bachelor of Nursing (B.N.) Child	2025	0	Bachelor of Nursing (B.N.) Child	2026	Carms x1	Bachelor of Nursing (B.N.) Child	2027	0	Bachelor of Nursing (B.N.) Child	2028	Carms x1	Bachelor of Nursing (B.N.) Child	2029	Carms x1	Bachelor of Nursing (B.N.) Child	2030	TBC
Bachelor of Nursing (B.N.) Mental Health	2025	Pembs x1 Carms x3 Cered x2	Bachelor of Nursing (B.N.) Mental Health	2026	Pembs x1 Cered x1	Bachelor of Nursing (B.N.) Mental Health	2027	Pembs x4 Carms x4 Cered x1	Bachelor of Nursing (B.N.) Mental Health	2028	Carms x1 Pembs x4 Cered x3	Bachelor of Nursing (B.N.) Mental Health	2029	Carms x8 Pembs x2	Bachelor of Nursing (B.N.) Mental Health	2030	TBC
Bachelor of Nursing (B.N.) Learning Disability	2025	0	Bachelor of Nursing (B.N.) Learning Disability	2026	0	Bachelor of Nursing (B.N.) Learning Disability	2027	0	Bachelor of Nursing (B.N.) Learning Disability	2028	Carms x1	Bachelor of Nursing (B.N.) Learning Disability	2029	Cered x1	Bachelor of Nursing (B.N.) Learning Disability	2030	TBC
<b>Total GYO to RN Pipeline</b>	2025	<b>28</b>	<b>Total GYO to RN Pipeline</b>	2026	<b>32</b>	<b>Total GYO to RN Pipeline</b>	2027	<b>29</b>	<b>Total GYO to RN Pipeline</b>	2028	<b>46</b>	<b>Total GYO to RN Pipeline</b>	2029	<b>39</b>	<b>Total GYO to RN Pipeline</b>	2030	TBC

\*Based on Future Workforce data (Jan 26).



# Pipeline Data: Part-Time Nursing Programmes Apprentice Pathway



## Pipeline Data by County

*\*Based on current Future Workforce data (Jan 26).*

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2026	Pembs x3 Carms x4
<b>Total GYO to RN Pipeline</b>	2026	<b>7</b>

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2027	Pembs x2 Carms x3 Cered x 1
<b>Total GYO to RN Pipeline</b>	2027	<b>6</b>

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2028	Pembs x1 Carms x9 Cered x3
<b>Total GYO to RN Pipeline</b>	2028	<b>13</b>

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2030-2032	Pembs x10 Carms x28 Cered x12
<b>Total GYO to RN Pipeline</b>	2030*	<b>50</b>

*\*Additional x5 currently between courses/on hold*

- There is currently a total of 76 Apprentices within the organisation, who are in varying stages of their development.
- Based on current figures, Apprentices are expected to complete the Part-Time Nursing degree from 2026-2032.
- Due to a pause in the apprentice pipeline, there are no expected apprentices due to complete the programme in 2029.
- It is imperative that alignment of future posts for these individuals is prioritised in our planning, to ensure a seamless process for these individuals to transition into RN posts.

*\*Based on Future Workforce data (Jan 26).*



Programme	Year of Entry	Year of Completion	Total Enrolled	No. Completed	No. Active	No. suspended/ withdrawn
Level 4 Cert HE Healthcare Studies	2024	2026	71	N/A	48 inc. x23 apprentices	4
	2025	2027	49	N/A	49	0

- 2024 and 2025 cohort Cert HE numbers reflect those actively studying on current programmes.
- L4 Cert HE requirements includes apprentice requirements and service requests to date.
- Of those actively studying, c. x4 individuals may choose not to progress on to the Nursing degree and may remain in an Assistant Practitioner role.

Programme	Year of Entry	Year of Completion	No. requested	No. Active	No. suspended	No. withdrawn	Attrition
L4 Therapies Assistant Practitioner (TAPS)	2024	2026	8	8	N/A	N/A	N/A
	2025	2027	7	6	N/A	N/A	N/A
	2026	2028	TBC				

- Low numbers requested in 2024 and 2025 due to infrastructure challenges (i.e. lack of Practice Education roles), which remains an ongoing concern across Therapies
- Requests submitted also reflective of financial challenges and alignment/availability of Assistant Practitioner posts

*\*Based on Future Workforce data (Jan 26). Attrition to be calculated following completion of programmes. Figures do not include this year's requirements.*

Allied Health Professionals									
Year of Output	2023	2024	2025	2026	2027	2028	2029	2030	2031
B.Sc. Human Nutrition and Dietetics	7	9	10	7	7	10	13	10	
B.Sc. Occupational Therapy (Excludes local authority submissions)	16	20	14	11	10	10	10	10	
B.Sc. Occupational Therapy (Part-time)		2	0	4	3	4	5	5	5 (PT)
B. Sc. Physiotherapy	30	20	27	20	20	17	17	14	
B.Sc. Paramedicine			1	14	0	1	5	TBC	
B.Sc. Podiatry	4	0	1	4	4	4	4	2	
B.Sc. Orthoptics								4	
Speech and Language Therapy <i>(inc. Welsh Language)</i>	9	9	9	5	7	8	7	4	
PhD Clinical Psychology			6	15	21	6	6	8	
M.Sc. Clinical Applied Associate Psychologist (CAAPs)				2	0	0	1	0	
Art Therapy (MSc)					1		2		

Healthcare Scientists								
Undergraduate Pipeline	Year of Output							
Profession/Programme (B.Sc./PTP)	2023	2024	2025	2026	2027	2028	2029	2030
Cardiac Physiology	5	5	5	3	4	2	2	0
Audiology	5	2	3	1	2	2	1	2 (x1 Full Time and x1 Part Time PTP)
Respiratory and Sleep	5	3	3	3	3	2	2	1 (FT PTP)
Neurophysiology	0	0	0	0	0	1	1	1 (FT PTP)
Clinical Engineering	0	1	0	2	1	1	1 (Medical Engineering)	3 (x1 Full Time and x1 Part Time PTP x1 Equivalence)
Biomedical Science - Blood	6	2	2	2	8	2	3	3 (F/T PTP)
Biomedical Science - Cellular	0	0	0	0	0	2	1	1 (F/T PTP)
Operating Department Practice	16	0	5	5	10	9	9	9
Clinical Photography					1	1	1	2

Professional Group	PTP/Equivalence (Full and Part-Time)	STP (Direct Entry)	STP Routes to Registration/Equivalence (Modules, Full Programmes, Portfolio and Examinations)	HSS (Programmes or Equivalence)
<b>Healthcare Science</b>	x11 PTP Requests  (see slide 16 for detail)	Cardiac Science x 3 Respiratory and Sleep x 2 Haematology and Transfusion Science x 1 Clinical Scientific Computing x 3	Cardiac Physiology x 25 Neurophysiology x 2 Respiratory and Sleep x 10	Cardiac Physiology x 6 Neurophysiology x1 Respiratory and Sleep x1 Clinical Engineering x1
<b>Total</b>	<b>11</b>	<b>9</b>	<b>37</b>	<b>9</b>

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Year of Output	2023	2024	2025	2026	2027	2028	2029	2030
Pharmacy Support Staff 'Access to Pharmacy'					3	0		
Pre-registration Pharmacy Technician, Cert HE	5	6	12	9	13	16	8	
Pharmacy Support Staff Access to Pharmacy (L2)				4	5	8		
Post-registration Foundation Pharmacists - novice IPs	5	7		4	8	7		
Trainee Pharmacist (Foundation Training Programme)		18	20	18	12	14		
Medicines Management Pharmacy Assistants						2		
Advanced Clinical Pharmacy Practice						12		
Advanced Pharmacy Technician Practice								2
Clinical Prioritisation						4		
Critical Care								1
Critical Care Foundation Course for Pharmacists						2		
Critical Care Foundation Course for Pharmacy Technicians						2		
Dermatology in Clinical Practice							1	
Diabetes								1
Diploma in Clinical Pharmacy Services for pharmacy technicians							2	
General Practice Transition Programme for Pharmacists						2		

Other Healthcare Professionals/Programmes							
Year of Output	2023	2024	2025	2026	2027	2028	2029
Surgical Care Practitioner			Requests via Adv. Prac			0	
Anaesthetic Associate			0	0	0	0	
MSc Physician Associate	7	7	11	10	2	2 (Gen Surgery)	2 (Endoscopy/ Gastro)

- x2 Physician Associate requests received to date (Endoscopy/Gastro)
- SCP and AA programme not delivered in Wales, and there are currently no plans to develop these roles in this year’s education commissioning requests.
- Reconsideration of apprentice offer will be needed going forward due to the complexity within the changing shape of our workforce i.e. RNA, Band 2-3 etc. In addition, we are seeing challenges in Higher Education which we need to be alert to.



## Further Considerations/Critical Questions

- **Financial Position (Challenge)**

There is a distinct difference between the commissioning ask vs what is needed to develop/grow the workforce, as service leads are planning on the premise of no additionality. As a result, there is a reluctance to commission based on actual requirements (growth, demand, strategic direction etc), as little assurance can be provided at present in terms of future availability of posts. For example, Therapies services - workforce demand to address community model, clinical recommendations e.g. stroke, CSP etc has *not* been included in this year's education commissioning requirements, due to financial restrictions and availability/provision of future increase in posts. Financial profiling of posts/budget is required to ensure historical budget allocation is reviewed in alignment with demand and workforce supply.

- **Work-Based Learning Infrastructure (Challenge)**

Feasibility of releasing staff for study given current pressures and impact on financial savings continues to be a concern. Services have articulated the challenges to deliver work-based learning, student placements etc. Additionally, the inability to provide protected learning time for internal workforce undertaking essential development programmes continues to be demanding, coupled with inequity of backfill and lack of dedicated work-based education roles across all professional groups.

*N.B Before final submission to HEIW, further review of WBL Staffing, Resource and Education sheets is required, in collaboration with wider colleagues.*

- **Transforming Urgent Emergency Care (TUEC) (Risk)**

System wide discussion is ongoing to inform/develop understanding of education commissioning needs across Primary, Intermediate and Acute Care. Organisational response in terms of structure and configuration is required, including understanding of workforce impact across all professions. Discussions in progress to model potential workforce requirements (as per 6 goals) for TUEC services, which includes CATCH, SDUC, Integrated Care Hubs etc. However, further discussion is necessary to assess impact on current workforce and to understand potential additionality, to inform final education commissioning submission.



- **Inequity in Education Provision/Reduction of Grow Your Own Pipeline (Challenge & Risk)**

Inequity of development opportunities across all professional groups i.e., availability of part-time degree/GYO opportunities is restricting internal workforce development. For example, Therapies part-time pre-registration degree provision is limited, which is restricting support staff in all disciplines from progressing to become future registrants. In addition, there is potential for inequity within nursing linked to funding establishment and release.

- **Availability of Education Provision (Challenge)**

The ability to deliver the requirements set out in services' ambitions to develop current workforce remains a challenge. For example, the part-time Mental Health programme has not been able to run in previous years due to Hywel Dda and Swansea Bay not being able to collectively meet the cohort requirements. As a result, the organisation is not actively maximising the benefits of opportunities available to our current workforce who wish to proceed with their studies, which in turn could result in staff choosing to gain employment where such programmes are running and readily accessible to them.

*N.B People Development colleagues are working with MH leads and HEIs to try and rectify this issue.*

- **Education Suitability (Challenge)**

Current provision of education does not always enable support staff to access undergraduate programmes e.g., Therapies, ODP. This is due to current level 4 programmes not mapping to entry level criteria and programmes not aligned to degree curriculum etc.

- **Enhanced, Advanced and Consultant Practice (Challenge)**

APPs/ACPs/MAPs/Extended Practice etc – Clear strategy needed to understand approach to enhanced/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) Align workforce provision and development of roles to Professional Framework for Enhanced, Advanced and Consultant Practice.
- c) 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).

- **Integrated Planning (aligning to annual plans/strategic ambitions) (Challenge)**

This will continue to be will prioritised with key services (aligned to risk position) e.g., Sonography. This is essential to ensure education commissioning need is accurately reflected to inform the final submission, which will be developed via collaboration with service and professional leads, to ensure plans are costed, affordable and realistic. This will include further analysis of Adult Nursing requirements.

- **MAPs Roles (Challenge)**

Physician Associate role – this year’s process has seen 2 requests for Physician Associates (for Gastroenterology). This presents a risk in relation to meeting the required numbers for the programme to run, as well as development of the role in Hywel Dda. Service leads have articulated that they do not have budgets assigned to them to develop the role, therefore an integrated approach is required to effectively develop the multidisciplinary team and understand future requirements for PAs.

Surgical Care Practitioner/Anaesthesia Associate Role - the WTE for these roles has reduced (SCP) or remained static (AA) for these roles for several years. Therefore, further consideration is required in relation to the development of these roles and future requirements, to ensure the impact and benefits is understood and accounted for in future education commissioning submissions. Further analysis is required to determine workforce need in relation to local Theatre workforce plans and in alignment with HEIW's Theatre Transformation Project.

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

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. *This includes those support staff as per All-Wales JD review who may need to access L3 education.*

- **Primary Care/Local Authority (Challenge)**

There are further opportunities to improve processes to ensure education commissioning reflects the needs of Primary Care, LA and partner organisations – this is currently in development and will continue to be progressed to inform the final submission.

- **Regional Workforce Planning (Challenge)**

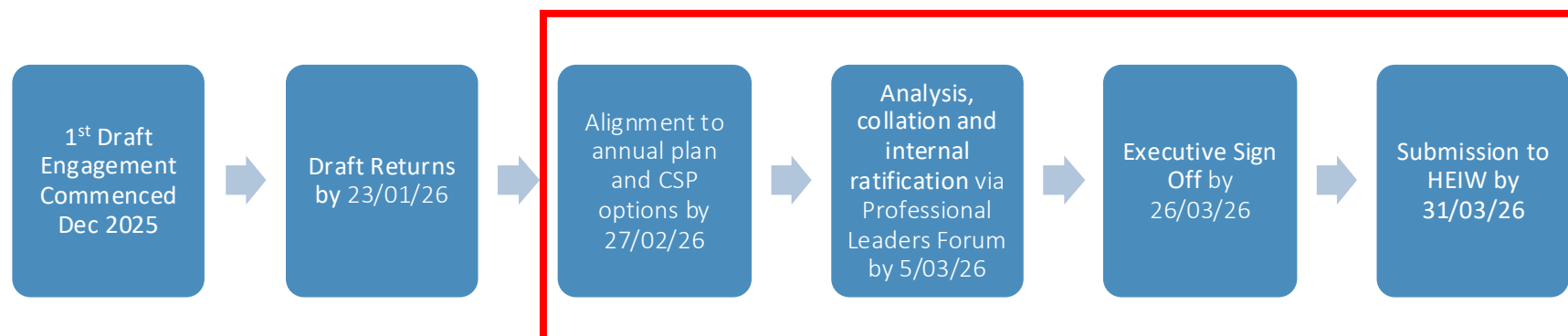
Further clarity in relation to "Joint Committee" to ascertain future workforce commissioning, education, and training requirements, including how we can progress with facilitation of Regional Workforce Models. Process, governance and collaborative opportunities to be explored.

- **Impact of future registration changes (e.g., Registered Nursing Associate role, PAs). (Challenge)**

Further consideration of impact to future role development (RNA) and registration changes is needed across the organisation. This is imperative, to ensure appropriate commissioning of development needs for new, emerging or changing roles.

## (Feb-March 2026)

- Further engagement, prioritising those services who did not provide a draft response
- “Check and Challenge” of CSP options (through an education commissioning lens)
- Analysis of annual plan submission to align education commissioning need
- Development of WBL education, staffing and resource requirements to inform final submission
- Further modelling and pipeline analysis
- Professional Leads engagement and sign off
- Executive review, sign off and submission to HEIW by 31/3/2026



# Appendix 3 Case Study – Further detail

- **Bringing care closer to home: A multi-agency partnership**

- Clinical Education (CE) has initiated a newly formed multi-agency partnership between Hywel Dda University Health Board, Carmarthenshire County Council (Home Care First team), and third sector care provider Delta Wellbeing (Delta Response team). Developed in response to increasing focus on integrated models of care and closer working across organisational boundaries, the collaboration brings together these partners to support a more standardised approach to patient assessment and care delivery. The partnership is underpinned by a shared recognition that services often support the same individuals, and by a collective commitment to providing high-quality, timely care at or close to home, with the potential to reduce avoidable admissions to acute care settings.
- The proposal commits CE to the design and delivery of a standardised training programme to develop Home First and Delta Wellbeing Response support worker competency in vital signs measurement, situational assessment and authentic listening and questioning. The programme is intended to empower support workers to communicate relevant assessment information to appropriate healthcare professionals, supporting informed clinical and care-based decision making. Learning is consolidated through realistic simulation-based scenarios that reinforce learning enabling learners to recognise deterioration and communicate structured assessment information appropriately across organisational boundaries.
- To date CE have delivered two study days for Home First and Delta Response teams with further dates planned until all support workers have completed the programme. Following this we will continue to plan sessions on an agreed timeline to provide training for new starters and refresher training for existing staff. Currently there are 61 staff eligible for training, with 18 successfully completing the programme in the first two days. Multi-agency planning is underway to develop data analytic tools to assess improvement in the quality of patient care at home and impact on in-patient admission metrics.
  - Essentials of Simulation courses.
  - Scenario by Design.
  - Advancing Simulation.
  - De-brief and Meta-debrief.
  - Quality Improvement and System Learning.
  - Simulation Consultancy Mentoring.
- To date, 100 HDdUHB educators trained through Essentials of Simulation (EoS) have gone on to deliver simulated learning on a wide range of clinical and non-clinical scenarios to over 600 interprofessional staff across acute and community settings. Building on the successful delivery and impact of the EoS programme, the next phase of implementation will focus on developing advanced capability and independence from CE support/quality governance within the educator workforce. Appropriate educators will be supported to progress through a structured development pathway utilising additional modules listed above, enabling them to advance from delivering foundational simulation sessions to designing specific programmes aligned to identified organisational priorities.

# Appendix 4 Case Study – Further detail

## Acute Deterioration and Resuscitation Collaborative Project

The Clinical Education (CE) Simulated Learning Team has been approached by the Acute Deterioration and Resuscitation team to collaborate on delivering a two-day educational programme.

The programme arises from an Enabling Quality Improvement in Practice (EQiP) project linked to identified training needs in the recognition, assessment and escalation of acute in-patient deterioration.

The Initial pilot will deliver to 14 registered Nurse professionals from two medical wards in Glangwili and Withybush general hospitals.

Day one will focus on theoretical learning of the pathophysiology of human illness, Clinical Education will design and deliver day two programme which includes:

- Delivery of skills learning in clinical communication linked to utilisation of a formal Situation, Background, Assessment and Recommendation (SBAR) framework.
- Delivery of immersive simulation scenarios aligned to day one learning outcomes.
- Formal accountability for summative Objective, Structured, Clinical Examination (OSCE) assessment of learner performance.

Planning for this programme commenced in May 2025 as part of the EQiP process and is now complete with the pilot session due in March 2026.

Subject to evaluation outcomes, further delivery is planned with a long-term intention to embed the programme within nursing education and to extend it to an interprofessional audience. This programme marks a step change in approach for clinical education linked to the delivery of simulation training.



## Recommendation

The Committee is asked to RECEIVE ASSURANCE from the Deep Dive relating to Workforce Strategy - Workforce Stabilisation Planning Objectives: Education & Development Plan 2025/26.