Date	**17/02/2026**
Time	**09:30 - 12:30**
Location	**Microsoft Teams; Dolau Cothi Meeting Room, 2nd Floor, Picton Terrace**

People, Organisational Development & Culture Committee Meeting

HDD_People, Organisational Development & Culture Committee

NHS Wales

Agenda - 17 February 2026

1 GOVERNANCE AND RISK

09:30, 15 min

1.1 Welcome and Apologies for Absence

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.2 Declarations of Interest

All

1.3 Minutes and Matters Arising from the meeting held on 04 November 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.4 Table of Actions from the meeting held on 04 November 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.5 Assurance and Risk Report

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

1.6 Targeted Intervention Closedown Report

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

2 PEOPLE

1 hr

2.1 Staff Story - Deferred

2.2 Health Board Partnership Forum Update

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

2.3 Phase 2 CCG Organisational Restructure

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance)

2.4 **Glangwili Theatres Sickness and Culture**

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Olwen Morgan (Hywel Dda UHB - Assistant Director of Nursing)

2.5 **Update on Increase in Stress Amongst Staff**

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

2.6 **Employee Relations Update**

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

2.7 **Update on Safeguarding Training Compliance**

Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience), Charlotte Westacott (Hywel Dda UHB - Head of Safeguarding)

2.8 **New Workforce Solution**

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

BREAK

10 min

3 **CULTURE**

20 min

3.1 **Whistleblowing in Hywel Dda**

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

3.2 **Speak Up: 6 Month Update Report**

Robert Blake (Hywel Dda UHB - Head of Culture and Workforce Experience)

3.3 **EDI Taskforce**

Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

4 **PLANNING**

40 min

4.1 **Planning Objectives (PO) General Update Report**

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

4.2 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Recruitment Plan**

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

4.3 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Retention Plan**

Corinna Lloyd-Jones (Hywel Dda UHB - Head of Organisation Relations)

4.4 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Workforce Education and Development Plan**

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

5 **PERFORMANCE**

10 min

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

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

6 **SUB-COMMITTEE UPDATE REPORTS**

10 min

6.1 **Strategic People Planning and Education Group (SPPEG)**

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

7 **FOR APPROVAL**

10 min

7.1 **Outcome of Advisory Appointments Committee (AAC)**

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

7.2 **Workforce Policies for Approval**

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

8 **FOR INFORMATION**

0 min

8.1 **PODCC Workplan 2025/26**

9 **ANY OTHER BUSINESS**

5 min
All

10 **DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 19 May 2026**

0 min

10.1 **Date of Future Meetings**

Table of contents

17/02/2026 09:30 - 12:30

1

09:30, 15 Mins

1 - GOVERNANCE AND RISK

1.1 **09:45,**

1.1 - Welcome and Apologies for Absence

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.2

1.2 - Declarations of Interest

All

1.3

1.3 - Minutes and Matters Arising from the meeting held on 04 November 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

For approval

Attachments

1.3 PODCC Minutes 04.11.25.pdf

MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE MEETING

Date of Meeting:	Tuesday 04 November 2025
Venue:	Ystwyth Boardroom and Microsoft Teams Meeting

Present:	Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Chair) Cllr. Rhodri Evans, Independent Member Ms Ann Murphy, Independent Member
In Attendance:	Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive (Executive Lead) Ms Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience Mr Andrew Carruthers, Chief Operating Officer (part) Ms Alwena Hughes Moakes, Communications and Engagement Director Mr James Severs, Executive Director of Allied Health Professions and Health Science Mr Mark Henwood, Executive Medical Director Mr Anthony Dean, Trade Union Representative Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (deputising for Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary) Ms Heather Hinkin, Assistant Director of People Management Ms Tracy Walmsley, Assistant Director of People Planning Ms Michelle James, Head of Resourcing & Utilisation Ms Sarah Barnes, Workforce Manager: Systems and Workforce Intelligence Ms Sara Rees, Senior Public Health Practitioner (part) Ms Trina Nealon, Principal Public Health Officer (part)

Minutes Ref.	Item	Action

PODCC (25)83 **Welcome and Apologies for Absence**

Mrs Eleanor Marks, People, Organisational Development and Culture Committee (PODCC) Chair, welcomed everyone to the meeting.

Apologies for absence were received from:

- Ms Anna Lewis, Independent Member (Committee Vice-Chair)
- Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary.

PODCC (25)84 **Declarations of Interest**

The following declarations of interest were made:

- Ms Ann Murphy in her Trade Union role.

PODCC (25)85 **Minutes and Matters Arising from the meeting held on 19 August 2025**

The Minutes from the meeting held on 19 August 2025 were approved as an accurate record.

Decision: The Minutes of the meeting on 19 August 2025 were approved.

PODCC (25)86 **Table of Actions from the meeting held on 19 August 2025**

All actions from the PODCC meeting held on 19 August 2025 were complete.

PODCC (25)87 **Self-Assessment of Committee Effectiveness – 6 month outcome report**

The Committee was informed that all actions agreed in response to the outcomes of the PODCC Self-Assessment 2024/25 have been completed.

The Committee was ASSURED on this item.

Decision: The Committee RECEIVED ASSURANCE from the progress made against the actions being undertaken to improve its effectiveness.

PODCC (25)88 **Targeted Intervention (TI) Progress Report**

Mrs Lisa Gostling introduced the progress update report on TI.

Following a query at the PODCC meeting in August 2025, Mrs Gostling explained that the actions, although complete, would remain amber rated until the TI process is complete and the Health Board is de-escalated for Leadership and Governance.

The Committee was ASSURED on this item.

Decision: The Committee RECEIVE ASSURANCE from the Targeted Intervention Progress Report.

PODCC (25)89 **Staff Story - Sickness Absence Tool Demonstration**

Ms Michelle James and Ms Sarah Barnes introduced the Workforce & Health Population Tool, advising that it was presented to the Executive Team in September 2025. The tool uses resources from a number of different sources including the Electronic Staff Record (ESR), Welsh Index of Multiple Deprivation (WIMD), Lower Super Output Area (LSOA) and Office of National Statistics (ONS) to provide data on staff sickness absences.

Mrs Gostling explained the tool was developed in response to ongoing high staff sickness rates since pre-COVID, to explore possible links with staff demographics or where staff live.

The cost of absence in 2024-25 was £26.4m, with individuals aged 61-65 accounting for 10% of sickness absences.

The presentation included healthy life expectancy data for the population of Hywel Dda University Health Board (HDdUHB) population. It highlighted that staff in the Glangwili Hospital area have lower life expectancy compared to other HDdUHB areas. The tool allows filtering by factors such as work area, age and more.

Mrs Sharon Daniel highlighted that staff working longer hours has increased since COVID, resulting in less recovery time between scheduled shifts. It is a pattern that many staff now favour, choosing to work longer hours despite the reduced recovery time between shifts.

Councillor Rhodri Evans raised several points for consideration. He inquired whether the age profile of staff has shifted since COVID. He also questioned whether the previous reliance on a high number of agency staff may have contributed to lower staff sickness rates. Additionally, Cllr Evans sought clarification on the intended use of the tool.

Mrs Gostling explained that the tool can help identify problem areas, for example high rates of cough, colds or flu and support targeted interventions such as flu vaccination campaigns in the most affected locations. Mrs Gostling recently met with the Executive Director of Public Health and was informed that a charitable funding bid had been submitted to provide health check pods, to support staff to monitor their own health such as weight.

Mrs Heather Hinkin highlighted that work related absences were low, therefore it is challenging to reduce these absences.

Members were advised that short term sickness was at the lowest level for some time. Mrs Gostling noted the importance of understanding how the Health Board can support staff through their lifetime of work. As staff age and as they experience more health challenges, there is an increasing need to offer more flexible working arrangements.

Ms Alwena Hughes-Moakes requested that the data presented focuses more on its practical application to inform targeted communications on hygiene and illness prevention.

Mrs Gostling suggested using the data to explore specific areas and set actions that can be reviewed over time to assess impact.

Mrs Eleanor Marks requested the tool be presented in more detail at a future PODCC meeting.

MJ

The Committee was ASSURED on this item.

Decision: The Committee NOTED the Sickness Absence Tool Presentation.

PODCC (25)90 **Partnership Forum Update - DEFERRED**

Deferred due to the cancellation of the Partnership Forum meeting.

PODCC (25)91 **Workforce Efficiency**

Ms Tracy Walmsley presented the Workforce Efficiency deep dive report, which forms part of a planning framework relating to Annex 2 workforce productivity to maximise workforce productivity and efficiency by strengthening value.

The report outlines several ongoing actions, acknowledging the substantial workload involved. The Workforce Team is collaborating closely with care group leads to progress these efforts.

Mrs Gostling emphasised the need to review headroom percentages across all staff groups, noting that some areas show high levels of annual leave and over-allocation. She highlighted the Medical staff group as a particularly complex area requiring significant attention. Mrs Marks questioned how departments can over-allocate annual leave. Mrs Gostling explained that this typically happens when multiple staff members are permitted to take annual leave at the same time, rather than staggering leave periods to ensure balanced coverage.

In response to Cllr Evans' query about the most significant challenges to address, Ms Walmsley responded that work is divided into three: short term, tactical and long-term. She identified urgent care as requiring both immediate and long term review, medical rostering and addressing overpayments linked to duty rate cards, as key priorities.

Mr Henwood explained that rate cards refer to agreed hourly terms and conditions established in collaboration with the British Medical Association. While a previous all-Wales agreement on rate cards was in place, this is no longer applicable. HDdUHB now faces the challenges of aligning its rates with the rest of Wales, which would incur an additional cost of circa £2m. Given the current financial pressures, identifying funding for this increase is challenging. However, maintaining lower rates will negatively impact staff recruitment and retention.

Mrs Gostling noted that the report indicated that some staff groups had taken no study leave during 2024-25, largely due to financial restrictions on training and development. Mrs Daniel highlighted that a number of Grow your Own staff had taken a significant number of study leave days.

The Committee was ASSURED on this item.

Decision: Decision
The Committee NOTED the Workforce Efficiency Report.

PODCC (25)92 **Whistleblowing in Hywel Dda**

A verbal update was provided at the meeting following a request from Independent Members. A multi-disciplinary team meeting had taken place to discuss whistleblowing from a number of perspectives. The Committee was assured that work was progressing and that **a written report would be presented at the next PODCC meeting in February 2026.** **HH**

PODCC (25)93 **Social Partnership Duty Annual Report**

Ms Sara Rees and Ms Trina Nealon joined the meeting.

The Social Partnership Duty Annual Report 2024-25 was presented, evidencing how the Health Board has fulfilled its statutory obligations under the Social Partnership and Public Procurement (Wales) Act 2023. The report supports the Health Board goals for the Wellbeing and Future Generations Act. Members were advised that the annual report was approved by the Executive Team on 17 September 2025.

In response to Cllr Evans' query on whether the Welsh Government (WG) provide feedback on the report, Ms Trina Nealon advised that she had not received any feedback. However, believed WG were pleased with the report and anticipated a response next year.

Ms Sara Rees highlighted that WG did not provide a deadline for producing the report therefore it was difficult to know whether other organisations have submitted their reports as yet.

Ms Charlotte Wilmshurst highlighted that the report would require Board approval.

Ms Hinkin added that generic feedback would be provided. Organisations submitting annual reports were a mixture of both small and large, and it would be interesting to see the feedback on reports from those organisations that had already submitted their annual reports.

Mrs Marks noted the report stated that balancing operational demands with meaningful engagement was a challenge. She agreed that it is difficult and reiterated the importance of ensuring consistency in partnership working across departments and believed it would be interesting to learn how inconsistent this is across the Health Board. In response, Ms Hinkin advised that some services have recognised the need to better promote their social partnership duty. She emphasised that partnership working and engagement should begin early in the process, not after completion.

Ms Walmsley observed that the Future Workforce Strategy places limited emphasis on learning and development.

The Committee was ASSURED on this item.

Decision: The Committee RECEIVED ASSURANCE that the Social Partnership Duty Annual Report 2024-2025 was submitted to Social

Partnership Council on 2 October 2025, fulfilling HDUHB's obligations under the Social Partnership and Public Procurement (Wales) Act 2023.

PODCC (25)94 **Planning Objectives Update Report**

It was noted that one objective (PO1.1 to establish a group to support staff wellbeing) was reported as off-track for the first time due to vacancies and sickness absences. Although other objectives remain on track, they may also be impacted by staffing pressures during the final quarter of 2025/26.

Mrs Gostling highlighted that the staff survey response rate was 13% as at the week beginning 27 October 2025.

The Equality, Diversity and Inclusion (EDI) Team is assessing which objectives that can be achieved within current capacity and evaluating whether this will be sufficient to meet future delivery requirements.

The Health Board has been invited to the WG Anti-Racism Conference. The EDI team is exploring attendance options and Mrs Anna Bird will join the panel discussion.

Following a request from Mrs Marks regarding the WG Sensory Loss event in November 2025, it was agreed that **Mrs Gostling would contact Mrs Anna Bird and request that the details are circulated to Committee Members.** **LG**

In response to the Chair's query on micro-volunteering Ms Walmsley explained that a number of projects are currently underway, with a team within Public Health reviewing this and a 'Public Health Champion' now in place.

Mrs Marks informed the Committee that she sat on the Board of a small charity which helps people over 50 to volunteer.

Members noted that Ms Jo McCarthy, as Chair of the Enfys Network would lead on organising an LGBTQ+ staff network event in the spring in 2026.

Mrs Gostling noted that Workforce and Organisational Development staff remain committed despite ongoing staff shortages, however acknowledged that staff within other teams are also experiencing staff shortages. The Workforce Annual Plan will be refreshed for 2026-27 to focus on what is realistically achievable.

Ms Hinkin highlighted that although the team is committed to doing their best, the heavy workload poses risks of burnout and increased sickness absence. She noted the challenge of balancing staff health and wellbeing with meeting work demands.

The Committee was ASSURED on this item.

Decision: The Committee RECEIVED ASSURANCE on the current position regarding the progress of the Planning Objectives aligned to the People, Organisational Development, and Culture Committee, in order to assure the

Board that the Planning Objective is progressing and is on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

PODCC (25)95

Assurance and Risk Report

Mr Andrew Carruthers joined the meeting.

Ms Wilmshurst introduced the Assurance and Risk report and outlined that there were currently 2 corporate risks, 5 operational risks, 1 principal risk and 3 audit and inspection reports assigned to PODCC.

The risk score for Principal Risk 1186: “attract, retain and develop staff with the right skills” had increased from 15 to 16 to acknowledge that sickness rates were increasing.

It was noted that the risk score for Operational Risk 2169: “risk to staff wellbeing in weight management service due to unrealistic patient / referrers expectations with associated unreasonable behaviour” remains high due to key staff being absent with sickness or stress. Communication work is underway to manage public expectation around access to weight loss medication, though this carries a risk of increasing public concern. This risk will be reviewed again at the end of November 2025.

Mr James Severs highlighted that Wales is the only nation without a policy position, and the risk is not being addressed. Discussions are underway with Public Health to identify strategies for mitigating the risks of violence and aggression towards clinicians and staff responding public queries.

Mrs Marks expressed concern that given expansive media coverage of weight loss medication, the public may turn to online sources if they are unable to obtain medication through health services.

Mr Andrew Carruthers agreed this required consideration and has begun early discussions with the Executive Director of Public Health on the absence of an all-Wales policy position, and whether the Health Board could trial a pilot scheme to increase access to weight loss medication for residents.

Mrs Marks recognised the need to triangulate with PODCC, the Health and Safety Committee and the Quality, Safety and Experience Committee.

Cllr Evans queried whether the risk score for Operational Risk 2137: “risk of unsustainable surgical Specialty, Associate Specialist, and Specialist doctors (SAS) Level Rota in Carmarthenshire due to gaps in Glangwili Hospital rota and unfunded rota in Prince Phillip Hospital” was too low. In response, Mr Carruthers advised that the risk currently reflects the mitigating actions in place. The risk will however continue to be monitored and managed accordingly.

It was highlighted that Operational Risk 2088: “risk that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes” mirrored earlier discussions on Workforce staffing pressures within their teams. Mr Carruthers noted that

staff throughout the Health Board are experiencing significant pressures and some of the enhanced controls in place are a challenge from an operational perspective. In terms of managing these pressures, there is further work to be undertaken on health and safety training to include the stress risk assessment process for operational managers and clinical leads to ensure those assessments are completed and up-to-date. The target deadline date for the risk has been brought forward from March 2026 to the end of November 2025. In the meantime, service areas will continue to fill vacancies, where possible and review the use of bank staff to backfill vacant posts, and use existing budgets to recruit a level of locums to support some of the vacancies at Clinical Care Group (CCG) level.

Mr Carruthers is in discussion with WG who have indicated financial support to increase physiotherapist numbers within the Health Board through agency recruitment. This measure aims to address reducing waiting times and alleviate pressures on staff.

Mrs Gostling highlighted Corporate Risk 1821: “risk to the welfare of Health Board staff due to current demands”. While further discussions will follow, given the current financial climate, the risk may ultimately be deemed at tolerance. Mrs Gostling explained that the purpose of raising the discussion now was to address the issue of risk tolerance.

The Committee was ASSURED on this item.

Decision: The Committee:

Risk Management
• RECEIVED ASSURANCE that identified controls are in place and working effectively;
• RECEIVED ASSURANCE that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and

Audits, Inspections and Regulatory Reports
• RECEIVE ASSURANCE from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

PODCC (25)96

CCG Structure and Process for Recruitment

A verbal update was provided in the absence of the written report scheduled for the next meeting. Members were advised that plans are in place for structuring 3 of the 4 CCGs and new posts are currently going through the Organisational Change Policy (OCP) process. A draft outline for Phase 2 of the OCP is in place for the fourth CCG and a review is taking place to align

clinical care. **A written report will be presented at the next PODCC meeting in February 2026.** **AC**

Decision: The Committee NOTED the verbal update in relation to Clinical Care Group Structure and Process for Recruitment.

PODCC (25)97 **Sickness Rates and Cultural Challenges in Theatres**

Although the report had been deferred, a verbal update was provided at the meeting. Following a grievance raised last year by theatre staff in Glangwili Hospital, work is underway to complete the identified actions and review the next steps. The main challenge relates to the number of staff sickness absences, with an action plan requested from the CCG to mitigate these. A review of theatre staffing levels has also been undertaken. It was noted that current staff were undertaking additional hours to cover the staff shortfalls.

Cllr Evans questioned whether feedback provided by Independent Members following 'patient safety walkarounds' are taken into account. In response, Mrs Daniel advised that previously there was a process in place to provide feedback. Cllr Evans commented that the feedback process should be reintroduced. Mrs Marks agreed and added that a written report should be provided, outlining the challenges and the actions being taken to address them.

Mr Dean understood that concerns have been raised from staff within Theatres.

The Committee agreed to take assurance on this issue with the caveat that **a written report will be presented at the next PODCC meeting in February 2026**. **AC**

Decision: The Committee NOTED the verbal update in relation to Sickness Rates and Cultural Challenges in Theatres

PODCC (25)98 **PO Deep Dive: PO1 Workforce stabilisation: Workforce Education and Development Plan - DEFERRED**

Due to staff absence, this item was deferred until the next PODCC meeting.

PODCC (25)99 **Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

The update report on Performance Assurance and Workforce Metrics was presented to the Committee.

Members commended the high percentage (96.1%) compliance on dementia awareness training. Ms Hinkin believed there were a number of reasons for the high staff engagement including family relevance.

The Committee was ASSURED on this item.

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

PODCC (25)100 **Strategic People Planning and Education Group (SPPEG)**

An update from the July 2025 SPPEG meeting was presented to the Committee. It was noted that the SPPEG meeting due in September 2025 was cancelled and has been rescheduled for 18 November 2025.

The report highlighted low compliance with mandatory training, with assurance received that improve efforts are underway. Mr Severs noted recent discussions with Mrs Daniel, Mrs Gostling and Mr Carruthers on supporting better compliance. A task and finish group has been established to address staff capacity challenges and enhance delivery of face to face clinical quality elements of statutory mandatory training.

The Committee was ASSURED on this item.

Decision: The Committee NOTED the contents of the SPPEG update report.

PODCC (25)101 **Outcome of Advisory Appointments Committee (AAC)**

The Committee approved three AAC appointments. No further discussion took place on this item.

The Committee was ASSURED on this item.

Decision: The Committee APPROVED the appointments of the consultants on behalf of the Board.

PODCC (25)102 **Workforce Policies for Approval**

The Committee received assurance that the documents received have been reviewed in line with Policy 190.

- Agreed that **Chair's action is to be undertaken to approve six local policies listed post consideration at the Health Board Partnership Forum meeting on 18 November 2025.** **HH**
    - 247- Anonymous Communications Regarding the Workforce Policy
    - 436 - Rostering Policy
    - 438 - Shared Parental Leave Policy
    - 713 - Honorary Contracts Procedure
    - 1386 - Re-banding Procedure1409 - Neonatal Care Leave Procedure
- Extend the review date of the following policies:
    - 558/787 - Medication Errors (until 28 February 2026)
    - 121 - Relocation Expenses (until 28 February 2026)
    - 158 - Redeployment Policy (until 31 May 2026)

    - 001 - Adverse Conditions (until 28 February 2026)
    - 109 - Time off in Lieu (until 28 February 2026)
    - 100 - Induction (until 28 February 2026)
    - 113 - Learning & Development (until 28 February 2026)
    - 1103 - Performance Management (until 28 February 2026)
- Adopt the NHS Wales Anti-Sexual Harassment Policy and the revised All-Wales Flexible Working Policy

The Committee was ASSURED on this item.

Decision: The Committee:
• RECEIVED assurance that the above local policy has been reviewed in line with Policy 190.
• AGREED that Chair's action is to be undertaken to approve all six local policies listed post consideration at the Health Board Partnership Forum meeting on 18 November 2025.
• EXTENDED eight local policies in accordance with the dates provided.
• ADOPTED the NHS Wales Anti-Sexual Harassment Policy and the revised All-Wales Flexible Working Policy and note the All-Wales policy schedule update provided.
• NOTED the documents provided for information in relation to Career Breaks and Short-Term Protection of Earnings.

PODCC (25)103 **PODCC Workplan 2025/26**

The Committee noted the PODCC workplan 2025/26.

PODCC (25)104 **ANY OTHER BUSINESS**

Mrs Marks, as Chair, reminded the Committee this is a quarterly meeting and stated she will not approve a high number of deferrals for the next meeting. Should significant deferrals occur again, Mrs Marks will request the Committee convene on a bi-monthly basis.

PODCC (25)105 **DATE OF NEXT MEETING:** 9.30am-12.30pm, Tuesday 17 February 2026

1.4

1.4 - Table of Actions from the meeting held on 04 November 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

Attachments

Table of Actions PODCC 04 November 2025.pdf

TABLE OF ACTIONS
PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE (PODCC)
MEETING HELD ON 04 NOVEMBER 2025

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
PODCC(25)89	**Staff Story - Sickness Absence Tool Demonstration** • To present the tool in more detail at a future PODCC meeting.	**MJ**	**27 Jan 2026**	**Complete:** On the agenda for the February/May PODCC meeting.
PODCC(25)92	**Whistleblowing in Hywel Dda** • To provide a written report at the next PODCC meeting in February.	**HH**	**27 Jan 2026**	**Complete:** On the agenda for the February PODCC meeting.
PODCC(25)94	**Planning Objectives General Update Report** • To request that Mrs Anna Bird circulates further details on the Welsh Government sensory loss event in November to Committee Members.	**LG**	**31 Nov** 2025	Closed: Details of the event were circulated by the BPI team to members of the Sensory Loss Partnership Group to encourage attendance and participation. Unfortunately, due to annual leave, the request to share the event details with Committee Members was missed, and the team apologise for this oversight.
PODCC(25)97	**Sickness Rates and Cultural Challenges in Theatres** • To provide a written report at the next PODCC meeting in February.	**AC**	**27 Jan 2026**	**In Progress:** On the agenda for the February PODCC meeting.
PODCC(25)102	**Workforce Policies for Approval** • To arrange approval of 6 policies via Chair's Actions following the rescheduled Health Board Partnership Meeting on 18 November.	**HH**	**01 Dec 2025**	**Complete:** Approved by Chair's Action on 26/11/25

Leads:

MJ: Michelle James	LG: Lisa Gostling	
HH: Heather Hinkin	AC: Andrew Carruthers	

1.5

1.5 - Assurance and Risk Report

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

Attachments

1.5 PODCC - PRR CRR ORR AI WHCs MDs February 2026 FINAL clean.pdf

1.5 Appendix 1 - PODCC Corporate Risk Register.pdf

1.5 Appendix 2 - PODCC Operational Risk Register - Feb 26.pdf

1.5 Appendix 3 - Audits and Inspections.pdf

Assurance and Risk Report

People, Organisational Development & Culture Committee - 17 February 2026

Situation

This report provides the People, Organisational Development & Culture Committee (PODCC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.

Principal Risks: 1	Corporate Risks: 2	Operational Risks 4
Audit and Inspection Reports 3	Welsh Health Circulars 1	Ministerial Directions 0

Risk Management - Overview

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.

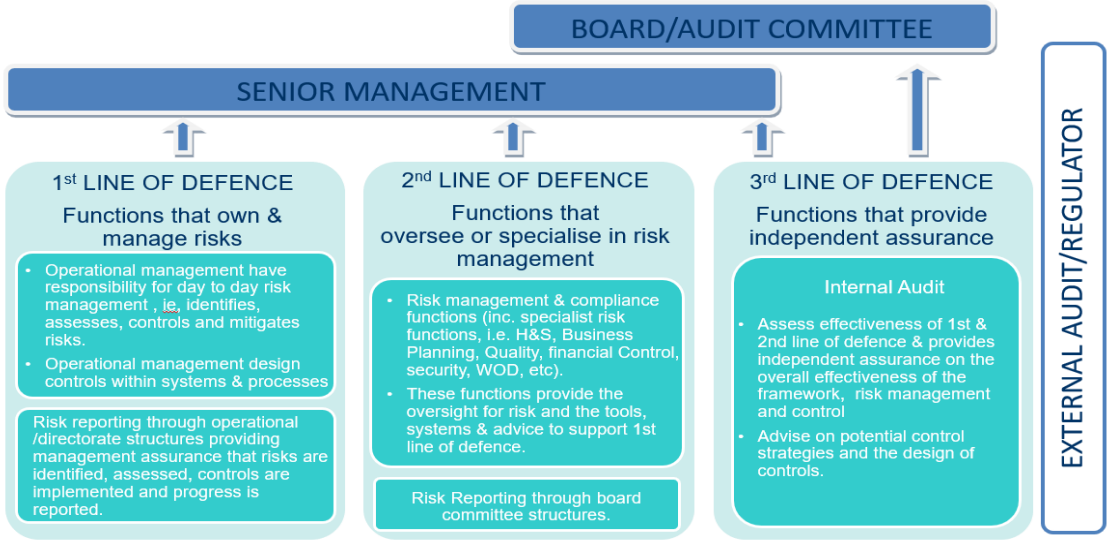
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted "Three Lines of Defence" model to ensure the appropriate responsibility is allocate for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as "Functions"), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board's Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (e.g where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the 'acceptance' of risks that cannot be brought within risk appetite.



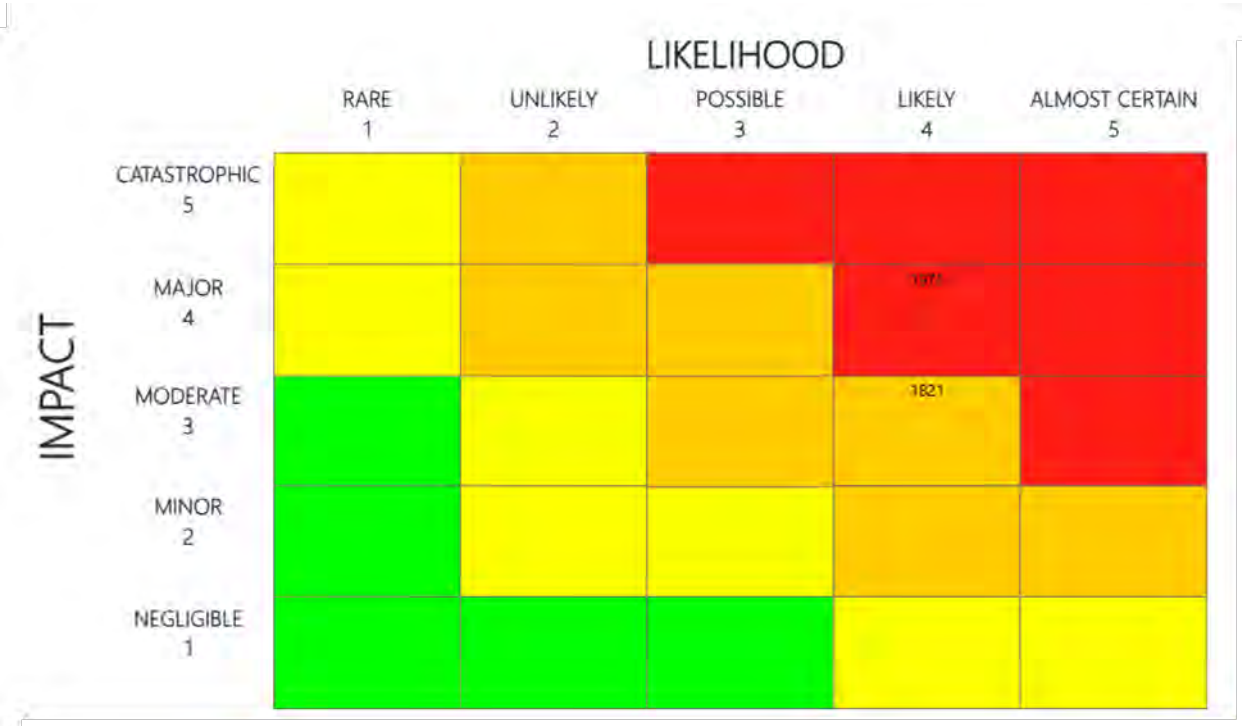
Principal Risks

As a result of the Strategy Refresh, presented to Board in January 2026, the plan is to present a refreshed Board Assurance Framework (BAF) to Board in July 2026. A review of principal risks will be undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.

Refreshed principal risks will be discussed at Board seminar in June 2026 ahead of presentation to the Board in July 2026.

Each principal risk will be aligned to a Board committee and will be reported via the Assurance and Risk Report to ensure that they are being managed appropriately, taking in to account gaps in control, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Corporate Risks assigned to PODCC



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

Corporate risks have been aligned to the most appropriate Board level Committee.

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 escalated operational risks that are of significant concern and require corporate oversight and management.

There are 2 corporate risks currently aligned to PODCC (out of the 23 that are on the CRR at 21 January 2026).

The following slides provide a summary of the reportable corporate risks aligned to PODCC. The Risk Register attached at **Appendix 1,** provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, an expected date to achieve the noted Target Risk Score, and sources of assurance.

Corporate Risks assigned to PODCC

- 1 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Director of Workforce & OD (Organisational Development)/Deputy Chief Executive Officer	**16** ➔ (Reviewed 06/01/26)	**12**	31/03/2027

Rationale for Current Risk Score (CRS)

Staff sickness rates are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is also fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped, as further action is taken through stabilisation programmes, the Clinical Services Plan (operational and strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2026/27.

Rationale for Target Risk Score (TRS)

The TRS reflects a reduction in the likelihood and impact of the risk occurring. 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. There could be concerns for the specific services and/or the annual risk based on season variation 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 these factors. We hope we will be able to take mitigated actions 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 and workforce redesign. Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified.

Corporate Risks assigned to PODCC
- 2 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1821 – Risk to the welfare of Health Board staff due to current demands	Director of Workforce & OD (Organisational Development)/Deputy Chief Executive Officer	**12** ➔ (Reviewed 10/12/25)	**6**	31/03/2026

Rationale for Current Risk Score (CRS)
The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.
Rationale for Target Risk Score (TRS)
The TRS 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.

The risk is currently under review to reflect the risk to staff wellbeing and experience, which is being driven by the context within the Health Board is currently working within. The revised risk is scheduled to be presented to Formal Executive Team in March and will be reported via the Assurance and Risk Report due to be presented to PODCC in May 2026.

Operational Risks assigned to PODCC

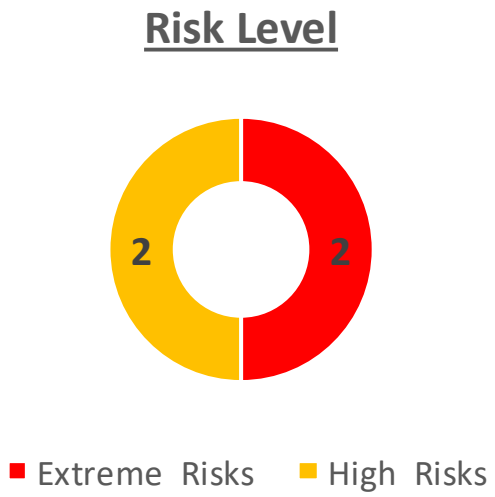
4 operational risks on Datix have been aligned to PODCC which are all within review date. They have been identified as reportable to PODCC based on the following criteria:

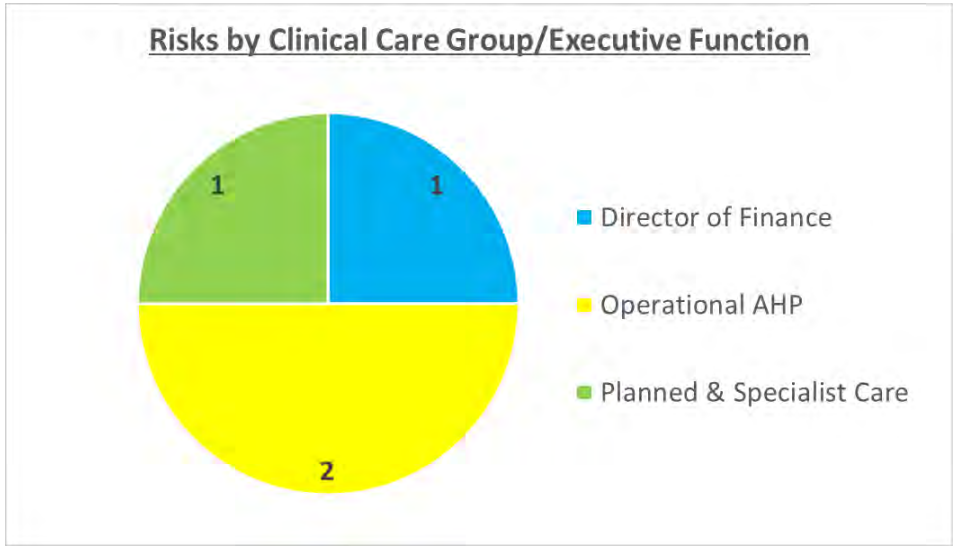
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

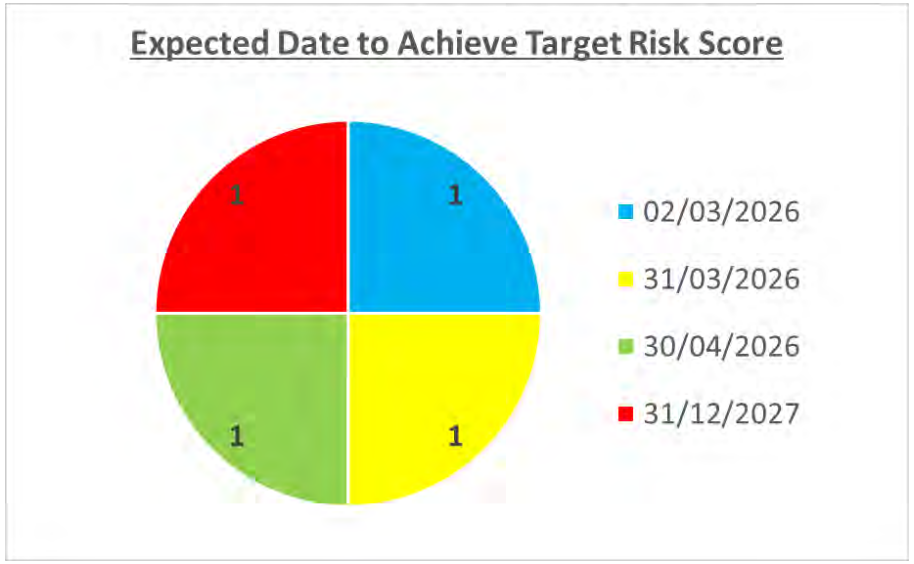
The Workforce themed risk register is sent to subject matter experts on a bi-monthly basis.

The following slide summarises the operational risks aligned to PODCC, with full details of reportable risks included in **Appendix 2.**

Total Number of Open Risks meeting criteria for reporting	4
New Risks since last reported to PODCC	2
Closed Risks since last reported to PODCC	1
Risks no longer reportable to PODCC	2
Increase in Risk Score since last reported to PODCC	0
Decrease in Risk Score since last reported to PODCC	1
No Change in Risk Score since last reported to PODCC	1
EXTREME (RED) Risks (based on 'Current Risk Score')	2
HIGH (AMBER) Risks (based on 'Current Risk Score')	4







New Operational Risks reportable to PODCC

Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2169 – Risk to staff wellbeing in weight management service due to unrealistic expectations with associated unreasonable behaviour	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25 **(NEW)**	12	30/01/2026	29/12/2025
2253 – Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses.	Planned & Specialist Care	Chief Operating Officer	16 **(NEW)**	8	31/12/2027	16/12/2025

Closed Operational Risks reportable to PODCC

Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Closed
1409 - Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Closed, with risk 2253 superseding (*Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses*).	16/12/2025

Operational Risks no longer reportable to PODCC

Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Re-Aligned
2102 - The risk of radiology service delivery due to leadership fragility	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Risk re-aligned to QSEC due to the impacts on quality if risk materialises	21/10/2025
1580 - Risk to endoscopy service provision due to challenges in recruiting consultant gastro / endoscopists	Planned & Specialist Care	Chief Operating Officer	Risk re-aligned to QSEC due to the impacts on quality if risk materialises	21/10/2025

Decrease in Operational Risk Score

Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score*	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2088 – Risk that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	12	6	31/03/2026	29/12/2025
Rationale for Current Risk Score							
System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.							

No Change in Operational Risk Score

Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Director of Finance	Director of Finance	**12**	**6**	02/03/2026	02/10/2025

Risk themes

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The risk theme “Workforce” is currently aligned to PODCC. This ‘theme’ is included on Datix and shared with Workforce Planning on a bi-monthly basis to improve the ‘oversight’ of risks by specialist areas and functions within the Health Board, to provide guidance to those responsible for managing risk and develop/improve organisational controls, i.e., policies, procedures, systems, processes, to reduce the risk to the Health Board. On review of the risk registers, Workforce Planning identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

The Committee’s role in respect of these themed risks is to receive assurance in terms of the management oversight of these, i.e., that advice has been provided to the management lead where appropriate on the management of the risk, as well assuring that any themes/trends have been picked up and addressed e.g., form part of work plans, training, etc.

It has been recognised that the theme of ‘Workforce’ is broad and may not be helpful in effectively capturing thematic risks across the Health Board, nor in the analysis of data. A paper with proposed revised themes for each sector of ‘Workforce and Operational Development’, including draft definitions (for risk assignment purposes) is being presented to the Workforce & Operational Development Business & Performance Group in January 2026, following which the newly revised workforce themes will be added to Datix and risks re-aligned accordingly.

Audits and Inspections - Overview

The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations;
- Financial controls at the health board that are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews, or other control reviews; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation, and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete (NEW)	The recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.
Pending Decision (NEW)	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Audits and Inspection Reports assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

There are currently 3 open reports assigned to PODCC, 1 of which is pending approval to close (HEIW: Education & Training Targeted Visit Report General Surgery, WGH). Full details are included in **Appendix 3**.

Date of report	Report Issued By	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommend-ations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma and Orthopaedics Glangwili Hospital March 2024	Community & Integrated Medicine	Chief Operating Officer	Aug-24	~~Aug-24~~ ~~Mar-25~~ Aug-26	8	0	0	7	1	0	0	0	No barriers noted.
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Interim Medical Director	Aug-25	~~Aug-25~~ N/K	12	0	0	12	0	0	0	0	No barriers noted.
Jul-25	Internal Audit	Sickness Management Final Internal Audit Report 2025/26	Director of Workforce	Director of Workforce & Organisation Development	Sep-25	~~Sep-25~~ ~~Nov-25~~ N/K	2	0	0	1	1	0	0	0	No barriers noted.

Implementation of Welsh Health Circulars (WHCs)

There is 1 open WHC aligned to PODCC as at January 2026.

All WHCs are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each Welsh Health Circular (WHC) is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of January 2026, and the number completed since the previous report. To provide a more accurate reflection of WHC progress, three new status categories have been introduced since the last Committee report. Definitions for these new categories are included in the table below.

Status Category	Definition	Number of WHCs
Overdue	The WHC is behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.	0
Unable to Complete	The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.	0
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.	1
Reliant on External Factors	The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	The Service / Function have completed the WHC and are currently awaiting formal approval to close.	0
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	0

Oversight of the delivery of WHCs has been included in new Clinical Care Group (CCG) Terms of Reference, with the requirement to escalate appropriately instances of non-compliance.

The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

Welsh Health Circulars assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Progress Update
038-25: All-Wales NHS Accessible Communication and Information Standards	22/09/2025	Workforce and Organisational Development	Director of Workforce & OD / Deputy Chief Executive Officer	22/09/2027	In Progress	There are three distinct parts to this WHC: - - Accessible communication and information standards in healthcare. - Accessible information standard for GP practices. - Standard Operating Procedure: commissioning interpretation and translation services in primary and emergency healthcare. Leads for each element of the WHC are in the process of being identified.

Recommendations

The Committee is requested, in relation to the areas presented in this paper, to: -

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Welsh Health Circulars

- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jan-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	3×4=12	31/03/2026	6
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	4×3=12	4×3=12	→	2×3=6	31/03/2026	13

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	**This will probably never happen/recur (except in very exceptional circumstances).**	**Do not expect it to happen/recur but it is possible that it may do so.**	**It might happen or recur occasionally.**	**It might happen or recur occasionally.**	**It will undoubtedly happen/recur, possibly frequently.**
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	**Minimal injury requiring no/minimal intervention or treatment.**	**Minor injury or illness, requiring minor intervention.**	**Moderate injury requiring professional intervention.**	**Major injury leading to long-term incapacity/disability.**	**Incident leading to death.**
	No time off work.	**Requiring time off work for >3 days**	**Requiring time off work for 4-14 days.**	**Requiring time off work for >14 days.**	**Multiple permanent injuries or irreversible health effects.**
		Increase in length of hospital stay by 1-3 days.	**Increase in length of hospital stay by 4-15 days.**	**Increase in length of hospital stay by >15 days.**	**An event which impacts on a large number of patients.**
			Agency reportable incident.	**Mismanagement of patient care with long-term effects.**	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	**Peripheral element of treatment or service suboptimal.**	**Overall treatment or service suboptimal.**	**Treatment or service has significantly reduced effectiveness.**	**Non-compliance with national standards with significant risk to patients if unresolved.**	**Totally unacceptable level or quality of treatment/service.**
	Informal complaint/inquiry.	**Formal complaint.**	**Formal complaint -**	**Multiple complaints/ independent review.**	**Gross failure of patient safety if findings not acted on.**
		Local resolution.	**Escalation.**	**Low achievement of performance/delivery requirements.**	**Inquest/ombudsman inquiry.**
		Single failure to meet internal standards.	**Repeated failure to meet internal standards.**	**Critical report.**	**Gross failure to meet national standards/performance requirements.**
		Minor implications for patient safety if unresolved.	**Major patient safety implications if findings are not acted on.**		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

	LIKELIHOOD →				
IMPACT ↓	**RARE**	**UNLIKELY**	**POSSIBLE**	**LIKELY**	**ALMOST CERTAIN**
	1	**2**	**3**	**4**	**5**
CATASTROPHIC 5	**5**	**10**	**15**	**20**	**25**
MAJOR 4	**4**	**8**	**12**	**16**	**20**
MODERATE 3	**3**	**6**	**9**	**12**	**15**
MINOR 2	**2**	**4**	**6**	**8**	**10**
NEGLIGIBLE 1	**1**	**2**	**3**	**4**	**5**

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	**Extreme**	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	**High**	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	**Moderate**	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	**Low**	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

6
13

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

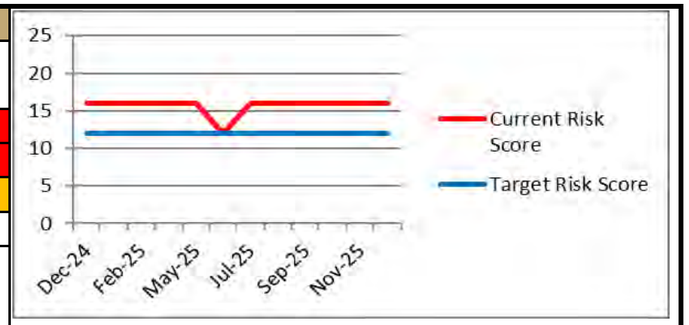
Key - Assurance Required	*NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you*
Detailed review of relevant information	
Medium level review	
Cursory or narrow scope of review	

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	**Executive Director Owner:**	Gostling, Lisa	**Date of Review:**	Jan-26
Strategic Objective:	1. Thriving Teams and 3. Great Care	**6**	People, Organisational Development and Culture Committee	**Date of Next Review:**	Feb-26

Risk ID:	**1978**	**Corporate Risk Description:**	There is a risk there 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?		1186	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	31/03/2027
Trend:	⟷



Rationale for CURRENT Risk Score:

Staff sickness rate are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation programmes & Clinical Services Plan (operational & strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2026/27.

Rationale for TARGET Risk Score:

The TRS reflects a reduction in the likelihood & impact of the risk occurring. 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. There could be concerns for the specific services and/or the annual risk based on season variation 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 these factors. We hope we will be able to take mitigated actions 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 and workforce redesign. Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
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	To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure to ensure that service workforce establishments have the correct skill mix/skills mix etc Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling for workforce and triangulation of data sources to develop coherent scenario plans based on available evidence.	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~~ 30/03/2026	Built into medical stabilisation and reports to V&S; Refreshed as part of annual planning cycle; continuous review. Challenge in consolidating 70+ operational plans aligned to professional identify and strategic direction. Requires "Forum" for dialogue and design. Planning Coordination Group acting in interim capacity. Draft Plans completed - final versions will be in place by March 26 (Revised action)
		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~~ 30/03/2026	Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025)

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 Workforce Planning and related subgroups i.e. Medical retention, MAPS etc Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach. Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans SPPEG (Strategic People Planning & Education Group) From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.			
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~~ ~~30/12/2025~~ 31/03/2026	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. Primary Care Workforce Planner in post from March 2025. Challenges with engagement acknowledged. A summary report developed compiling challenges and opportunities has been developed. Meetings held with PC; revised approach determined. Paper intended for SPEGG Dec 2025 from Primary Care Academy but deferred to Feb 2026. Extra ordinary meeting took place 6th January 2026 and paper to follow.
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~~ ~~30/12/2025~~ 31/03/2026	May need to align to National group. National Group meeting took place in July 2025. Consensus on value achieved; on mechanics more challenging discussions. No further actions coming from National Group. Establishment Control Tool and Regeneration Framework in place along with national minimum data set which is reviewed annually. As part of Annual Planning Cycle (March 2026) ensure financial profiling is aligned. Requires support from Finance colleagues.
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~~ 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. Workshop with Allocate Held. Business Plan to be developed for AHP/HCS. Medical progressing with challenges. OOH service progressing with challenges.

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	Completed	Completed. Signed off by Execs.
Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	Completed	Business as usual in most cases with the exception for international recruitment for medical. Developed and implemented up to August 2026. New plan being developed for 2nd International Cohort by 30 September 2025. No posts put forward to date for International Recruitment. Monies to be returned to WG - Finalising with Medical Directorate. Annual cycle now started to re-assess all professional group position.
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	~~31/03/2025~~ 30/11/2026	Analysis in train, based on in year and projections. To be tested by 30 September 2025; work capacity to be assessed. Further work needed to put training plans in place based on TNA. Actions for study leave/higher wards part of BAU
Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	Completed	Update paper on Staff Retention presented to PODCC to provide assurance in February 2025
Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S
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 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.	Walmsley, Tracy	31/03/2026	Competency based workforce planning was undertaken in 2022/23 with support from HEIW. Refresh of training needed prior to delivery. Delivery may need to commence from March 2026 due to team levels.

								Machanisms & Process for International Recruitment to be devised to enable transparency and engagement	Walmsley, Tracy	Completed	Engagement with NWSSP/Medical Director to clarify WG position. Meet with HEIW. Design process from local to national in line with partners. Owned by Medical Workforce Planning Group, linked to revision of establishments and ongoing plans led by Medical Directorate with support from Workforce Planning.
ASSURANCE MAP				**Control RAG Rating (what the assurance is telling you about your controls**	**Latest Papers (Committee & date)**	**Gaps in ASSURANCES**					
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**			**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**	
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 20024 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	Walmsley, Tracy	Completed	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. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards, agreement to pilot

	Risk management approach to Workforce themed Risks	1st					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 (AW) initial draft report) Refresh of Strategy to be aligned. In draft.	Walmsley, Tracy	~~31/03/2025~~ 30/03/2026	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. Meeting With AW Auditor to agree "close off" based on evidence available. For example, current Workforce plan, MDS and People Plans. The issue is related to the 10 Year Strategy and Implementation Plan for Workforce. The Clinical Services Plan (CSP) work is critical here. Completion Date revised to 30 April 2026 to account for CSP. Met with WAO lead. Draft Paper to be
	Strategic People Planning & Education Group	1st					Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	Completed	Business as usual. Completed.
	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd					Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	~~31/12/2025~~ 31/03/2026	New Action. Refreshing matrix based on All Wales Feedback. Meeting July 2025/26 of subgroup to agree process for pilot process. Being fed into AWOD for SWFP. Sub Group has met (October 2025) provisional engagement from DCHW, Cwm Taf, WAST and Cardiff & Vale to support revision of framework being undertaken to be presented at future AWOD Strategic Workforce Planning and supported by HEIW.
	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 (report - Summer 2023)	3rd								

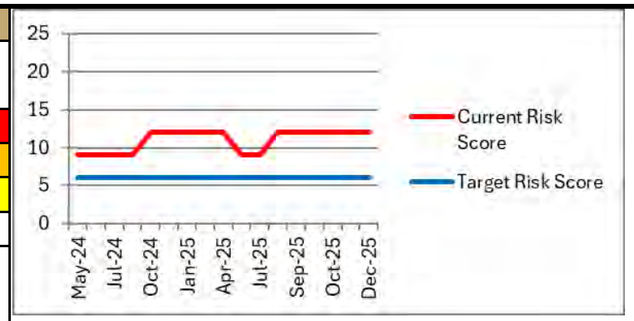
	Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans	1st							

Date Risk Identified:	Oct-23		
Strategic Objective:	1. Thriving Teams and 3. Great Care		

Executive Director Owner:	Gostling, Lisa	**Date of Review:**	Jan-26
6	People, Organisational Development and Culture Committee	**Date of Next Review:**	Mar-26

Risk ID:	**1821**	**Corporate Risk Description:**	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. 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.
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):	5×4=20
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×3=6
Expected Date To Achieve TRS:	31/03/2026
Trend:	⟷



Rationale for CURRENT Risk Score:
The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target 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)	**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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
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. Forums in place with Executive oversight to review performance against objectives - Core Delivery Group, Directorate Improving Together Sessions, Clinical Services Plan. 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.	Delivery of the WOD Planning Objective relating to the delivering a positive workplace culture.	Increase the Health Board response rate to national NHS Staff Survey in 2025.	Davies, Christine	31/03/2026	Plans are in the early stages of a Communications phase to support staff engagement in the 2025 NHS Staff survey due in October 2025. An update on action will be provided at the end of December 2025.
		Develop and implement a new recognition and appreciation framework for staff.	Davies, Christine	31/12/2025	Plan is in the initial stages of development. A further update on this new action will be provided by October 2025.

Operational Delivery Committee. Performance dashboards to monitor sickness, vacancies, grievances 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.		Implementation of Stabilisation Programmes.	Walmsley, Tracy	31/03/2026	Nursing and Medical Stabilisation Plans are in place with new developments being identified to address on a weekly basis.
		Progress the work of the EDI Task force building an inclusive and respectful organisational culture.	Bird, Anna	31/03/2026	The EDI Taskforce has met on two occasions and a core group met on 13th August 2025 and and overview and recommendations for priority areas of focus were presented to Board Seminar on 21st August 2025. An update will also be on the agenda for public Board in September 2025. Three key workstreams have been agreed and will be taken forward over the next six months: 1. Board Allyship 2. Engagement and co-production 3. Data and intelligence The EDI Taskforce has scheduled an online "Big Conversation" event which will take place on 6th Nov. A further update will be provided in March 2026

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd			Cultural Progression Report to PODCC meeting in May 2025 NHS Staff Survey Report to PODCC meeting in May					
	Core Delivery Group	1st								

	Directorate/Executive Improving Together Sessions	1st			2025 Workforce Metrics on sickness absence monitored monthly via Escalation processes Culture Overview Report presented to PODCC meeting in August 2025 Speak Up, Make Meaningful Change update report presented to PODCC meeting in				
	Workforce & OD Leadership Team Meetings (Risk led)	2nd							
	PODCC	3rd							
	Executive Team meetings (Risk led)	1st							
	Escalation Framework Meetings	1st							
	TI and JET assurance meetings	3rd							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service	Clinical Service Sub-Group Lead / Executive Function	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2169	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	Paul-Gough, Zoe	22-Sep-25	There is a risk of to staff wellbeing and associated rates of sickness absence and staff retention This is caused by unprecedented demand on weight management service since availability of GLP-1 inhibitors. This has resulted in long waiting times and inability to meet patient expectations resulting in unreasonable expectations and at times patient aggression. This will lead to an impact/affect on service continuity Risk location, Health Board wide.	- Working with comms hub / PALS supporting identification of FAQ / common complaints to manage (draft responses provided) which will reduce need for team having to pick up (reducing exposure) - WLSS supporting Pt queries (signposting info provided) - Information regarding service including 'no guarantee' of access to medications and requirement to engage in lifestyle interventions (as per evidence) /communicating long waits due to new demand at point of referral provided to service users. - Session provided to team re de-escalation of anger - V&A advice sought, expectations re behaviour added to communications / posters displayed in clinical areas. Date tbc for V&A training planned. - Work commenced with Validation team to support communication to those on the Waiting list to manage expectations - Staff signposted to Staff psychological wellbeing service - Advice sought from OD team - Communication provided to referrers - Process introduced whereby call / query handlers escalate concerns to HoS / project support not team (not sustainable) Dec 2025 Service lead cover in place and awaiting sign off for scripts to be used and comms team to take on complaints and queries on behalf of WM team . Job advert to go out to recruit into newly vacant positions due to staff leaving	Workforce/OD	5	5	25	impact score of 5 criteria met: "Loss of several key staff" (3 staff members on long term sick, one of whom had sited work related stress when handing in notice, "Non-delivery of key objective/service due to lack of staff" (single handed prescriber is raising concern re workload demand, (as per linked risk ID 2151), key objective of service cannot be delivered without a prescriber. Likelihood score of 5 until actions to mitigate the current gaps in current control are complete. Liaise with communication and engagement team to agree a UHB-wide Communication to public to manage service user expectations seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan. Expedite commencement of the communication hub to field calls and emails (which will include managed escalation of queries) to protect weight management service staff.	Expedite communication hub fielding calls / emails with managed escalation of queries to protect staff asap Communication urgently required to public to manage service user expectations Consider pausing non-urgent new assessments to support focus on those have open Duty of Care and improve efficiency (internal waits following assessment meaning delayed interventions and increased DNA). This will be support staff wellbeing by reducing pressure to undertake new assessments (giving capacity for interventions for those already in service), improve quality (intervention more timely as currently long wait from assessment to intervention), and improve efficiency as due to long waits, assessments may need repeating and DNA rates have increased. WHC 2025/043 released	Paul-Gough, Zoe Hughes-Moakes, Alwena Paul-Gough, Zoe	~~31/12/2025~~ 31/03/2026 ~~28/11/2025~~ ~~31/01/2026~~ 30/04/2026 ~~28/11/2025~~ ~~31/01/2026~~ 30/04/2026	Trial is complete. Comms hub have had some delays and have agreed to pick up in Feb 2026. Current mitigations not working, require a UHB communication to the public. Tabled for discussion at HWOG (governance group for obesity). An internet page has been agreed however comms to public still to be agreed. QIA approved at CCG Jan 2026. Communication to Executive director planned in advance of submission to QIA panel. Meeting om 29.1.26 to explore if service meets Fragile Service criteria. Agreement to go live with Comms hub middle of Feb 2026. V&A training scheduled for Feb 2026. Submitted to Annual HB planning process. Task and Finish group established under the Health Weight Oversight Group to deliver on WHC recommendations.	People, Organisational Development and Culture Committee	3	4	12	The target for staff well-being is reflected in staffing levels and sickness rates. This will ensure the impact on service continuity is minimised. Current planned mitigations if successful will support in the short-term. Long term resolution will likely require resource. Longer term service planning will be required across system / pathway and has been highlighted for the Healthy Weight Oversight Group and in National HWHW group. The TRS date has been amended from Jan to April 2026 to reflect progress of action plan.	Treat	28-Jan-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service	Clinical Service Sub-Group Lead / Executive Function	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
															Consider pausing non-urgent new assessments to support focus on those have open Duty of Care to and improve efficiency (reduce time between assessment and intervention). WHC 2025/043 released October 2025, has specified priority areas to target prescribing, which will aid service prioritisation.	Seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan.	Paul-Gough, Zoe	~~31/12/2025~~ 30/04/2026	Met with GM with responsibility for Diabetes. Explored opportunities within budget. Identified interested parties. Agreed current provider will support training / supervision etc critical to support service continuity / succession planning. As part of the WHC Task and Finish Group, exploring other opportunities e.g. Secondary Care consultant, Community Pharmacy Model and Digital. Obesity Pathway Innovations Program grant submitted and interviews undertaken end of Jan 2026, with outcomes expected Feb 2026.							
																Communication to Primary and Secondary Care Teams to advise regarding ongoing fragility and plan in place to strengthen.	Paul-Gough, Zoe	30/04/2026	New action							
																Multidisciplinary Service review planned to incorporate the availability of new medications	Paul-Gough, Zoe	30/04/2026	New action							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service	Clinical Service Sub-Group Lead / Executive Function	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2253	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Owen, Tracy	Morgan, Barbara	20-Jun-22	There is a risk of to the health and wellbeing outcomes and high level of safeguarding concerns for Children and Young People (CYP) within the Health Board due to a shortage of Specialist School Nurses. This is caused by 1. Difficulty in recruiting SCPHN School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse)training for school nursing. 3.Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. The School Nursing service is unable to complete other aspects of its Public Health Role as the service is seen as providing an Immunisation Service. 5.There may be a negative perception by Registered Nurses on what the School Nursing Role actually entails. 6.There has been an impact to the service due to long term sickness in all three Counties. This will lead to an impact/affect on	1. Priority is given to Safeguarding and Immunisation programmes. 2. In regards to increases in Safeguarding issues, supervision is available from the Safeguarding Team and support from Team Leaders or Senior Nurse Manager. 3. Skill mix model has been adopted where the service has appointed Band 5 Registered Nurses to fill the deficit and enable them to become SCPHNs as part of the grow your own model. 4. Some of the work of the Band 6 Nurses are being delegated to Band 5 staff to help with caseloads. 5. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.	Workforce/OD	4	4	16	The service has an ongoing recruitment campaign with involvement from Workforce which identified the impact of a reduced number of Welsh Language speakers currently in the service. To date, the we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads. The Welsh language department have lowered the requirements for Welsh language posts to "level 3" which may encourage people who can speak Welsh (but not necessarily write, type, think in Welsh) to apply. Service have made a local decision (supported by CCG) to make recruitment more attractive to advertise Welsh language as "desirable".	Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload	Morgan, Barbara	31/03/2026	Supportive model was piloted during Autumn 2022 programme with mixed feedback due to HBs competing priorities of vulnerable groups. It is hoped that further discussions can be established with Public Health team ahead of Autumn 2024. This is ongoing. Recent discussions have identified limited support however further discussions are required for future planning of the School Age Immunisation Programme.	People, Organisational Development and Culture Committee	2	4	8	The Service continues to face challenges in recruiting SCPHN Nurses. This is reflected in the TRS. Whilst a recruitment drive will help mitigate the risk, the biggest challenge is recruiting in Ceredigion. There remains a shortage of SCPHN nurses across Wales.	Treat	27-Jan-26

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									1. Reduced input by the service on CYP's Health and Emotional Wellbeing due to lack of staff and increased demands in other areas of the service. 2. Limited capacity of staff to deal with increased Safeguarding and Domestic Abuse disclosure. 3.Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools. 4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service. 5. There is no uplift within the School Nursing service should member of staff go off due to sickness/maternity leave. This also applies to staff who are on training courses. Risk location, Carmarthenshire, Ceredigion, Health Board wide.						The ageing workforce, in particular in Pembrokeshire and the senior management team, along with the challenges the service are facing with succession planning, make School Nursing a fragile service. The service is currently facing high levels of sickness across the three counties which then puts added pressure on existing staff. There is currently only 1 student on the course as another student has dropped out.	Workforce support to broaden our scope of recruitment to include Social Media etc.	Morgan, Barbara	31/03/2026	To be updated on next review							

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737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	01-May-18	There is a risk of that the staff working on the switchboards within the Health Board are not able to comply with the European Working Time Directive (EWTD). This is caused by the inability to cover single handed shifts at night, weekend and bank holidays at 3 out of the 4 hospital sites. This will lead to an impact/affect on the European Working Time Directive (EWTD) is an EU initiative designed to prevent employers requiring their workforce to work excessively long hours (specifically the right to a rest break if the working day is longer than six hours), with implications for health and safety, increased levels of sickness and potentially more time off work. Consequently this could have a direct impact on patient care. Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.	Each switchboard has a lockable door. There is now a supervisor now on call for support. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - buddying system. Health Board successful for an Invest to Save bid from Welsh Government and a replacement and modernised programme for the switchboard is now in place. The project is up and running. Call recording is allowed on new system if issues are raised. Post-implementation review of system was carried out on 19th January 2023. Digital side of system is operable.	Statutory duty/inspections	4	3	12	We are not able to facilitate the required compliance without significant investment with additional staff and support from the site management. However, the night staff will have to undertake significant switchboard training to ensure that they are able to respond to the emergency calls. No complaints have been received from staff to date and concerns in the teams are minimal. Risk score was reviewed following review of system which occurred in January 2023. Risk remains the same until changes as part of the OCP are implemented.	Review physical alarm systems in GGH and WGH switchboards No update from estates - highlighted in Health and Safety report regular workstream established with Estates to review the alarms on all sites and to progress to remote monitoring	Beynon-Thomas, Kelly	Completed	following recent meeting with estates on 8/11/23 switchboard will need to decant for RAAC plank, revised to February 2024 highlighted issues during meeting to Estates that remote monitoring of alarms is now essential	People, Organisational Development and Culture Committee	2	3	6		Treat	02-Oct-25
																Review physical alarm systems in BGH and PPH switchboards Alarms highlighted in Health and Safety meetings and included in reports no update from estates	Beynon-Thomas, Kelly	Completed	meeting held with Estates to discuss alarms across all sites, currently project and work in place to try and develop ways to manage alarms remotely.							
																Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff) All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.	Beynon-Thomas, Kelly	Completed	Health and Safety advisor booked in to carry out review. Update Action at next review.							
																Develop work plan to enable switching between sites	Beynon-Thomas, Kelly	Completed	Work plan to be developed once review of alarms and Health and Safety inspection carried out.							
																OCP to be followed, merging of GGH and PPH teams, and merging of BGH and WGH out of hours to remove lone working and comply with EWTD	Brain, Sarah	30/09/2025	OCP currently in process							

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2088	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	09-Jun-25	There is a risk of There is a risk of staff have a poor experience at work. This can contribute to burnout in clinical, administration and managerial staff, resulting in emotional, physical, psychological impacts. This is caused by Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors which may include high workloads, working in isolation, lack of control or autonomy, insufficient recognition, miss match in values, unfairness in work distribution and reward and negative work life balances. Moral and ethical distress also adds to the risk of negative impacts on wellbeing. This will lead to an impact/affect on Wellbeing, attendance at work, poor cognitive decision making, loss of clinical capacity/ efficiency, poor recruitment and retention of staff, patient safety. Team functioning and work and home relationships are often effected. Feelings of uselessness, cynicism, compassion fatigue. Risk location, Health Board wide.	Staff directed to HB staff psychological wellbeing services and tools on the website Staff directed to NHS counselling service (Canopy) Health board 1:1 support service Prevention of burnout resources available on line to all staff Individual stress risk assessment completed, and action plans made Individual referral to occupational health when triggers met Individual Job planning template completed Staff to book regular annual leave and managers to monitor Service and team leads to monitor overtime / TOIL Operational managers are supported to attend Health and Safely training that includes workplace stress risk assessment.	Safety - Patient, Staff or Public	3	4	12	System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.	Staff to be made aware of all resources available to support wellbeing	Griffith, Susan	Completed	links to staff resources distributed throughout the service through the service leader communication infrastructure.	People, Organisational Development and Culture Committee	3	2	6	Despite the current controls, staff engagement sessions highlight that many staff continue to have a poor experience while at work, that carries the risk of impacting wellbeing, and higher levels of sickness absence.	Treat	29-Dec-25
																SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout	Griffith, Susan	Completed	Meeting undertake with Suzanne Tarrant on 5/6/25 up to date resources confirmed and the service is advised that Suzanne is raising the concept of burnout at board level and the need for organisational workstreams.							
																SG to link with Workforce and OD to see what support is available to clinical and managerial teams	Griffith, Susan	Completed	Susan Jarvis is undertaking targeted work with Teams 22/06/25 - Date to be arranged . Colours workshop undertaken with senior staff July 25 with further cascade to the wider team planned through in service training programme.							
																JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.	Davies, John	~~30/06/2025~~ 31/01/2026	JD to raise with the care group meeting infrastructure 11/07/25. CCG is piloting capacity demand modelling in podiatry. There is no specific time line for roll out in physio yet. CCG will advise later in the year. 30/10/25-No update on roll out of CCG C&D modelling - Anticipate this to have occurred by end of 2025 29/12/25-No update.							

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																Develop SMART action plan to incrementally updated training for operational managers and clinical leaders in Health and Safety, including stress risk assessment processes. (Link with Tim Harrison and Adam Springthorpe)	Davies, John	~~31/10/2025~~ 31/01/2026	11/09/25. Initial scoping of training availability for 'H and S induction training for managers' provided by Adam Springthorpe. 30/10/25-"Managers Health and Safety Induction Training" - Available through ESR - 4 day courses. (start dates - 13/11/25, 22/01/26, 16/04/26, 16/06/26, 16/09/26). To circulate to relevant staff. 28/11/25 training information circulated to service leads. 29/12/25-Staff have begun to book onto H&S course detailed above.							
																Ongoing recruitment of staff to available vacancies	Davies, John	04/01/2026	New action							
																Within budget only use of Bank Band 4 / 5 / 6 clinical staff to maintain capacity during periods of vacancy	Davies, John	04/01/2026	New action							
																Use of within budget funding to recruit Locum staff with CCG and AG1 approval until the end of the financial year	Davies, John	04/01/2026	New action							
																Development for SBAR for recovery funding to achieve a zero breach position completed and submitted for consideration for additional WAG funding	Davies, John	04/01/2026	New action							

Inspection Title	Recommendation	Action	Person Responsible	Original Due Date	Progress Status	Barriers	Comments/Updates
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R1. The Health Board must ensure that the departmental induction adequately prepares trainees for their roles in the department.	Review current departmental induction arrangements to ensure that sufficient information is provided to prepare the trainees.	Mr Owain Ennis	31/08/2024	Fully complete (Approved)		Departmental handbooks have been reviewed and amended appropriately. Information and processes for departmental induction has been sought from those departments where the system is effective. This will inform the review of the T&O departmental induction for August 2024. A QI project has been instituted to improve the induction programme using QI measures, this project will be led by the junior doctors themselves to be sure we can achieve what they really require. Plan is to have PDSA cycles in August and October. Update June 2024 – Handbooks have been updated ready for the August induction. Departmental induction dates and times for the August changeover are in the process of being confirmed. First PDSA cycle will commence in august. Update Oct 2024 - The induction is now split into 2 parts, first part delivered by the Clinical Lead and the second part is delivered by Specialty Nurses and 2 experienced junior doctors, who are now also acting as informal mentors for day-to-day advice and support. Pre-prepared induction videos are in the process of being created and induction information is also included on the EOLAS app which all new doctors are given access to when they start. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 29.05.20925 - Evidence has now been uploaded.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R2. The Health Board must ensure that Educational and Named Clinical Supervisors and trainees have timely and effective interactions to ensure support for education and curriculum delivery	A programme of meetings is to be scheduled in to Educational and Clinical Supervisor calendars so that the appointments are organised well in advance. Dates to be communicated with trainees when they start in the department.	Mr Owain Ennis	31/08/2024	Fully complete (Approved)		All juniors have an ES and CS clearly identified. Pre-arranged dates are often challenging to organise due to clinical commitments and leave from both trainee and trainers perspective, however the suggested system will be put in place from August 2024. Update June 2024 – Mutually convenient dates and times will be confirmed when the new trainees start in August. Update Oct 2024 - All juniors have an ES and CS clearly identified. Pre-arranged dates are often challenging to organise due to clinical commitments and leave from both trainee and trainers perspective and some trainees will require more meetings than others but trainers are confident that timely and effective interactions will take place with trainees. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 21/10/2025 - Evidence now attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R3. The Health Board must ensure that there are effective handovers.	Establish clinical lead for cross-cover induction	Mr Owain Ennis	30/06/2024	Fully complete (Approved)		An SOP was created (Jan 2024) outlining the new format for cross-cover handover. This was introduced with the April rotation and will continue to be delivered as part of cross-cover induction going forward (i.e. Aug, Dec and Apr rotations plus GPST/CT rotation in Feb). Attendees are required to sign a declaration confirming this. Attendance at handover is recorded. Preliminary audits (2 cycles) have been completed (July 2023, Jan 2024). Further PDSA cycles to be conducted to monitor adherence following introduction of SOP. Update June 2024 – Clinical lead for cross-cover induction has been identified. This action can now be closed. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 29/05/2025 - evidence attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R3. The Health Board must ensure that there are effective handovers.	Continue PDSA cycles to monitor adherence to SOP	Mr Owain Ennis	31/05/2024	Fully complete (Approved)		Update June 2024 – Next PDSA cycle to be initiated in August 2024 post induction. Update Oct 2024 - An SOP was created (Jan 2024) outlining the new format for cross-cover handover. This was introduced with the April rotation and will continue to be delivered as part of cross-cover induction going forward (i.e. Aug, Dec and Apr rotations plus GPST/CT rotation in Feb). Attendees are required to sign a declaration confirming this. Attendance at handover is recorded. Preliminary audits (2 cycles) have been completed (July 2023, Jan 2024). Further PDSA cycles to be conducted to monitor adherence following introduction of SOP and the new doctor changeover which will take place in August. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 21/10/2025- Evidence now uploaded. Audit summary for the August -Dec rotation will be drafted mid November so that any further improvements can be implemented before the next rotation. These audit cycles will take place mid way throughout each 4 monthly rotation.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R4. The Health Board must ensure that trainees are able to access training opportunities including theatre time.	Timetable detailing clinical activity to be provided to the trainees so that they know what is available, when and who to contact to attend.	Mr Owain Ennis	31/08/2024	Fully complete (Approved)		This is already scheduled for trainees with agreed sessional allocation already agreed with trainees and can be amended following further discussions. Current allocation provides 3x elective theatre sessions, 1x trauma theatre session and 1x fracture clinic session per week. Update June 2024 – New trainees will be provided with a copy of the clinical activity timetable when they start in August and will be kept abreast of any changes. Update Oct 2024 - This is already scheduled for trainees with agreed sessional allocation already agreed with trainees and can be amended following further discussions. Current allocation provides 3x elective theatre sessions, 1x trauma theatre session and 1x fracture clinic session per week. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 21/10/2025 - Due to varying interests, details of regular department activity has been included as part of the induction handbook so that it is easily accessible. Evidence attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R5. The Health Board must ensure that the rota continues to be delivered in its current format with twilight shifts and additional weekend cover, which will require further permanent roles to achieve that.	This will need financial support for long term rota change and this will need to be approved at Executive Level.	Mr Owain Ennis	30/06/2024	Fully complete (Approved)	Financial support required for long-term plan	Directorate to review its current resource allocation and proposals for reprioritisation to address this recommendation and (if applicable) Executive approval. The favoured option is a 1 in 16 covering both GGH and PPH sites. This would address not only the additional shifts at GGH, but also remove reliance on expensive locum shifts at PPH and enhance training opportunities for both elective and acute T+O on both sites, with allocation of an SHO level doctor to elective theatre Mon-Friday at PPH. In addition to this, the dept has also proposed recruitment of a 3rd trauma specialist ANP. Update June 2024 – The additional shifts continue to be filled by locums and are rarely vacant. A new 1 in 16 rota that is EWTD compliant and F+F compliant has been created and discussions are ongoing at a senior level to support its introduction and subsequent appointment of additional substantive staff to ensure that the rota is sustainable. Revised date = Sept 2025 Update July 2025 - Please see emails attached which relates to the SBAR around additional junior doctors which was taken in September 2024 but declined as it required exec sign off. The SBAR was subsequently submitted as part of Orthopaedic's Annual Plan for 25/26 which has been accepted so we plan to re-submit this via FCSG over the coming weeks.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R6. The Health Board must ensure there are effective means for staff to speak up safely if exposed to inappropriate behaviours, including misogyny. There also need to be effective mechanisms to address it.	Educational film to be created which sets out scenarios which include unprofessional behaviours and will include misogyny. The film will include a signposting section and will provide information on speaking up safely.	Mrs Helen Thomas	31/08/2024	Fully complete (Approved)		Scenarios have been collated, format for the film has been agreed and filming will start in June. Update June 2024 – Filming will cover 2 days and starts on Thursday the 20th June. Update Oct 2024 - English version of the film has been recorded and awaiting dates for filming of the Welsh version, to be confirmed. Update Nov 2024 - Welsh version is being filmed on Friday the 22nd Nov and the film will be ready by the end of December Update April 2025 - Film is now complete. It is too large to upload as evidence but is available via secure share portal if required. Revised completion date: 31/12/2024

HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R6. The Health Board must ensure there are effective means for staff to speak up safely if exposed to inappropriate behaviours, including misogyny. There also need to be effective mechanisms to address it.	Ensure that the Speaking up Safely page on the intranet is included as part of the new doctor induction	Mrs Helen Thomas	31/08/2024	Fully complete (Approved)		There is a wealth of information on the Health Boards intranet/Sharepoint pages which relate to Speaking Up Safely and so we need to raise awareness of it. Update June 2024 – August Induction packs have been updated to include this information and HEIW are also in the process of creating a toolkit to support staff to speak up. Update Oct 2024 - Meetings with the trainees followed the last targeted visit and further information was obtained as part of these (summary of discussion attached). This feedback was shared with the T&O team by the Clinical Lead, and specific individuals who had demonstrated inappropriate behaviours linked to their communication and manner, were spoken to independently. Scenarios have been collated, format for the film has been agreed and filming will start in June. English language film has been created and we have confirmed a date in September for filming the Welsh version. There is a wealth of information on the Health Boards intranet/Sharepoint pages which relate to Speaking Up Safely and wellbeing. We have incorporated this information into the new doctor induction sessions. Update April 2025 - The work in confidence platform information is now shared with doctors as part of induction, as part of the initial discussions when they start. The information is shared by the Faculty Lead who provides a welcome presentation. We have also created an anonymous form which we have shared links and QR codes to. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R7. The Health Board must ensure there this adequate support for trainers to enable them to effectively deliver their roles.	Appropriate time to be allocated in job plans in accordance with job plan activity tariffs.	Mr Owain Ennis	30/06/2024	Fully complete (Approved)		A number of doctors within the department have time allocated for the Trainer role but a number of job plans require review. Service Delivery Manager position is currently vacant awaiting completion of the recruitment process. Update June 2024 – New service delivery manager has recently been appointed and job plan reviews meetings are in the process of being arranged. Update Oct 2024 - Most of those clinicians within the department who hold the Trainer role have an up to date job plan in place however, there are 2 job plans which need review. Service Delivery Manager position was vacant for some time but now this role has been filled and outstanding job plan reviews have been arranged to take place in October and November. Update May 2025 - Job plan compliance has now risen to 94% which exceeds the 90% target. Evidence attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R7. The Health Board must ensure there this adequate support for trainers to enable them to effectively deliver their roles.	Ensure that doctors have an up to date job plan.	Mr Owain Ennis	30/06/2024	Fully complete (Approved)		Update June 2024 – New service delivery manager has recently been appointed and job plan reviews meetings are in the process of being arranged. Update Oct 2024 - Most of those clinicians within the department who hold the Trainer role have an up to date job plan in place however, there are 2 job plans which need review. Service Delivery Manager position was vacant for some time but now this role has been filled and outstanding job plan reviews have been arranged to take place in October and November. Update May 2025 - Job plan compliance in the department has now increased to 94% which exceeds the 90% target. Evidence attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R8. The Health Board should consider how to amalgamate patients onto fewer wards.	The Glangwili Hospital Management Team is currently leading a review of the overall bed model for the site, which includes provision of appropriate bed capacity for Orthopaedic Trauma patients along with other specialities requirements. A target date for implementation is currently being assessed.	Mrs Bethan Andrews	30/06/2024	Fully complete (Awaiting approval)	Update received from the hospital management team on 21/10/2025:- This recommendation is not achievable at this time. The bed base is what it is and whilst we have an empty ward template (Y Lolfa) this is going to be used for the fire precaution works (2 year plan) as a decant ward. What we have done is utilise community beds (AVH and Llandovery) for post op orthopaedic patients who require rehabilitation. As a hospital not only is the bed occupancy at 100% capacity we also have surge beds in use also patients being managed in non bed space areas. We are looking at TUEC plans with a view to reducing bed occupancy but this is a longer term plan (across the HB) but will require significant financial investment.	Update June 2024 – Review ongoing. Update Oct 2024 - The Glangwili Hospital Management Team is currently leading a review of the overall bed model for the site, which includes provision of appropriate bed capacity for Orthopaedic Trauma patients along with other specialities requirements. The Clinical Lead has escalated the issue to the Deputy Medical Director and Hospital Director for GGH on more than one occasion and raised at CSP meetings for wider HB discussion. As of yet, we are unaware of any specific action being taken. Update Oct 2025 - Please see response from hospital management team which has been included as a barrier to completion. It should be noted that this is a recommendation put forward by HEIW rather than a requirement and while every effort can be made to implement it is not a HEIW requirement for medical training. 02/02/2026- additional orthopaedic beds cannot be created in GGH. There is a lack of orthogeriatric cover which does affect the LOS of patients. We have a transfer to pathway for patients to go to community hospitals for rehabilitation. Evidence to be uploaded onto AMaT to allow this action to be fully closed.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R1. The Health Board much ensure that: Inappropriate behaviours, including bullying, discrimination, misogyny, and undermining must be eliminated from the workplace.	The clinical lead for general surgery will send an email to all senior clinicians within the general surgery department, health board wide. The email will be a reminder that inappropriate behaviour is not acceptable and that it must be eliminated from the workplace in line with the health board values.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The clinical lead and management team has verbally addressed the concerns regarding inappropriate behaviour with the team and ensured that it must be eliminated from the workplace. There was agreement to this and an agreement for the clinical lead to share the message with the winder team across the health board. 14/07/2025 - Email from clinical lead has been sent to the team, Induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below: 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R2. The Health Board much ensure that: Robust monitoring must be implemented, with an appropriate response to transgression and feedback provided to the reporter.	Monitoring will be undertaken locally by consultants and in the wider department by the clinical lead and management team. Appropriate will be taken and fed back to the reporter.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		Pathways for reporting concerns were agreed and it was agreed that these will be included in the departmental induction handbook and shared verbally during departmental induction. 14/07/2025 - Email from clinical lead has been sent to the team, Induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below: 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH

HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board much ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Pathways for reporting inappropriate behaviours will be formalised and encouraged. These will be included in the email from the clinical lead and the departmental induction handbook.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		14/07/2025 - Email from clinical lead has been sent to the team, Induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below: 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board much ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	The service has ensured that there are a number of methods of reporting inappropriate behaviours within the department, some of which are not on the site that they work on to ensure there is confidence that they will be dealt with impartially. Methods of reporting within the department: Assigned educational supervisor – on site Another consultant – on site Clinical lead – from another site Management team – health board wide	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		Handbook has been updated in readiness of the August changeover. 14/07/2025 - Email from clinical lead has been sent to the team, Induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below: 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH The timescale of dealing with reports of inappropriate behaviour will vary, depending on the case. Some incidents will require a fact finding exercise. All reports will be dealt with as quickly as possible with all parties involved being supported throughout.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board much ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Wider Health Board Microsoft Teams Link to be sent to trainees for the anonymous escalation of unprofessional behaviours	Mrs Helen Thomas	30/06/2025	Fully complete (Approved)		Teams link created and shared with trainees:- https://forms.office.com/e/50evZGi2P6 Trainees have submitted concerns via the form and this has led to further action being taken in accordance with the professional standards processes. The teams link was created prior to the visit and shared with trainees. This action is complete.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board much ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Professionalism, active bystander and speaking up workshop to be mandated for all trainers in the department.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)		Half day educational workshop is in the process of being put together incorporating an introduction to professionalism and unprofessional behaviours, active bystander training and speaking up training, this will start to be piloted from the end of August 2025 and will start in the Withybush Surgery Department.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board much ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Professionalism in providing feedback to be included as part of the Trainer Development Day agenda (20/06/2025)	Mrs Helen Thomas	30/06/2025	Fully complete (Approved)		Trainer development day agenda includes professionalism in providing feedback – taking place on the 20th June 2025. Event took place. Professionalism and feedback included as part of the afternoon session. Well received. Action complete.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board much ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Well-being support to be offered to those trainees who have been subject to/witnessed unprofessional behaviour. This will be taken forward by medical education.	Mrs Helen Thomas	30/06/2025	Fully complete (Approved)		Trainees have been sign posted to the Health Board's wellbeing services as well as the PSU. This was done in a face to face meeting with trainees.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R4. The Health Board must review the workload of Foundation Year 1 residents to ensure that they are able to complete their work requirements before the end of their workday. Furthermore, the tasks undertaken by other clinical staff within the department should be monitored to ensure an equitable distribution of the team workload.	The rota will be updated to move away from the F1, F2 and clinical fellows being under a named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responisble for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangements were agreed at all levels and it was agreed that Mr Mathias, Mr Elmorsy and David Lewis would work on the rota in readiness for the August rotation of trainees. The SAS level doctors were reminded about the importance of providing support and supervision during the working day. They were also reminded that, whilst undertaking the on-call between the hours of 5pm-9pm Monday to Friday and 9am-5pm weekends, they are resident on-call and are expected to be in the hospital. This detail is recorded on the rota and in each SAS Level doctor's job plan. 09/07/2025 - Clinical lead and management team met with the clinical fellow and F2 level doctors to discuss the action plan, updated rota arrangements and the importance of providing support and supervision to resident and trainee doctors during the working day. 23/07/2025 - A meeting has been arranged with David Lewis, Mr Mathias and Mr Elmorsy to allocate the above duties to the surgical resident doctor's rotas, in readiness for the August rotation. This will be a rolling rota which will be reviewed before each rotation of doctors. Mr Elmorsy will take the lead on ensuring that all areas are covered during times of sickness and annual leave and will be a point of contact for the doctors on the rota, in addition to the rota coordinator and service management team. 10/10/2025 - New due date required of 31/10/2025. The above arrangement has been in place since 11/08/2025. Following feedback that there have been issues with the new system, the clinical lead and management team met with the SAS level doctors and resident doctors on 08/10/2025, the consultants were not available. During the meeting discussions were held about the best way forward with the rota and allocation of duties and a new model was worked up with the help of the resident doctors. A new rota has been shared with the team. Communication will be made with the surgical ward regarding how duties are distributed amongst the surgical team and the plan is to implement the new rota on 24/10/2025. This will be monitored closely by the consultants and service management team. The new rota has been attached to this action.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R4. The Health Board must review the workload of Foundation Year 1 residents to ensure that they are able to complete their work requirements before the end of their workday. Furthermore, the tasks undertaken by other clinical staff within the department should be monitored to ensure an equitable distribution of the team workload.	The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)		14/07/2025 - The formalised escalation procedure is included in the updated surgical induction handbook.

HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R5. The Health Board must ensure that a minimum of one teaching ward round takes place per week within the General Surgery department.	Whilst daily ward round take place and there is an opportunity for teaching, the Wednesday and Thursday ward round by the on-call consultant will become a formalised teaching ward round. The actions undertaken in point 2 will allow the resident doctors to attend teaching ward rounds under multiple consultants. Daily handover takes place in the registrars room and this is also a teaching opportunity and an opportunity for resident doctors to present cases. This will be reiterated in the induction handbook. Resident doctors will be informed that they should complete a WBA on each of their on-call weeks. 1 with a consultant and 1 with an SAS level doctor. This will be included in the induction handbook.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangments were agreed at all levels. The first formal teaching ward round will take place on 18/06/2025, during Mr Umughele's on-call. 14/07/2025 - This information has now been added to the surgical induction handbook, in readiness for the August rotation. Surgical Teaching: This is organised by Mr Gayan Nanayakkara and a rota will be available on induction. You will be expected to present topics which are already chosen for you during your stay. If you are unable to do your presentation on a specific day, please swap this with your colleagues in the department in advance. There are 2 slots for this teaching: •Friday 08:30 in post-grad room 3 after hand over. •Monday 1-2pm in the surgical doctors room/ Lecture theatre There are formalised teaching ward rounds on Wednesday's and Thursday's, led by the on-call consultant of the week. Other opportunities for ward based teaching will be utilised as and when they arise. Resident doctors should complete a work based assessment (WBA) on each of their on-call weeks, one with a consultant and one with an SAS Level doctor.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R6. The Health Board and the Directorate must ensure that clinicians new to the Health Board, particularly International Medical Graduates, are provided with adequate information to be able to undertake their clinical duties, before starting their roles. This process should not be overly reliant upon Foundation doctors.	From a general surgery perspective, the service will be prepared for clinicians that are new to the health board and international medical graduates, by ensuring that rotas are adequately covered for a sufficient shadowing period, an educational supervisor is in place to offer support and that the new recruit is released to attend supportive training sessions available within the health board. These arrangments will be discussed and put in place on the day that the candidate accepts the post rather than when they start in the health board. A named person within the department will be responsible for sharing the induction handbook with all newly recruited doctors on their first day. It has been reiterated that it is the responsibility of the consultants and SAS level doctors to support and guide newly recruited international clinical staff.	Mrs Helen Thomas	31/08/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. It was agreed that the responsibility of supporting of international medical graduates falls on the consultants and SAS level doctors and not the foundation doctors. Discussions regarding what support is available from the wider health board and an agreement for the managemnt team to take this forward.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R7. The Health Board must make sure that feedback provided to residents about their management of patients is constructive and beneficial to learning.	The clinical lead will be sending an email to all consultants and SAS Level doctors across general surgery, health board wide. Formal feedback should be given during WBA's, Good practice shared during teaching ward rounds. Remediation should be done privately and delivered constructively, examples can be used to generate points of teaching.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. A detailed discussion took place regarding providing constructive feedback to resident doctors. The clinical lead agreed to send out an email to senior clinicians within general surgery, across the health board. 14/07/2025 - Email from clinical lead has been sent to the team.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R8. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.	The SAS level doctors have been informed that they are responsible for the supervision of SHO's and that the SHO's are responsible for the supervision of foundation doctors. Any concerns should be escalated to the consultants or management team.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		Completed – SAS Level 09/07/2025 - Clinical lead and management team met with the clinical fellow and F2 level doctors to discuss the action plan, updated rota arrangements and the importance of providing support and supervision to resident and trainee doctors during the working day and a formalised escalation plan is included in the surgical departmental induction handbook.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R8. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.	SHO's to be reminded about time keeping and the management of the bleep whilst on-call. They will also be reminded of their supisory responsibilites towards the resident doctors.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)		09/07/2025 - Clinical lead and management team met with the clinical fellow and F2 level doctors to discuss the action plan, updated rota arrangements and the importance of providing support and supervision to resident and trainee doctors during the working day. They were also reminded of their responsibilities towards the patients and the trainee doctors, and about time keeping and the management of the bleep whilst on-call.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R8. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.	The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)		14/07/2025 - A formalised escalation procedure is now included in the surgical departmental induction handbook.

HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R9. The Health Board should review the deployment of medical staff throughout the General Surgery team to help ensure a fair division of departmental workload.	The rota will be updated to move away from the F1, F2 and clinical fellows being under a named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responisble for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangements were agreed at all levels and it was agreed that Mr Mathias, Mr Elmorsy and David Lewis would work on the rota in readiness for the August rotation of trainees. 23/07/2025 - A meeting has been arranged with David Lewis, Mr Mathias and Mr Elmorsy to allocate the above duties to the surgical resident doctor's rotas, in readiness for the August rotation. This will be a rolling rota which will be reviewed before each rotation of doctors. Mr Elmorsy will take the lead on ensuring that all areas are covered during times of sickness and annual leave and will be a point of contact for the doctors on the rota, in addition to the rota coordinator and service management team. 10/10/2025 - New due date required of 31/10/2025. The above arrangement has been in place since 11/08/2025. Following feedback that there have been issues with the new system, the clinical lead and management team met with the SAS level doctors and resident doctors on 08/10/2025, the consultants were not available. During the meeting discussions were held about the best way forward with the rota and allocation of duties and a new model was worked up with the help of the resident doctors. A new rota has been shared with the team. Communication will be made with the surgical ward regarding how duties are distributed amongst the surgical team and the plan is to implement the new rota on 24/10/2025. This will be monitored closely by the consultants and service management team. The aim of the rota and allocation of duties continues to be a fair distribution of the duties of resident doctors. The new rota has been attached to this action.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R10. The Health Board should ensure that escalation protocols for deteriorating patients under the care of the General Surgery Team are clearly and widely communicated, to ensure patients are appropriately managed by the surgical team prior to external team involvement. This approach should be monitored.	The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. Escalation procedure was agreed and it was agreed for the management team to formally write it and share with the team. 14/07/2025 - A formalised escalation procedure has been added to the surgical departmental induction handbook.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R11. The Health Board should update the departmental information handbook provided to residents during induction.	Departmental handbook to be updated and reviewed regularly to ensure it's relevant and accurate for new starters.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The departmental induction handbook has been updated in May 2025, there are additional pieces of information to be added following the discussion. It was agreed that this would be updated in readiness for the August 2025 intake of resident doctors. 14/07/2025 - The surgical departmental induction handbook has been updated with all of the agreed information. It is in draft and has been sent to the consultants and clinical lead for approval before sharing. This induction handbook will be reviewed by the surgical consultants, service management team and medical education annually, before the August rotation of doctors. Should any additional information or amendments be required during the year, this will be completed.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R12. The Health Board should ensure that all Foundation Year 1 residents are able to achieve two consultant led Workplace Based Assessments per rotation.	Resident doctors will be informed that they should complete a WBA on each of their on-call weeks. 1 with a consultant and 1 with an SAS level doctor. This will be included in the induction handbook.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)		Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. Arrangments regarding WBA's were discussed and agreed by the consultants and SAS Level doctors. The management team will update the induction handbook in readiness for the August 2025 intake of resdent doctors. 14/07/2025 - This has now been added to the surgical induction handbook.
Internal Audit - Sickness Management Final Internal Audit Report 2025/26 (Limited)	R1. Absence Management Sample testing identified widespread non-compliance with the key requirements of the NHS Wales Managing Attendance at Work Policy, including: • Absence of any documentation in support of some episodes • Failure to undertake Return to Work interviews, or significant delays in completion • Absence of sufficient self-certificates and/or fit notescovering the whole of the absence • Failure to identify and act on review prompts	Development of a planned programme of sickness absence reviews, led by service managers with appropriate support from Workforce, to assess compliance with policy requirements and understand and address the root causes of non-compliance. Heads of service will be held accountable for non-compliance. Outcomes of the reviews will be reported via the CCG governance structures to provide assurance over the effectiveness of sickness management arrangements.	Heather Hinkin	30/09/2025	Fully complete (Approved)	The responsible person for the action does not attend CCGs nor is responsible for implementation of the action at a directorate level. Ensuring completion is therefore outside their control. The action to upload each CCG/directorate plan and the findings would be better served if a separate action for each CCG which can then be tracked and managed at a CCG level within AMAT.	15.8.25 - Email sent to all CCGs - the email included a copy of the audit and asked them to submit a programme of planned reviews of sickness absence management and documentation to me before 30.9.25. Copy of email attached. 18.8.25 - 1 CCG added this item to their IGG agenda for 2.9.25 20.8.25 - 1 CCG confirmed that it had been shared with their General Managers for action. A request was made for a template to submit their programmes. 22.8.25 - AD of People Mgt drafted a template to capture the plans and this was issued to all CCGs for completion 22.8.25 - copy of audit and template issued to Exec Directors for cascade to their services not covered by a CCG with completion date for submission being before 30.9.25 2.9.25 - MH&LD CCG Added the audit requirements to their IGG agenda for 2.9.25 19.9.25 - People Management submitted its planned programme to the WOD Business Unit - this will be added into the consolidated WOD return. 23.9.25 - The WOD Business Unit will be issuing a reminder to CCGs and Corporate Leads to submit their programme of audits by 30.9.25 to the WOD Business Support generic email address due to action owner now being on leave until 2 October 2025. Copy to be uploaded once issued. 30/09/2025: Revised date of 30/11/25 to allow time for it to pass through the CCG governance structures. 20/10/2025: WOD Business Manager has uploaded evidence to support that this recommendation has been initiated and followed up. 24.10.25 - Sickness Review Plans received have been uploaded.
Internal Audit - Sickness Management Final Internal Audit Report 2025/26 (Limited)	R2. Two areas visited did not recall having undertaken any training in sickness absence management. Training is not mandatory and due to the delivery methods monitoring of uptake is not feasible, emphasising the importance of ongoing promotion of available training and reliance on Workforce Advisors to identify training needs within their respective service areas.	Workforce & OD will strengthen the promotion of available sickness absence management training through Viva Engage and Workforce Advisors/Managers, who will work with their respective service areas to identify and address training needs.	Heather Hinkin	30/09/2025	Fully complete (Approved)		19.9.25 - Update from Heather Hinkin: Comms went out to all staff via Viva Engage to promote the bitesize training available and the full online training available under the All-Wales Managing Absence at Work Policy. Each time a new bitesize session is rolled out similar comms will follow as business as usual(BAU) promotions. Copy of viva engage post uploaded. 23.9.25 - Operational Workforce already regularly discuss sickness absence position with each CCG and line managers and remind them of the training available as part of BAU activities and this is included in Updates to local partnership forums as well. Sample in attached report. 20.10.25 - second sample report attached covering Pembrokeshire and these updates regularly feature in local PF meeting reports and also during 1 to 1 catchups with managers on absence. 20.10.25 - Unable to put any specific action in for the two areas mentioned in the audit report as they have not been named however training needs result in signposting to the same online sickness absence package and bespoke offerings are available on demand via our HR Advisor but capacity is limited as they are only 0.4 WTE. Other bitesize training opportunities are in the process of being developed but they too require significant resource and we can only take forward one at a time as it requires support from other pillar functions who have a range of bitesize training requests they are prioritising across the organisation via a queueing system. We may be in a better position to assess further once the outputs of each CCG programme of sickness absence reviews have been completed and this would feature in the follow up audit arranged for 2026/27.
Internal Audit - Sickness Management Final Internal Audit Report 2025/26 (Limited)	R2. Two areas visited did not recall having undertaken any training in sickness absence management. Training is not mandatory and due to the delivery methods monitoring of uptake is not feasible, emphasising the importance of ongoing promotion of available training and reliance on Workforce Advisors to identify training needs within their respective service areas.	The Learning and Development Manager will explore the feasibility of recognising completed training as contributing towards Continuing Professional Development (CPD), to encourage uptake.	Mrs Tracy Walmsley	30/09/2025	Fully complete (Awaiting approval)		30/09/2025: Revised completion date of 31/10/2025 (advised by Alison Thomas, Business Support Manager). 06/01/2026: There is a wealth of information available on our Inform pages under Learning and Development on SharePoint (evidence attached) but we will continue to develop more bespoke training to support with this.

Inspection code	Inspection title	Inspection origins

Recommendation description	Recommendation reference number

Reference numbers	Action description	Service type	Divisions

Business units	Specialities	Sites	Responsible person	Date raised from

Date raised to	Action ratings	Progress statuses	Priority types

Approval boards Risks Barriers View my actions only

1.6

1.6 - Targeted Intervention Closedown Report

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

Attachments

1.6 Targeted Intervention Closedown Report Feb 26 - PODCC.pdf

Escalation Report – People, Organisational Development and Culture Committee (PODCC)

Shaun Ayres (February 2026)

Escalation De-escalation - Close-Down of Domain 5: Leadership, Capability and Culture

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Purpose

This paper presents PODCC with the formal confirmation that Domain 5 (Leadership, Capability and Culture) has been fully de-escalated from Welsh Government Targeted Intervention to routine arrangements. There are no remaining de-escalation criteria for this domain in the revised Escalation Framework (June 2025). The Committee is asked to agree the close-down of escalation-specific reporting.

Decision Required

PODCC is asked to agree the following:

- That formal escalation-specific reporting to PODCC linked to Domain 5 Targeted Intervention is now closed.
- That assurance for the areas previously reported under escalation has transitioned to business-as-usual governance.
- That PODCC will be re-engaged through enhanced reporting should Welsh Government re-escalate this domain.

Background and Escalation Journey

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

De-escalation Journey

Stage 1: Level 4 (Targeted Intervention) to Level 3 (Enhanced Monitoring)

Confirmed by Judith Paget, Director General for Health and Social Services, in her letter to Professor Philip Kloer dated 11 March 2025. This letter confirmed that Governance and Leadership had demonstrated sufficient progress to move from Targeted Intervention to Enhanced Monitoring.

Stage 2: Level 3 (Enhanced Monitoring) to Routine Arrangements

Confirmed by Jacqueline Totterdale correspondence January 2026. This confirmed that Domain 5 (Leadership, Capability and Culture) had met the requirements for full de-escalation to routine arrangements.

Current Position

The revised Hywel Dda University Health Board Escalation Framework (June 2025) contains no de-escalation criteria for Domain 5. PODCC is the only Board Committee whose associated domain has been fully de-escalated to routine arrangements.

Evidence Summary - What Supported the De-escalation Decision

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Evidence That Supported De-escalation (1 of 2)

Substantive Executive Team

A full and substantive Executive Team is in place, including the appointment of a permanent CEO. No interim or acting gaps remain in key Executive roles. Organisational structure charts are presented and updated through Board papers.

Operational Structure

Clinical Care Groups became operational from April 2025. Organisational Change Policy (OCP) Phase 1 is complete with 11 key senior appointments made, plus a further four senior leadership appointments through the tailored recruitment programme.

Leadership Development

The LEAP programme has delivered five completed cohorts with three in progress. Three cohorts of the New Consultant Programme have been delivered. There are now 37 qualified coaches in place with 15 cohorts of the Coach Approach programme delivered. External evaluation confirms the programme is exceeding its delivery expectations.

Evidence Summary - What Supported the De-escalation Decision

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Evidence That Supported De-escalation (2 of 2)

Staff Engagement

An 8% improvement in engagement has been achieved with a 20% response rate to the NHS Wales Staff Survey. 1,050 staff completed the Culture Survey enabling development of localised people culture plans. Speak Up was launched in October 2024 with wide communications support.

Workforce Stabilisation

The Nurse Stabilisation Programme has significantly reduced the WTE gap and agency reliance. Over 60 operational workforce plans have been created. Staff retention groups are established for nursing and medical staff.

External Validation

The Structured Assessment 2024 was a positive report with only three recommendations. It confirmed that the Board and its committees continue to work well, maintaining a clear focus on governance, continuous improvement and hearing from patients and staff. Internal Audit provided reasonable assurance on TI governance arrangements.

Transition to Routine Arrangements

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Full de-escalation does not mean the work stops. It means Welsh Government is satisfied that the organisation can manage these matters through its normal governance processes without requiring formal TI oversight.

What Ceases

- Formal TI reporting to PODCC against Domain 5 de-escalation criteria.
- Inclusion of Domain 5 criteria in the Escalation Framework.
- Dedicated escalation meeting agenda items for this domain.

What Continues Through Business as Usual

- Committee oversight of leadership development and workforce planning.
- Staff engagement and culture reporting through normal PODCC business.
- Maturity matrix self-assessment as part of the annual governance cycle.
- Operational structure effectiveness review as planned.

What Welsh Government Expects

- Ongoing demonstration of leadership stability through delivery.
- Continued positive trajectory in staff engagement.
- Evidence of effective Clinical Care Group governance at quarterly escalation meetings.

Escalation Framework - Cross-Domain Position

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Current Escalation Framework Position (June 2025)

The revised Escalation Framework confirms the following position across all six domains:

- **Domain 1: Finance, Strategy and Planning (SRC) -** Remains at Level 4 Targeted Intervention with active de-escalation criteria.
- **Domain 2: Performance and Outcomes (F&P) -** Remains at Level 4 Targeted Intervention with active de-escalation criteria.
- **Domain 3: Fragile Services (S&P) -** Remains at Level 4 Targeted Intervention with active de-escalation criteria.
- **Domain 4: Governance (ARAC) –** Fully de-escalation although ARAC retain oversight of the entirety of Escalation.
- **Domain 5: Leadership, Capability and Culture (PODCC) -** Fully de-escalated to routine arrangements. No de-escalation criteria.
- **Domain 6: Quality of Care (QSEC) -** Remains at Level 4 Targeted Intervention with active de-escalation criteria.

ARAC and PODCC are the only committees whose associated domains has achieved full de-escalation.

Recommendation

The Committee is asked to:

- Note the confirmation from Welsh Government (Jacqueline Totterdale correspondence) that Domain 5 has been fully de-escalated from Enhanced Monitoring (Level 3) to routine arrangements.
- Note that the revised Escalation Framework (June 2025) contains no de-escalation criteria for this domain, confirming there are no outstanding TI requirements for PODCC to monitor.
- Agree that formal Escalation reporting to PODCC ceases from this meeting, with ongoing assurance managed through the Committee's normal business cycle.
- Note that matters relating to leadership, culture, and workforce will continue to be reported through PODCC's standing agenda as business as usual.

2

60 Mins

2 - PEOPLE

2.1

2.1 - Staff Story - Deferred

2.2

2.2 - Health Board Partnership Forum Update

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

Attachments

2.2 SBAR - SPF Update - FINAL - Feb 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Staff Partnership Forum Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anthony Dean (Unite) – Chair of Staff Partnership Forum

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board provides publicly available annual assurance reports to its Board via its People, Organisational Development and Culture Committee which receives updates from the Staff Partnership Forum (SPF) through appointed representatives.

These reports have been created to provide transparency on SPF contributions, including issues raised and include our respective trade union priorities to ensure that issues relevant to the Social Partnership Duty are duly considered.

Cefndir / Background

The SPF has been established as an Advisory Committee of Hywel Dda University Health Board and was constituted from 1 October 2009. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

The Staff Partnership Forum therefore reviews key workforce, operational, and strategic issues, including planning updates, wellbeing objectives, facilities and financial challenges. Feeding into the SPF are three local Partnership Forums, one for Pembrokeshire, Carmarthenshire and Ceredigion. Each one discusses issues at a local level and escalates matters that they have been unable to resolve at a local level or require escalation on a cross-county or service basis.

The last meeting of SPF focused on updates on Paediatrics, Clinical Services Plan, Picton Terrace relocation, Wellbeing Objectives Annual Report, Facilities and Catering pricing, Operational pressures, and Financial planning. Issues from County Partnership Forums were also escalated for discussion.

Asesiad / Assessment

The Staff Partnership Forum last met on 18 November 2025 and was chaired by the Management Chair.

The following issues were escalated from the local partnership forums for discussion or resolution:-

- **Attendance & Service Updates:** Poor attendance and lack of updates at County Forums; need for joint letter and written reports.
- **Ward Closures**: Transparency requested on Ward 9 and Ward 3 closures and mitigations.
- **Diagnostics**: Queries on reporting for Withybush Hospital (WGH) scanners and Magnetic Resonance Imaging (MRI) patient transfers to Prince Phillip Hospital (PPH).
- **Training Facilities**: Difficulty securing rooms in Aberystwyth for manual-handling training; interim solution being explored.
- **Christmas Leave:** Inconsistency flagged where leave was granted then removed due to staff shortages and the impact this can have on morale.

N.B – the above list did not include items already on the SPF Agenda as any concerns could be raised directly during those discussions.

Other issues discussed were in relation to:-

- **Health & Safety Officer Appointment**: Delay noted with an action taken to follow up.
- **All-Wales Uniform Policy**: Lack of consistency across Health Boards; action taken to raise at Deputy Director Nursing Forum.
- **Contracts**: Whether any changes had been made to sickness entitlement. An action was taken to follow up with Shared Services.
- **Occupational Health Service**: Concerns about telephone-only consultations being offered.
- **Paediatrics**: Alternative service provision being explored for WGH with an update expected for the next meeting.
- **Picton Terrace:** Move scheduled for 5 Jan 2026; themed floors and collaborative spaces highlighted.
- **Wellbeing Objectives Annual Report 2024/25**: As part of our social partnership duty, the draft report was approved for submission to Strategy & Planning Committee.
- **Facilities Update/Catering Pricing**: Concerns raised about affordability and communication with engagement requested before its implementation.
- **Operational Pressures**: Corridor care risks, discharge pathway gaps, and General Practice (GP) app access issues discussed; an action was taken to review. An update was provided on the Organisational Change Policy process.
- **Financial Position**: The trade unions welcomed the financial report provided by the Assistant Director of Finance.
- **Policies**: A number of policies were progressed for onward consideration at People Committee.
- **Other**:
    - A discussion took place about a potential closure of the weekly payroll with transition of weekly paid staff to the monthly payroll. A working group including trade union representatives would be established.
    - A discussion took place on the Health Board's submission of its pension auto enrolment data
    - Training was requested on phishing awareness.

The next meeting took place on 20 January 2026 and will be reported to the next Committee meeting.
Argymhelliad / Recommendation Committee is asked to: • **NOTE** the Staff Partnership Forum Update and **TAKE ASSURANCE** that our partnership forums promote the sharing of issues and concerns and working together to achieve appropriate resolution.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.13 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).
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:	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	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 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained in body of 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:**	Not applicable
Gweithlu: **Workforce:**	None arising from the report
Risg: **Risk:**	None arising from the report
Cyfreithiol: **Legal:**	None arising from the report
Enw Da: **Reputational:**	None arising from the report
Gyfrinachedd: **Privacy:**	None arising from the report
Cydraddoldeb: **Equality:**	None arising from the report

2.3

2.3 - Phase 2 CCG Organisational Restructure

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance)

Attachments

2.3 PODCC SBAR Ops OCP Phase 2 Feb 2026v3.pdf

2.3 Appendix 1 - PODCC Ops OCP Phase 2 Organogramsv3.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Phase 2 CCG Organisational Restructure
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Keith Jones, Director of Operational Planning and Performance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Committee is requested to note plans for Phase 2 of the Operations function organisational change process (OCP) and the rationale, scope, and implications of the proposed changes.

Cefndir / Background

Phase 1 (Parts A & B) of the Operations function operational structure review and supporting organisational change process (OCP) is now concluded with the successful establishment of 4 Clinical Care Groups (CCGs) and supporting governance structures.

Following appointments to the roles of Director of Operational Planning & Performance, Deputy Chief Operating Officer and CCG Service Directors in 2024 (Part A), senior triumvirate leadership teams within each CCG have now been successfully recruited and significant progress has been achieved in appointments to the key managerial and clinical (medical, nurse & Allied Health Professionals (AHP)) leadership roles within each CCG (Part B). This has enabled the appointment of CCG Associate Medical Directors and Assistant Directors of Nursing along with Service Group / Integrated System General Managers and Heads of Nursing.

As outlined during the consultation phase prior to commencement of Phase 1, it was anticipated that following establishment of the new CCG structure and successful recruitment of CCG triumvirate leadership teams, a further phase of the review operational structures within each CCG would be required in order to appropriately configure services and teams below CCG senior leadership level to ensure effective and appropriate alignment with the service portfolios within each CCG.

This paper provides an update in respect of plans for Phase 2 of the CCG OCP and provides a summary description of the key changes proposed. Whilst it is anticipated that Phase 2 will commence during March 2026, it should be noted that the proposed changes are subject to further discussion, consultation and engagement with the wider teams, with particular

consideration to the evolving nature of proposals within the Community & Integrated Medicine (C&IM) CCG.

Asesiad / Assessment

Phase 1 represented the most significant revision of leadership and operational structures within the Health Board for several years. Given the complexity and breadth of the structural changes within the Operations function and the capacity implications for both individuals affected and the supporting organisational development activities required, significant implementation challenges were identified during the OCP process which has highlighted opportunities for reflection and learning as plans are progressed to commence Phase 2.

It is acknowledged that Phase 1 was impactful for individuals engaged in the OCP process with time and care required to support all those affected, both during the recruitment process and for any individuals who were unsuccessful in their applications for specific roles. Recognition of the critical importance of supporting all individuals with compassion and kindness throughout the process was paramount and this approach will continue during Phase 2.

In accordance with the principles of the Health Board's OCP policies and procedures, staff who were displaced from their former roles following Phase 1 of the OCP will continue to be supported and afforded opportunities to be considered for roles which may become available during Phase 2, appropriate to their skills and experience.

Following the establishment of the new CCG structure in April 2025, these revised operational leadership arrangements are demonstrating early, positive indications of strengthened governance and enhanced control of operational, quality, performance and resource challenges. This is evidenced both through reflections from Executive Improving Together (EITS) reviews with individual CCGs and informal reflections from recent external Getting It Right First Time (GIRFT) reviews which highlighted strengthened leadership arrangements. It is also notable that there was significant interest in revised clinical leadership roles and new appointees have shown strong evidence of proactive thinking and vision for the future in support of our organisational ambitions to transform service delivery in each of the CCG service portfolios.

However, it is also apparent that significant capacity pressures remain at CCG level given the breadth and challenge of the organisation's agenda and concerns exist regarding the potential for fatigue amongst CCG leadership teams as the new structural arrangements are embedded. In parallel with the supporting Organisational Development Programme referenced later in this paper, this also serves to highlight the importance of progress with Phase 2 of the OCP to ensure the appropriate configuration of services and operational leadership capacity within each CCG.

Each CCG leadership team has reviewed existing service and leadership arrangements within their respective service portfolios and proposed revisions to current arrangements have been developed. The extent of revisions and changes proposed does vary between each CCG according to identified need.

A high level summary of proposed changes is described below with proposed operational structures within each CCG illustrated in the attached supporting document (*Proposed Operational Structures Phase 2).*

Planned & Specialist Care (P&SC)

The proposed structure of the P&SC CCG outlined during Phase 1 included the creation of two supporting Clinical Service Groups (CSGs):

- Children, Women & Family Health
- Planned Care & Cancer Services

Following subsequent review of the span of CCG accountabilities and supporting capacity, the CCG leadership team has proposed the creation of a third Clinical Service Group (Critical Care, Anaesthetics & Theatres) to appropriately reflect the breadth of operational challenges in these services and specialties. The structure of this newly proposed CSG would follow a similar model to the two established CSGs, supported by a General Manager, Head of Nursing and Clinical Director.

Changes to the clinical leadership structure within the CCG were addressed during Phase 1. The core leadership roles within this additional Clinical Service Group are fully resourced and the proposed structure will not displace existing staff in the current CCG and supporting Directorate leadership structure. Whilst the proposed arrangements will change lines of reporting for some service leads it is not expected that any individuals will become displaced by this changed structure.

The CCG has also proposed revised governance arrangements to progress and oversee planning and transformation of planned & specialist care service provision. This includes future ambitions for the creation of a lead service planning and transformation post which, if appropriate resource solutions can be identified, would follow Phase 2.

In Phase 2 of the OCP, Hospital Sterilisation and Disinfecting Unit (HSDU) will also move into the Planned and Specialist Care CCG specifically falling within the new Critical Care, Anaesthetics & Theatres CSG.

Mental Health & Learning Disabilities (MHLD)

The newly created MHLD CCG established during Phase 1 mirrored that of the former Clinical Directorate model. Leaders within the former MHLD Clinical Directorate were therefore not impacted by the supporting Phase 1 OCP process.

Prompted by the retirement of key individuals, the CCG leadership team has reviewed the former Clinical Directorate structure across the respective MHLD service portfolios and has identified opportunities to realign and strengthen leadership functions within the CCG. Key features of the proposed Phase 2 revision to the CCG leadership structure include:

- Replacement of 2 former part time Assistant Service Director roles with a newly created full time (1 Whole Time Equivalent) WTE) General Manager role
- Redesign of the former role of Senior Nurse for Quality, Assurance & Practice Development (QAPD) role to a proposed Clinical Quality Assurance and Practice Development Lead role
- Addition of one Head of Nursing role
- Removal of the current Service Transformation and Partnerships role

Similar to the P&SC CCG, core leadership roles within these MHLD CCG Phase 2 proposals are fully resourced and the proposed structure will not displace existing staff in the current CCG and supporting service leadership structure. Whilst the proposed arrangements will change lines of reporting for some service leads, the MHLD CCG Phase 2 proposals are not expected to require a supporting OCP process.

In addition to the above, the CCG has also signalled future ambitions for the creation of a lead service planning and transformation post which, if appropriate resource solutions can be identified, would follow Phase 2.

Operational Allied Health & Health Sciences (OAH&HS)

The new OAH&HS CCG was created during Phase 1. Whilst not specifically a component of the Phase 1 OCP process, the Radiology Sustainability & Improvement Plan which commenced in 2025/26 has also necessitated progression of a supporting OCP process for senior leadership posts within the Radiology Service. These changes are fully resourced and no further changes to the structure of Radiology services are proposed during Phase 2.

Following a review of the configuration of therapy services, the CCG has proposed the replacement of the current Allied Health Professional (AHP) combined service group with pathway specific service groups as below:

- Occupational Therapy
- Nutrition and Dietetics
- Podiatry and Orthotics
- Speech and Language Therapy
- Physiotherapy

Included in OCP 2 Clinical Engineering has also joined this Care Group moving from the previous Central support team.

Existing core leadership roles within the OAH&HS CCG will remain and the proposed structure will not displace existing staff in the current CCG leadership structure. Whilst minor changes are also proposed to the configuration of specific therapy service portfolios, this proposed re-alignment of reporting and governance arrangements is not expected to significantly impact the roles and accountabilities of existing service leads in these respective services and the requirement for a supporting OCP process is not anticipated.

The CCG has signalled a future ambition to create two additional roles as below:

- Assistant Director of Health Sciences (to work alongside the current role of Director of Quality & Patient Safety), and
- A single Head of Speech & Language Therapy (SALT).

As neither proposed role is currently supported by an agreed resource solution, it is anticipated that progress with both roles will need to be considered following Phase 2. As with the P&SC and MHLD CCGs, neither post will progress until agreed resource solutions are confirmed.

Beyond the above, the CCG leadership team is also reviewing future opportunities for the creation of an Associate Medical Director post but this is not expected to be progressed during Phase 2.

Community & Integrated Medicine (C&IM)

The proposed changes outlined by the C&IM CCG are evolving and are subject to further discussion, consultation and engagement with the wider teams. The CCG considers it critically important to ensure any changes are progressed in a transparent, respectful and sensitive manner, consistent with our organisational values and the cultural approach the CCG Leadership team is attempting to build.

The CCG's priorities align with the Health Board's commitment to integrated models of care that are responsive to the needs of both rural and urban communities across West Wales.

To support effective progression towards increasingly integrated models of care, a key feature of the C&IM CCG outline proposals for Phase 2 focus on restructuring the three integrated system structures (Carmarthenshire, Pembrokeshire and Ceredigion), transitioning from the former six separate acute and community structures into three unified system-wide leadership models. This will embed consistent operational, clinical, and nursing leadership across systems, while maintaining flexibility to respond to local population needs.

Recent changes to the senior leadership arrangements for Primary Care, Community Strategy and Long-Term Care have prompted consideration of further opportunities to realign elements of the former Primary Care portfolio (including Primary care nursing, Chronic Conditions services, Long-Term Care, and Cluster Clinical Leadership functions) with the three integrated system structures within the CCG.

The CCG is keen to enable progress towards a place based care and neighbourhood focussed delivery model and the outline structure has been proposed as an effective means by which the current configuration of primary care clusters can be consolidated with existing acute and community structures into the three integrated systems. This will further strengthen the connection and integration between the existing C&IM structure with primary care clusters at a system level and a more integrated approach between medical sub-specialties and management of chronic conditions.

The driving ambition is for the clusters to become the organising unit for our community services and teams, as well as become the focal point for us to develop a truly clinically led system that plans and commissions services that meet local population need. It provides the opportunity to fully embed the principles of the Primary Care Model for Wales, and the

emerging thinking around Community By Design and the Integrated Community Care Systems with social care.

As part of this amendment process, roles and reporting arrangements were reviewed to ensure consistency across the three Integrated Systems. This included examination of General Manager, Business Manager, and Programme Leadership roles, as well as the introduction of additional capacity to support emerging transformation agendas such as the Community by Design programme and integrated community care system development.

Whilst the proposed portfolios of each integrated system structure are not identical across the three county areas due to differences in local service provision, geography, and population needs, the intention is for all to be integrated and aligned across key service areas and pathways to support the seamless delivery of care. These portfolios are intentionally designed to be flexible and responsive, with the understanding that realignment may be required over time to reflect evolving service demands, workforce capacity, and community priorities.

Other key features of the proposed C&IM Phase 2 changes include the following:

- Strengthening of central governance and quality assurance functions. The proposed Care Group Assurance & Enablement (CGAE) function is viewed as a foundational enabler of safe, high-quality, and sustainable care across the Care Group. It brings together seven interdependent disciplines, quality, safety, business, planning, performance, training & development, and digital, into a single, coherent model designed to ensure the CCG is not only delivering safe care but actively developing the capability for the future.
- Establishment of Integrated Lead Nurse roles to support system flow, outreach, and governance.
- Realignment of leadership portfolios to support strategic priorities and service transformation
- Proposed establishment of a Community Care Collaborative Service Group within the CCG to promote a whole-system operating model which fundamentally shifts how care is designed, delivered, and experienced. This is designed to:
    - Transform primary care nursing, specialist nursing, and chronic conditions management into one cohesive operating model.
    - Standardise pathways and shared operating procedures, ensuring patients experience consistent, equitable care across the three counties.
    - Enable the development of integrated place-based multidisciplinary teams, where professionals work as one coordinated unit around the person and their community.
    - Promote digital-first enablers, such as remote monitoring, virtual wards, shared records, and real-time data, which help teams proactively manage need rather than react to crisis.

Primary Care

Whereas the current configuration of the seven primary care clusters will formally align into each of the integrated systems based on county footprint, the Cluster Development Managers will remain as part of a central team managed by the Assistant Director of Primary

Care, reporting into the Operational Planning & Performance structure established during Phase 1. The Cluster Development team will align and support the clusters as per current arrangements.

The Primary Care Contracting Team will also continue to be managed by the Assistant Director of Primary Care.

The Deputy Medical Director will continue to work with the Assistant Director of Primary Care and the Director of Operational Planning and Performance. It is intended that a clinical lead for the Primary Care and Community Strategy is appointed to support the Deputy Medical Director and provide the strategic lead with clinical input.

Business Support Unit

A Chief Operating Officer Business Unit will be established as part of the Chief Operating Officer's office to support the oversight of governance and correspondence across the function

Details of the structure are included in page 12 of the attached structure document.

Patient Flow

A Patient Flow Unit (PFU), previously known as the Operational Delivery Unit (ODU) as part of the test of change period, will be formally established to operate 12 hours per day / 7 days per week and will report to the Deputy Chief Operating Officer. PFU responsibilities will include:

- Leadership of Daily Flow Calls and oversight / monitoring of agreed actions
- Representing the Health Board at national flow and repatriation calls
- Co-ordination and/or leadership in the event of a business continuity or major incident
- Daily oversight of ambulance handover performance across the 4 acute hospitals and appropriate corrective actions
- Live monitoring of all UEC and operational KPIs

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** plans for Phase 2 of the Operations function organisational change process and anticipated timescales for delivery.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Seek assurance that people and organisational development arrangements are appropriately designed

	and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of the Health Board's activities.
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)	3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
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

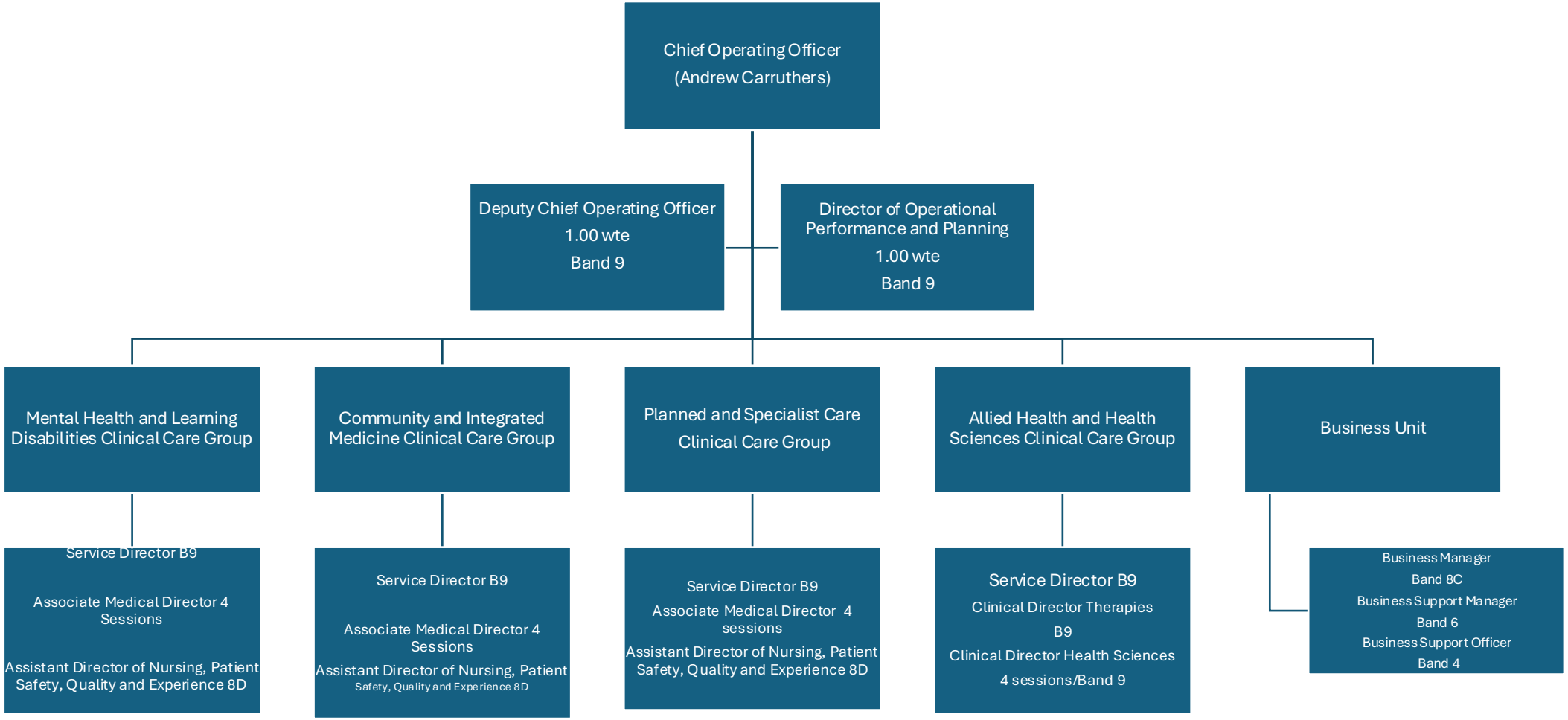
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Contained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Referenced in report

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Referenced in report
Gweithlu: **Workforce:**	Referenced in report
Risg: **Risk:**	Referenced in report
Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	Organisational delivery capability
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

People, Organisational Development & Culture Committee
Proposed Operational Structures Phase 2

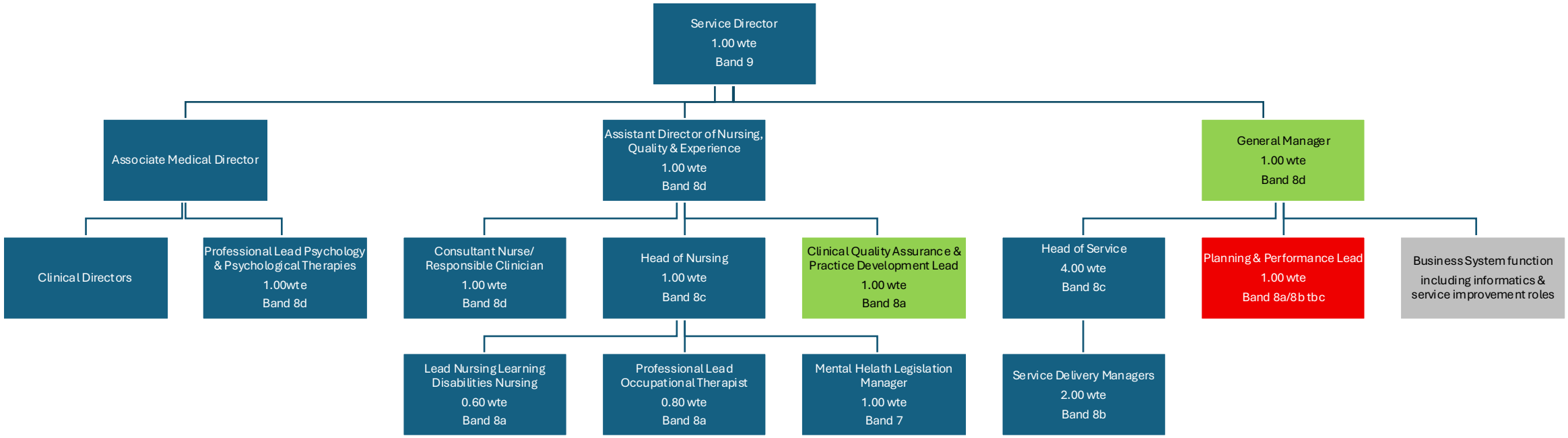
Overarching Structure



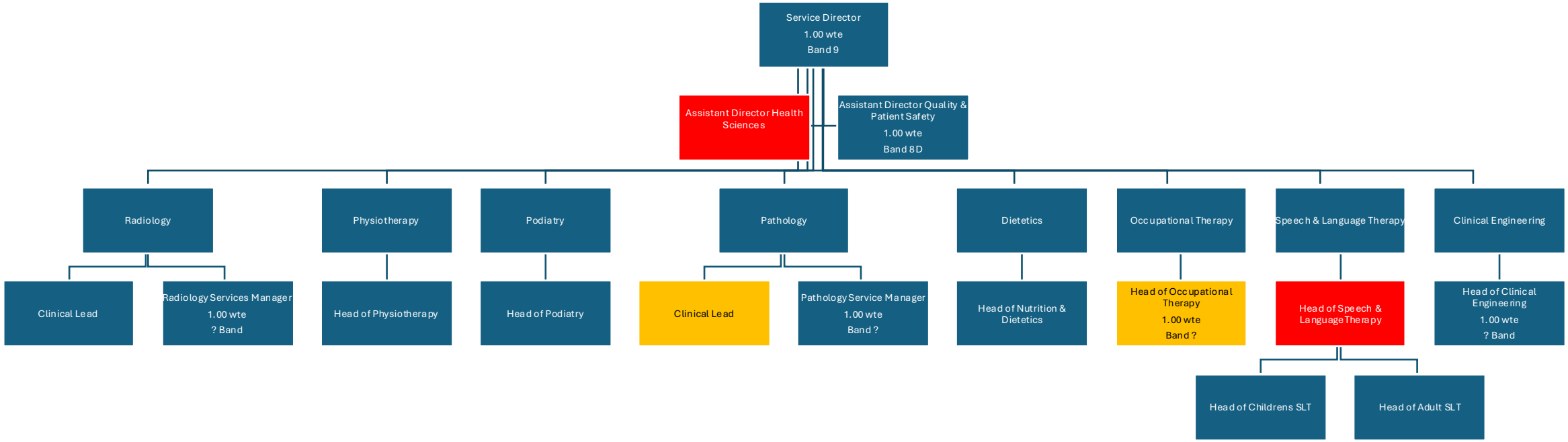
Colour Coding

	No change to role or line management
	New role
	Proposed New Role – no funding identified
	Further review needed
	Line Management Change Only
	Fixed Term Only

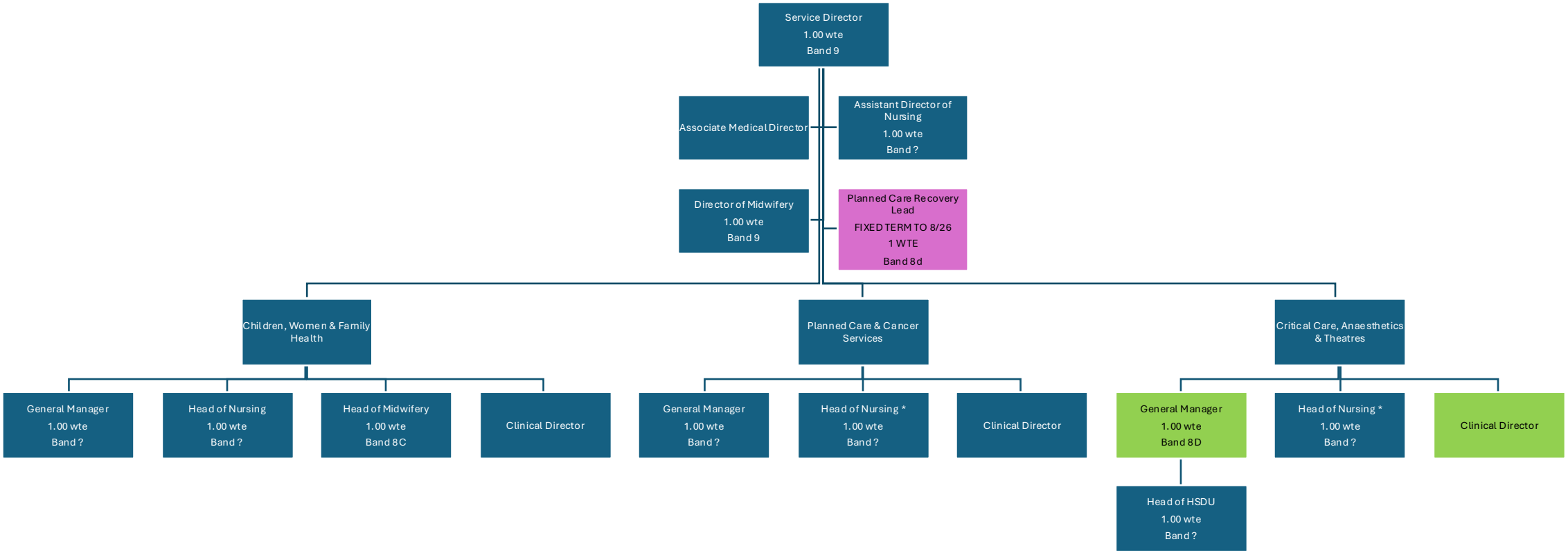
Mental Health and Learning Disabilities



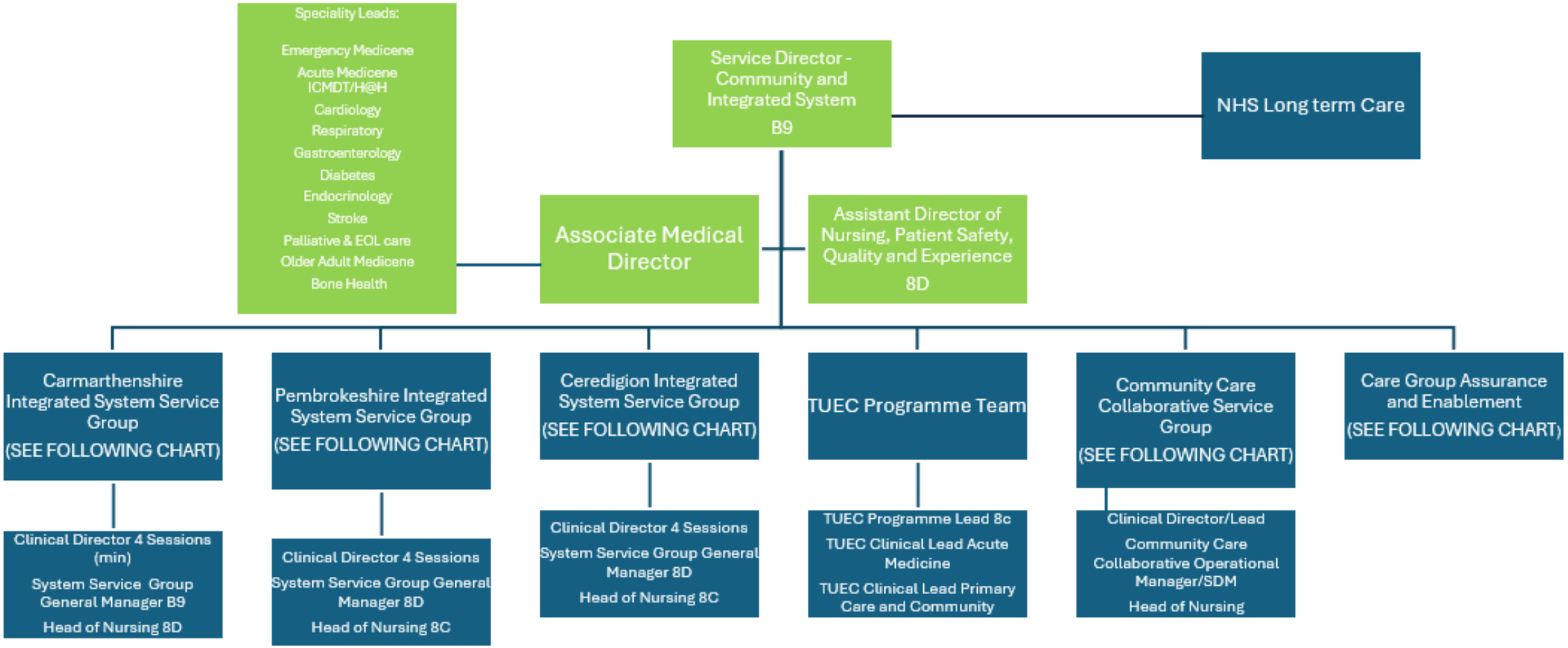
Allied Health Professionals and Health Sciences



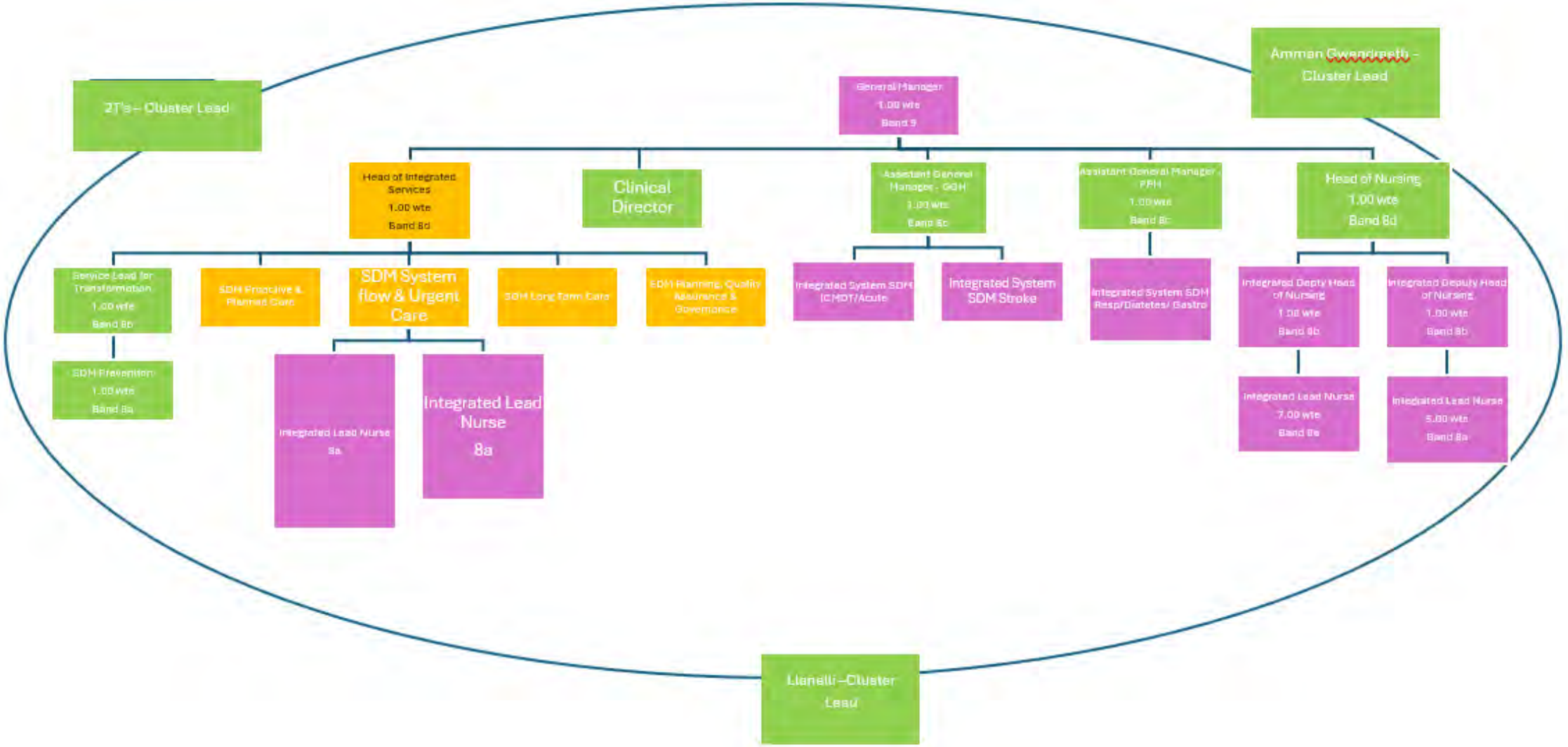
Planned and Specialist Care



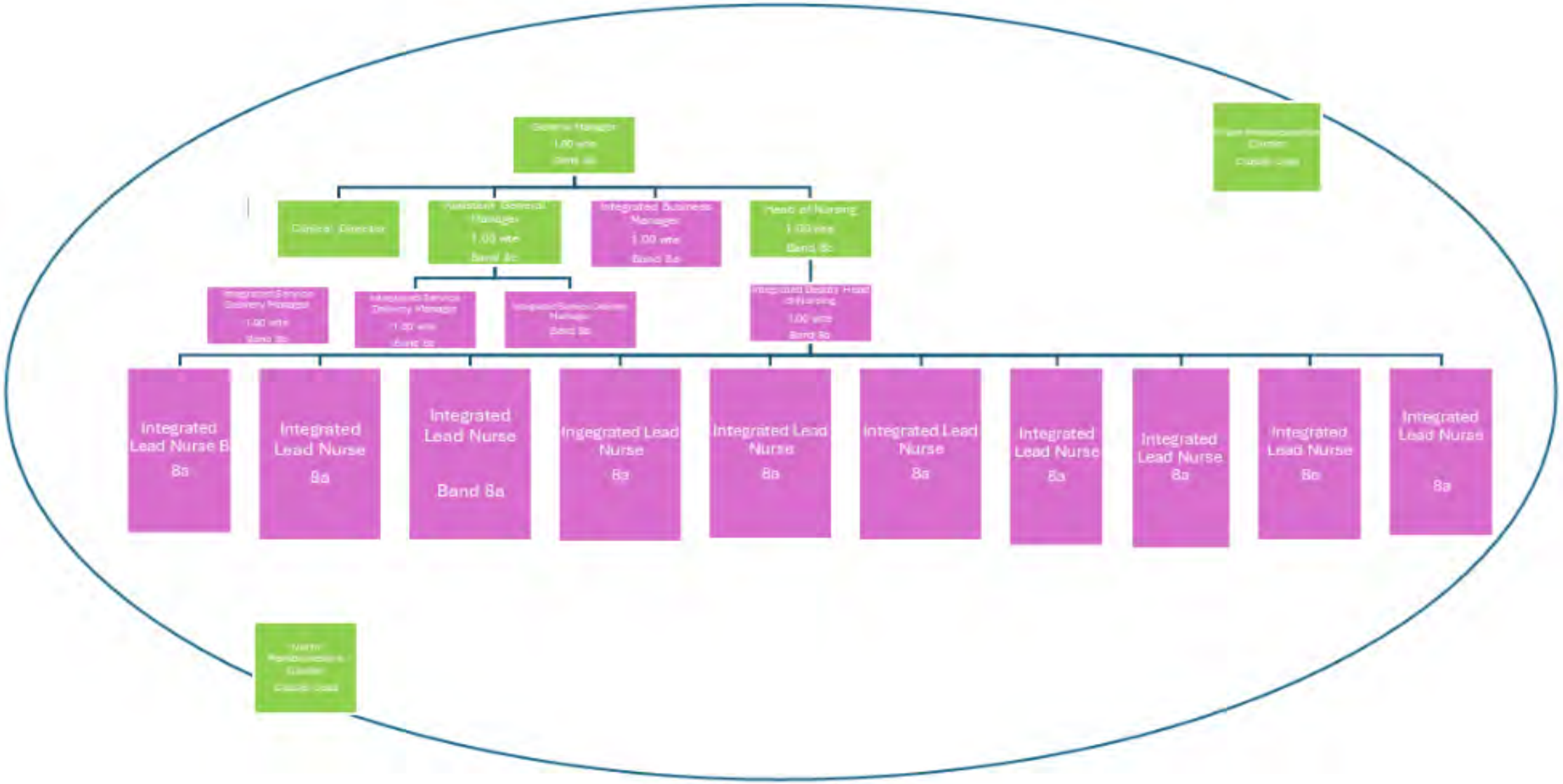
Community and Integrated Medicine (Draft)



Carmarthenshire System (Draft)



Pembrokeshire System (Draft)



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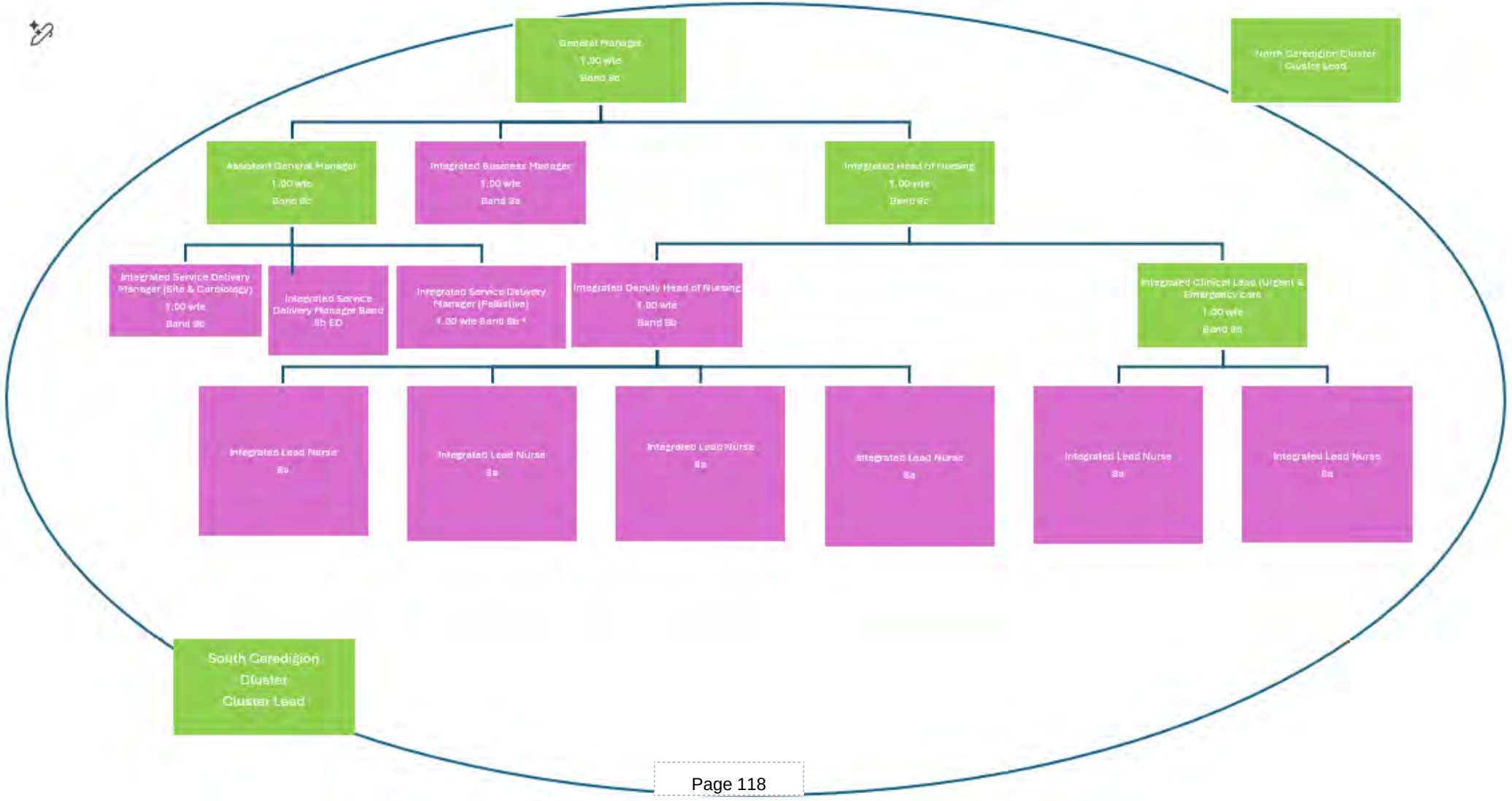
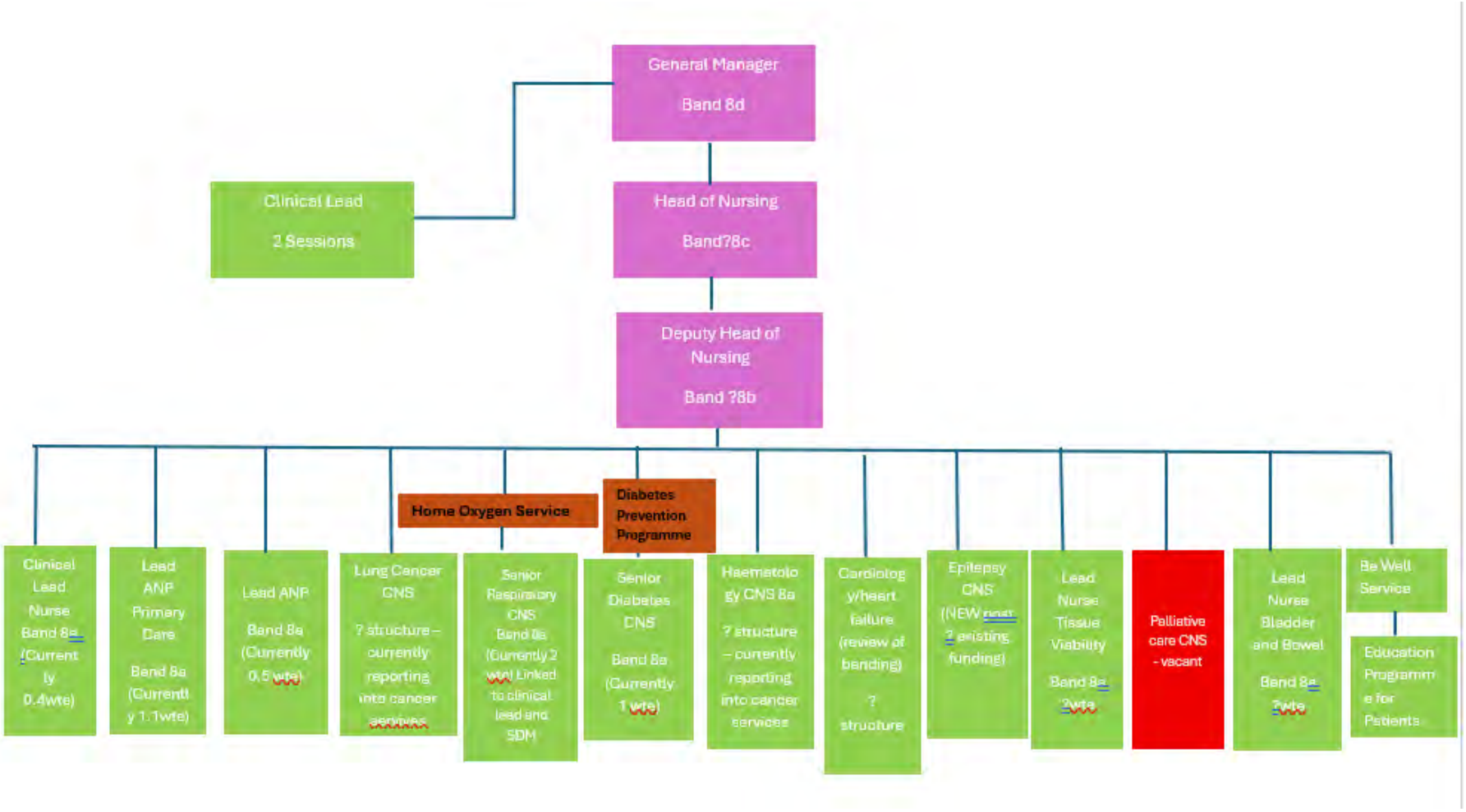
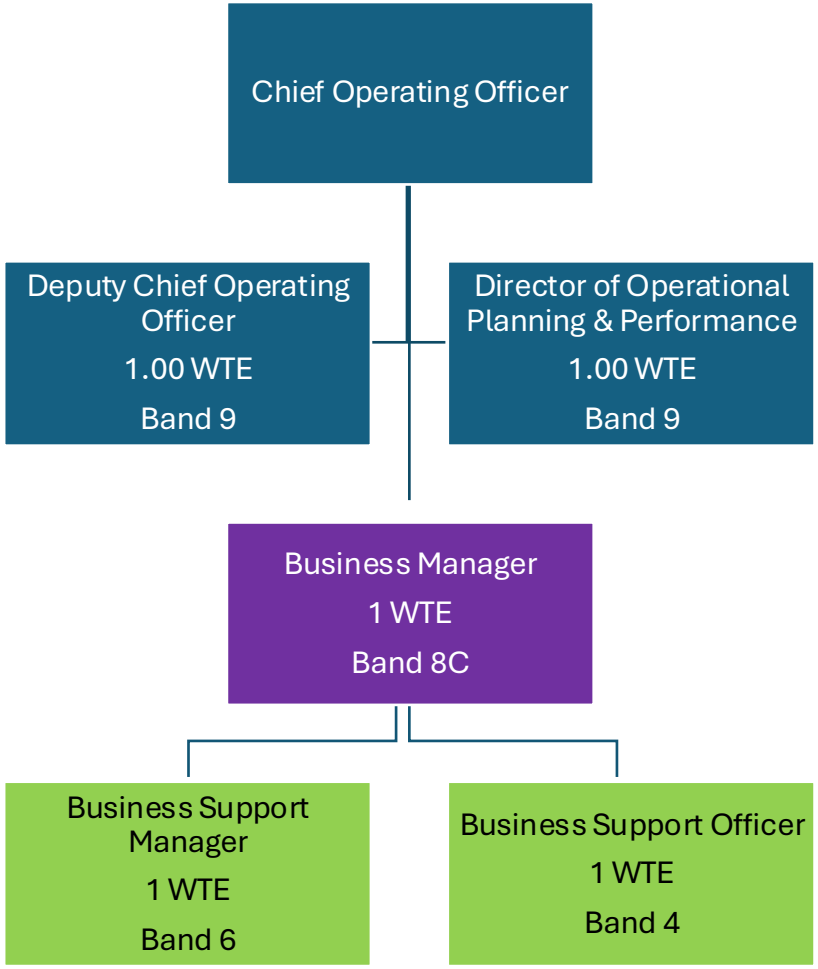


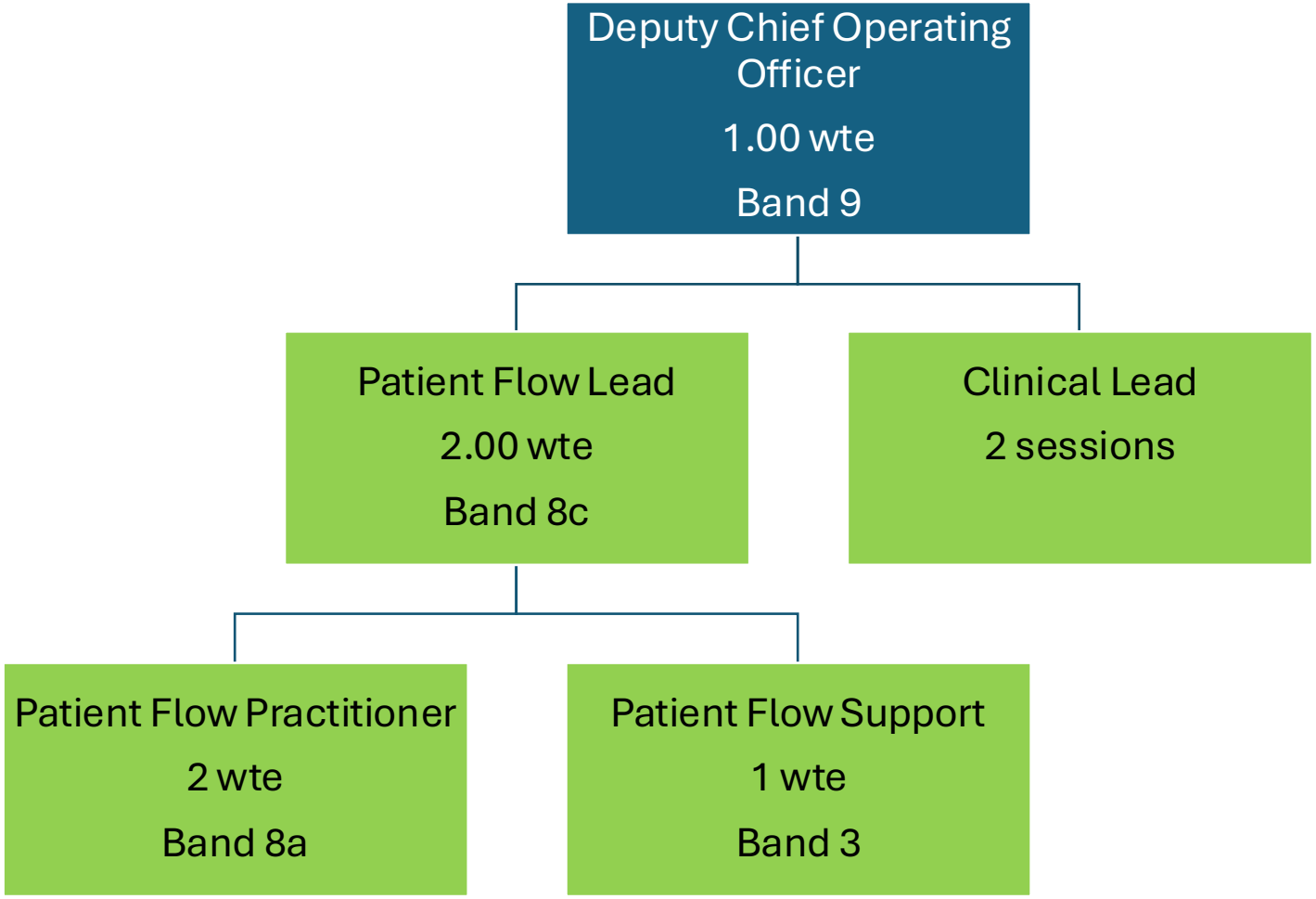
Community Care Collaborative Service Group (Draft)



Operations Business Support Unit



Patient Flow Unit



2.4

2.4 - Glangwili Theatres Sickness and Culture

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Olwen Morgan (Hywel Dda UHB - Assistant Director of Nursing)

Attachments

2.4 GGH Theatres SBAR (Final) 17th February 2026. PODCC.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Progress Report on Glangwili Theatres Sickness and Culture
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paula Goode Clinical Care Group Director Planned and Specialist Care Olwen Morgan, Assistant Director of Nursing

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

During 2024–2025, a complex and escalating pattern of workforce, cultural and safety concerns emerged within Theatres at Glangwili Hospital (GGH).

The Head of Nursing for Planned Care sponsored the Organisation Development Relationship Manager (ODRM) to undertake a culture exploration exercise in GGH Theatres. Engagement sessions highlighted workforce and staffing challenges that were adversely affecting staff wellbeing across the team. In response, the Head of Nursing and General Manager established a Task and Finish (T&F) Group to focus on these issues, whilst also engaging Operational Workforce to provide some bespoke support in relation to absence management. A Theatre Improvement Action Plan was developed and with progress overseen through the T&F Group until its c conclusion.

This report provides an update on actions and progress in relation to GGH Theatres. Senior operational leaders within the Clinical Care Group for Planned and Specialist Care maintain direct accountability and oversight, ensuring that appropriate actions are in place to stabilise the service, strengthen workforce resilience and support a positive and safe working environment.

Cefndir / Background

Increased sickness absence, interpersonal conflict and staffing concerns were key issues impacting on the quality and safety within theatres. Three anonymous, formal concerns relating to GGH Theatres were received by Health Inspectorate Wales (HIW) during 2025.

Themes highlighted within these concerns:

- Staffing Deficits and Workforce Instability
  Increasing Dependence on Temporary Workforce and Insourcing

- Wellbeing, Morale and Cultural Tensions
- Growing Safety Concerns and Near-Miss Incidents
- Leadership, Communication and Trust

Key recommendations from the OD Culture survey:

- Improve leadership visibility and communication.
- Address workforce gaps with targeted recruitment and retention strategies.
- Encourage open communication and create safe spaces for feedback.
- Enhance recognition and fairness through structured programs.
- Strengthening career development and training access.

Asesiad / Assessment

Significant work has been undertaken to support, stabilise and improve the quality and safety of Theatres in GGH.

Key areas of progress:

- Establishment of the Theatre Steering Group, chaired by a Senior Clinician. This group is well attended with good engagement from clinicians and management. The daily theatre staffing review meetings are now, by consensus, held weekly. Theatre activity is clinically prioritised and any necessary changes discussed with clinicians and managers to reach a consensus. This supersedes the T&F Group established by the Head of Nursing.
- Appointment of an experienced Clinical Director (CD) for Anaesthetics, Critical Care and Theatres (internal appointment).
- Recruitment of a General Manager (GM) for Anaesthetics, Critical Care and Theatres (6 months secondment advertised) *Both the CD and GM posts form part of OCP 2*
- Appointment of an experienced Senior Nurse Manager (SNM) - external appointment.
- Increased funding for the recruitment of 10 wte Registered Practitioners (October 25) facilitated to reflect turnover rates. (R.R. 2028)
  - *Band 6 x 3 (1 internal, 2 external commenced December 2025 and January 2026)*
  - *Band 5 x 4 (all experienced, overseas theatre nurses, commencing in February 2026)*
  - *Band 5 x 3 (newly registered)*
- Comprehensive and structured staff induction and mentorship according to experience, supported by the Theatre Practice Development Team
- Safer Staffing Review undertaken and approved by the Executive Director of Nursing, Quality and Patient Experience. Business Case produced as part of the CCG planning submission to achieve the safe staffing levels. On-going recruitment requires careful management, over time, to ensure that staff receive adequate supervision and support. It is understood that Health Education Inspectorate Wales (HEIW) are leading on a review and development of new guidance on skill mix for theatre staffing which will inform ongoing work in this area. (R.R. 2028)
- Improvement in sickness absence management, supported by HR and SNM
- Progress with completion of staff Performance Appraisal Development Review (PADR)
- Supporting staff training and development.
- Development of Team Building time outs in conjunction with the OD & Culture Team.

Patient Safety risks and incident reporting:

The Clinical Care Group leadership Team is developing and leading an incident/accident investigation which considers the system issues that have contributed to the current situation with the aim of learning within a culture of openness and transparency. The Accident Investigation Patient Safety Analysis will commence in April 2026. This will be complimented by the engagement of the Civility Saves Lives team, to assist the launch of a culture of psychological safety, reporting, listening and responding.

Staff wellbeing and morale

Staff health and welfare is a priority. The culture team remain engaged and are supporting the staff. The increased management capacity within theatres is supporting the functioning of theatres. Alongside the Head of Nursing and Senior NM (SNM) they are actively engaging and leading the improvements and changes within theatres. There have been challenges with arranging the structured feedback sessions with the senior clinical staff due to operational demands. Once the feedback is completed a formal Culture Action Plan will be co-produced between the culture team, senior clinical and managerial staff and progress managed and monitored via the Audit Management and Tracking (AMaT) system. The staff want and need to be partners in this cultural and improvement journey for it to be meaningful and sustainable. Progress updates will be reported through the CCG Quality & Governance Meetings.

Staff are being supported to undertake continuous professional development including Masters' programmes. The Practice Development Team support staff training and development. Audit days are also utilised for training and development.

Vanguard:

As part of our wider Clinical Care Group development, the senior management team, including a Band 7 Theatre Practitioner and Service Delivery Manager (SDM) are undertaking a theatre improvement project with Vanguard. As part of this work, senior managers are spending time and working with staff in theatres to understand processes and functioning of the service in order to improve and optimise the quality and safety within theatre services at GGH.

Outcomes and learning from this work can inform and support the wider theatre services within the Health Board. To date, the work completed has developed a focus on core themes, which include safety, culture, recruitment and retention with the 6:4:2 theatre utilisation and efficiency model implementation and enablement seen as rapid response priorities. This model will support the facilitation and protection of Audit days, a core component of quality, safety and learning.

The CCG Quality, Safety & Governance Meeting monitors progress across all the key improvement areas.

Argymhelliad / Recommendation

The People Organisational Development Committee is asked to:

- **TAKE ASSURANCE** that the workforce, cultural, and safety concerns identified during 2024/2025 are being rigorously monitored and addressed through strengthened senior operational accountability and oversight within the Clinical Care Group for Planned and Specialist Care.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.7 Seek assurances that there is the appropriate culture and arrangements to allow the Health Board to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2028 Score 20
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:	3. Great care
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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Culture Survey T&F Action Plan Theatre Staffing Review Theatre Steering Group
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:	Integrated Quality, Financial Performance and Delivery Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	There are short-term financial implications associated with stabilising the service, including investment in staffing and improvement support; however, these actions are expected to support improved productivity, reduced reliance on temporary staffing, and better value for money over time.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The actions described are intended to strengthen patient safety, service reliability and quality of care within theatres through improved staffing stability, leadership oversight and a positive safety culture.
Gweithlu: **Workforce:**	The programme of work is designed to improve workforce wellbeing, morale and retention, supporting a safe, inclusive and sustainable working environment for theatre staff.
Risg: **Risk:**	Failure to sustain the improvements outlined may increase risks relating to patient safety, workforce stability and service delivery; these risks are actively monitored and managed through established governance arrangements.
Cyfreithiol: **Legal:**	There are no direct legal implications arising from this report; actions are aligned with the Health Board's statutory duties in relation to patient safety, workforce wellbeing and employment practice.
Enw Da: **Reputational:**	Effective management and oversight of the issues identified will support public confidence in theatre services and the Health Board's commitment to learning, improvement and transparency.
Gyfrinachedd: **Privacy:**	No additional privacy or information governance implications arise, as all actions are managed in accordance with existing data protection and confidentiality policies.
Cydraddoldeb: **Equality:**	Not required for this report.

2.5

2.5 - Update on Increase in Stress Amongst Staff

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

Attachments

2.5 SBAR Increase in Stress Amongst Staff Feb 26 - FINAL.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Update Report - Increase in Stress Amongst Staff
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & Organisational Development (W&OD) and Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Heather Hinkin, Assistant Director, People Management

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 update Committee on workplace stress amongst staff at Hywel Dda University Health Board (HDdUHB) through an examination of contributing factors as evidenced by the data available since our last submission to Committee in February 2025.

Based on the data and the work already undertaken or in train, the report will seek to outline some next steps which will underpin and support areas for further development or intervention as part of our Planning Objectives for 2026/27.

Cefndir / Background

Sickness absence represents a significant cost to the Health Board directly (circa £25m) and indirectly that has an adverse effect upon employees and on the level of service that the organisation provides. Effective monitoring of all forms of absence, and a consistency of approach, are essential if absence levels are to lower and be maintained at, or below, the target level set by Welsh Government (less than our position as at 31 March 2025 - 6.6%).

This report provides an analysis for stress, anxiety, and depression (S10) reasons for absence within the Health Board for 2024/2025 with comparisons for 2025/26 year to date figures. The report will seek to avoid duplication with our regular performance metrics reports to Committee as far as possible.

It provides some key analysis from our Occupational Health (OH) and Staff Psychological Wellbeing Services (SPWBS), contributing factors and our current interventions to improve sickness absence management and staff wellbeing as a whole and specifically related to S10 reasons.

Asesiad / Assessment

Sickness Absence Trends

HDdUHB had the fourth highest sickness absence rate in NHS Wales as at October 2025, with only Swansea Bay University Health Board, Cwm Taf Morgannwg University Health Board and Welsh Ambulance Services being higher. Workforce Information Metrics report a 12-month rolling sickness absence rate of 6.61% and in-month rate of 7.06% as at December 2025.

Long Term sickness currently accounts for 4.9% of our total absence rate with anxiety, stress and depression remaining the leading cause of sickness absence for our staff in the majority of our Directorates, (circa 38% of all such absences when this analysis was undertaken as part of our Targeted Intervention submission).

At present, 115 of the 327 long term sickness absence cases receiving operational workforce support are related to S10 reasons for absence.

Further detail on sickness absence is contained in agenda item 5.1 - Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR).

Occupational Health (OH) Data (January 2024 to end Dec 2025)

From January 2024, the Occupational Health Service has processed: -

- 6010 Management Referrals,
- With 643 referrals subsequently withdrawn (inaccurate information from referring manager, or employee withdrew from the process),
- 4984 Manager Referrals continued to consultation with an Occupational Health Clinician.

The reason for the management referral is selected/determined at the referral stage by the referring manager. Stress or mental health related referrals would be included in the category of a wellbeing referral.

Referrals related to wellbeing were as follows: -

- 921/4984 were categorised as wellbeing referrals
- All 921 had onward advisory signposting suggested by the Occupational Health Clinicians to SPWBS and/or other services such as the Health Board's Physiotherapy Services, Carers Support, CRUSE Bereavement Services, Stress Risk Assessment, Canopi Wales, their own GP, trade union or to menopause information.
- 122/4984 were categorised as a counselling referral
- 122/122 had onward signposting suggested by the Occupational Health Clinicians to SPWBS and/or other service such as Canopi Wales.
- 3941 referrals were categorised for a different reason (not wellbeing or counselling)
- 1479/3941 were signposted to SPWBS and/or other services internal and external by the Occupational Health Service Clinician.

It should be noted that the primary reason for the referral selected by the referring manager is not always the priority established during the clinical consultation with the employee as the underlying concern of the employee is not always that of the managers perception or understanding. This could be due to a variety of factors including not wanting to share as much information with the manager on the primary reason for absence.

However, the four top reasons for referrals being categorised as "wellbeing or counselling" as selected by the referring manager were: -

- Work related stress/pressure/ contract issues
- Multi-faceted stress (work/personal)
- Absenteeism and sickness policy trigger (Managing Absence in work policy)
- Bereavement/loss

What this data highlights is a significant reliance on wellbeing-related support within Occupational Health referrals and reinforces the issues and concerns similarly found in the data from SPWBS related to workplace stress and mental health. Due to the lack of robust information in our Electronic Staff Records (ESR) system, we are often unable to ascertain how many of the S10 reasons may actually arise from menopausal symptoms for example or are related to work-related stress. The data at present suggests that work-related stress is a small number of total S10 reasons for absence (circa 3%).

Staff Psychological Wellbeing Services (SPWBS) 2024-2025

Service usage has remained steady overall. Following a temporary pause in resource appointments due to recruitment challenges (a number of vacant posts arose at the same time), activity began to increase after successfully appointing three new counsellors in March 2025. Since then, demand for the service has grown consistently month on month. Feedback from Service Users showed that overall, staff found the service professional, caring, and supportive, with positive experiences of initial contact and accessibility; however, some highlighted the need for shorter waiting times, more follow-up sessions, expanded therapy options, and greater promotion of the service.

Of note here is that the average waiting time for a resource appointment is two weeks and the service operates a brief model of intervention i.e. circa six sessions of therapy. The service is constantly promoted via the Gateway on SharePoint (Staff Health & Wellbeing Gateway – internal only) Viva Engage, induction, leadership and development programmes, Operational Workforce as part of their employee relations case management, via the Organisational Development Relationship Managers (ODRMs) for their culture work, the Equality, Diversity and Inclusion Team via staff networks, individual managers and Occupational Health via signposting/referrals.

Data from one-to-one psychological therapy sessions, continues to be assessed using the CORE Outcome Measure (CORE-OM), indicating a significant and positive improvement in mental health outcomes

The data from the service also shows the following categorisation of presenting concerns:

- **34%** of referrals were classified as work-related *(increased slightly from 31%)*
- **33%** of referrals were classified as a combination of work and non-work stressors *(slight decrease from 38%)*

In summary, almost seven out of ten referrals involved work as a contributing factor. However, this data contrasts significantly to the small proportion of sickness absence data recorded in ESR that is related to work related stress.

The following factors continue to be outlined as areas of concern in terms of work-related stress by staff seeking psychological support:

- Difficult relationships with line managers
- Bullying and harassment by colleagues or management
- Disciplinary processes and investigations

- Unfair treatment and workplace mismanagement
- Work-related stress and high-pressure environments
- Burnout and lack of job satisfaction
- Issues accommodating work hours

A new issue that emerged from client feedback surveys post SPWBS intervention this year is: -

- Ongoing HR and workforce involvement causing delays (3 respondents cited this)

We have seen a significant increase in employee relations case work at a time when the resources allocated to such activity has reduced whether through vacancy control or long-term sickness absence and maternity leave in the teams which has not been backfilled. Managers also have many priorities and diary availability can be challenged, we are also seeing an increase in the number of periods of sickness absence from those involved that arise during the lifecycle of cases. This has therefore led to longer timelines to resolve matters, and we are also seeing an increase in complex casework with many associated with underlying psychological conditions/neurodiversity with 1/10 staff accessing the SPWBS citing involvement in some organisational process (this is broader than individual employee relations case work) although this did not come through as strongly in the SPWBS survey data.

During 2025/26 there have been some constraints to the reach of the SPWBS service which have been impacted by: -

Vacancies
Recruitment challenges in 2025 necessitated a temporary change to the delivery of one-to-one psychological therapy and increased reliance on the All-Wales Employee Assistance Programme (EAP).

There is currently one post being recruited to and another vacancy on hold due to financial constraints and an opportunity to re-appraise the service model in light of the ministerial priority around joined-up health and wellbeing services.

External Employee Assistance Programme (EAP)
The EAP contract was put in place from January 2025 and continued until the end of July 2025. Recruitment into the SPWB service, at that time, was successfully completed in March 2025 (three appointments made), however the extension of the EAP contract enabled the new staff to complete a period of induction prior to the full service resuming normal operations.

Data from the EAP provider has shown an overall lower uptake of their services despite extensive promotion. While usage of the EAP did rise during the period when in-house resource appointments were unavailable, it also reduced when those resource appointments became available. However, it did not reach the level of referrals typically seen within SPWBS and the drop in numbers as the contract drew to a close may have been the lack of continuity in the service provision that staff were seeking, combined with the significant increase of offer of in-house service provision in the latter months of the contract where our own team were providing in excess of 100 appointments per month between May 2025 and June 2025 (whereas the combined number of appointments over the preceding 4 month period did not reach 100 collectively). For the period April 2025 – 22 January 2026, the SPWBS Team have delivered a total of 384 resource appointments.

This still however raises concerns that staff were not accessing support when they needed it. A summary of the data for the EAP service provision during the 6-month contract is outlined below.

Vivup - Employee Assistance Programme			
Month	**All Incoming Calls**	**New Clinical Usage**	**Counselling Usage**
Jan-25	28	24	48
Feb-25	14	14	35
Mar-25	45	18	78
Apr-25	26	8	64
May-25	19	3	53
Jun-25	19	2	43

Recovery in Nature Programme (RiNP)
This programme continued again in 2025/26. The Committee may recall the in-depth report report provided by the former Head of Service in 2025.

The evaluation of the Recovery in Nature Programme also demonstrated positive impact both quantitatively (a significant reduction in burnout symptoms as shown in scores on Maslach's Burnout Inventory and a significant decrease in scores in CORE-OM which measures psychological distress) and qualitatively as shown in participant feedback and stories of change.

Staff approved for inclusion in the programme were not always able to attend the Recovery in Nature Programme due to difficulties being released from work arising from staffing shortages in their service area. We may therefore need to focus more on staff who are absent from work rather than those in work to ensure we can maximise the resources required to more effectively run this programme. This will be a consideration for 2026/27.

This was a theme last year as well and can dilute the overall benefit of the group therapy. A summary of the applications for the programme is outlined below.

Recovery in Nature Days	Total no. of applications	Ecotherapy Retreats	Total no. of applications
2023: 7 Days	56	2023: 4 Retreats	55
2024: 6 days	104	2024: 3 Retreats	32
2025: 6 days	89	2025: 3 Retreats	36

During 2025/26: -

SPWBS ran three Ecotherapy Programmes, and 5 Recovery in Nature Days (6 were booked, but 1 was cancelled due to high winds).

- 20 people attended the 4-day Ecotherapy programmes, 14 people withdrew from the programme before it started, and 2 remained on the waiting list.
- 40 people attended the single-day Recovery in Nature Days, 23 people withdrew from the programme before it started, and 9 remained on the waiting list.

The cancelled Recovery in Nature Day had 17 applications, 12 were booked, 5 withdrew from the programme before it started.

Head of Service Retirement
The SPWBS Head of Service retired at the end of October 2025. We have not as yet planned a RiNP for 2026/27 as a result of this. We are however currently scoping the potential for an external provider or providers to fill this gap.

The Team is relatively small (with 7.19 WTE (whole time equivalent) posts and has had challenges this year with periods of long-term sickness throughout the year in the Team and has also needed to recruit to post on a number of occasions.

Requests for psychological wellbeing support for managers and teams
Previously this was an offering that had become well established. However, some elements of the service are currently paused following the retirement of the Head of Service.

Further data has been provided as part of agenda item 5.1 and is therefore not contained in this report.

Support and Interventions
Whilst SPWBS has a range of initiatives in place, work to enhance their current offering for psychological wellbeing support remains limited whilst vacancies progress and sickness absence continues. However, the service continues to provide appropriate resources and accessible services for staff to access when they experience poor mental health.
These resources and services can be broken down into two main categories:

Preventative:
1. Professional input into various learning and development courses and leadership and management development programmes on workplace wellbeing. This reinforces a shared responsibility, the importance of role modelling, self-compassion and strategies for effectively managing wellbeing in self and others (LEAP Management Programme, Hywel Dda Manager, Making a Difference, New Consultant's Development Programme as well as Resident Doctors and Nurse Preceptorship programmes).
2. A holistic range of resources and services is available to staff through the Staff Health & Wellbeing Gateway.
3. The Staff Psychological Wellbeing Service (SPWBS) provide a wide range of evidence-based and updated resources as well as regular webinars to promote the various options Hywel Dda Staff Psychological Wellbeing Service. Past webinars remain accessible as well as new and current offerings.
4. The Wellbeing Champion Network (currently co-ordinated by the Occupational Health team) provides an informal route through which information about mental health at work is shared.
Other elements of preventative delivery are currently limited or paused due to vacancies and staff absences. As posts are filled the following will become more available: -

- Confidential management consultations to support managers and leaders to proactively manage wellbeing at work issues and to provide a safe space for reflection and learning
- Post critical incident support for managers and teams to ensure appropriate steps are taken to reduce the risk of traumatic stress reactions. However, managers are signposting to colleagues in our Mental Health and Learning Disabilities Clinical Care Group.
- Input into the work of the Organisational Development Relationship Managers (ODRMs) and the Culture and Workforce and Experience teams who provide a range of interventions which can impact positively on staff mental health and wellbeing.

Responsive:
1. Access to confidential one-to-one psychological support by self-referral to the in-house Staff Psychological Wellbeing Service as well as signposting to a range of external therapy resources.
2. Provision of a Recovery in Nature Programme for staff experiencing work related stress or burnout. Programme completed for 2025/26. Under review for 2026/27 in terms of model for delivery.

Learning & Development (L&D)
SPWBS continue to provide input to a number of L&D programmes including:-

- Team specific development days
- Wellbeing for Carers
- Mental Health Awareness Week sessions
- Grand Rounds
- Webinars on various topics such as: Understanding Trauma, Mindfulness, Wellbeing Conversations.
- And other, one-off sessions, such as GP CPD conferences, and resident doctors' induction.

In addition to the support available from both our OH and SPWBS colleagues, there are development programmes and learning opportunities available for staff to access. Managers undertaking the Manager's Health and Safety Induction (MH&SI) receive a structured introduction to the Staff Psychological Wellbeing Policy, including key supporting resources such as *Signs and Symptoms of Stress* and the *Guide to Promoting a Culture of Wellbeing and Resilience*.

The programme places particular emphasis on the Individual Stress Risk Assessment (SRA) process — clarifying when an SRA is required, how it should be completed, and the importance of developing a targeted action plan.

The Health Board's SRA framework enables managers and staff to jointly identify and analyse work-related stressors in line with the HSE's Management Standards, prioritising the most significant factors to support meaningful change.

To date, 733 managers and aspiring managers have completed the MH&SI programme, including training on the SRA process. This could be contributing to the higher number of SRAs coming through the system.

S10 reasons for absence are also included in the reports presented to the Health & Safety Committee (HSC) whose members are also seeking assurance that we are taking effective action to manage and reduce stress-related sickness absence.

Population Health Update
Following on from the last report to the Committee where we outlined some of the insights arising from our population health data there has been collaboration between Data Science and Workforce Intelligence utilising: -

- Absence Data from April 2024 to March 2025.
- Workforce Data as at May 2025.
- Welsh Index of Multiple Deprivation (WIMD) and Lower Super Output Area (LSOA) Dataset, based on 2019 WIMD data from Welsh Government.
- Healthy Life Expectancy by County, based on data from Office of National Statistics (ONS)

The focus was on learning how we use Population Health data to help inform prevention strategies and guide placement of services within the Health Board to take account of socioeconomical factors.

The work to date has been insightful and has provided a baseline for further exploration and development showing that where staff live could be accounting for the increase in certain directorates of certain types of absence including S10 and this will need to be factored into our preventative offering going forward and individual case management. Further information on this aspect is contained within agenda item 2.8: Staff/Public Health Tool Update.

Other support services available

There is an opportunity for closer working between Public Health, OH and SPWBS colleagues for example, related to our refreshed Wellbeing Objectives. We know that weight management is a key factor that can support wellbeing and thereby also positively impact on stress. There is more that we could do jointly in terms of these services collaborating on more initiatives (as we have done with the flu campaign) in relation to the promotion of fitness, healthy eating, weight management and population health. One recent example is the announcement by Sport Wales on 29 December 2025 in relation to the Over-60s free fitness scheme which has been running since 2018. We need to maximise the opportunities to promote schemes such as these widely in the health board with the age profile of a large number of our staff and the sickness absence data/population health data that we hold telling us that this age range is less healthy overall.

Canopi Wales
SPWBS does not offer trauma specific support, staff are therefore signposted to Canopi Wales. Canopi Wales offers bilingual support to NHS and social care staff who work across Wales. Their annual report highlights that allied health professionals were the highest user of their services in 2025.

However, there are limitations to the service offering in that, where accepted, access to Canopi Wales is limited by required time gaps (three years between episodes and approximately six months following other therapeutic input), and current Canopi Wales wait times are several months.

Trauma pathways are available although can involve multi-year waiting times. Taken together, this highlights a gap in the availability of timely trauma specific support for staff at a national level.

Further detail on the work of Canopi Wales can be found in their annual report Canopi-annual-report-2025-26.pdf however we cannot identify any Health Board specific data and they do not report any data into the Health Board as this is a totally independent service from the Health Board, funded by Welsh Government and administered by Cardiff University.

Sickness Absence Audit
Internal Audit undertook an audit of sickness absence management in accordance with the All-Wales Managing Attendance at Work Policy during the summer of 2025. Whilst assurance overall was limited, the Health Board received substantial assurance in relation to mechanisms in place to promote and support staff wellbeing and the evaluation of their effectiveness by W&OD.

It also received reasonable assurance in relation to appropriate training for managers with responsibility for managing sickness absence and for adequate reporting mechanisms to monitor and manage sickness absence including reasons for sickness at both service and board level.

Limited assurance was related to a small number of employees sampled for the audit (20) who did not have all absence prompts highlighted, missing documentation on file at a local level, limited evidence of return to work interviews being documented or all fit notes on file and delays to managers conducting final absence review meetings. Each directorate or Clinical Care Group is currently working through their own sickness audits to test this finding on a Health Board wide scale and will be reporting using the 3As assessment (assure/advise/alert) to the Integrated Quality, Financial, Performance and Delivery IQFPD) Group (in due course.

During the audit, discussions with staff highlighted positive feedback regarding the support from Workforce and their readiness to provide advice and guidance in managing sickness absence as needed. The Operational Workforce Team also provide face to face bespoke training if requested or required by wards and departments. The Team engage regularly with service area managers, particularly where sickness rates are high, to provide targeted guidance, support and training if needed. Training requirements are also considered as part of the ad hoc deep-dive reviews.

We have already seen how a targeted focus on sickness absence can reduce absence levels through a supportive lens with reasonable adjustments being made and reviewed. Services are provided with a monthly report from Workforce Intelligence and there are also Performance Dashboards available online to monitor sickness absence.

All these measures demonstrate that there is a lot of activity around the management of sickness absence with a real focus and multi-layering of support around psychological wellbeing.

Myth Busting Sickness Benefits

Occasionally we hear through the press, friends or family that public sector sickness benefits are perceived as too high and only encourage staff to stay off sick longer. A piece of work was therefore commissioned with our Finance colleagues/Counter Fraud Team to analyse if there was any correlation within the Health Board. The findings suggest very clearly that this is not the case.

To obtain relevant data, ESR was interrogated to identify staff members who had relevant trigger points during the period 1 January 2025 and 31 December 2025. Please note, no reasons for absence were accessed in order to compile the below data.

ESR identified a group of 1970 employees who met either a half or nil pay trigger during the period concerned. A review of the data identified:

- Of those staff who hit the nil pay trigger, 2% / 39 workers returned to work either on the trigger date, or within a 7-day period either side of that date.
- Of those staff who hit the half pay trigger point, 10% / 197 workers returned to work on their trigger date, or within a 7-day period either side of that date.
- 31% / 610 workers returning to work more than 31 days before hitting the half pay trigger point and
- 77% / 1523 workers returning to work more than 31 days before hitting the zero-pay trigger point.

This is only the initial findings from the analysis and once the work is completed, Operational Workforce and Counter Fraud colleagues will develop an action plan from any lessons learned.

Whilst the above is not directly related to stress-related reasons for absence – our analysis of sickness absence data has shown that staff do remain off longer with S10 related reasons than other reasons for absence.

Ongoing Research
The Workforce Team is following some research around how workload pressures, organisational change and funding constraints are impacting performance and morale. This will link well with the work of colleagues in OD on how we can engage our staff differently if our current strategies are not as effective as they could be especially if the causal links are attributed to stress. This has already been highlighted by one piece of research by the Reward Gateway that found that 55% of staff in the public sector cited increased workload as the top factor affecting their engagement, with 45% reporting emotional strain or burnout and 43% dealing with chronic understaffing.

Conclusions
The message from our employees is consistent whether asked from an OH, SPWBS, staff survey or other engagement mechanism. Staff want to feel seen, supported and genuinely valued. That does not always mean new, resource-intensive programmes, just efforts that are more targeted and relevant, for example over-layering population health data and focusing in by location on preventative strategies rather than a one size fits all approach. Often, it's about making engagement more authentic, visible and personal and the population data will assist us do that when managing absence.

We also need to continue to focus on wellbeing to build resilience (noting that resilience is not limitless) with accessible support focused on emotional health and benefits that meet the real needs of our staff from financial security to flexibility and future planning, designed around people's roles and lives.

Even small steps such as auditing intensity hotspots in workloads or giving managers simple wellbeing check-in tools can make a real difference. Over time, embedding engagement into daily practice, tailoring approaches by role, location and career stage and empowering managers as ambassadors of culture will help to create lasting change which can all positively impact on stress in the workplace.

At this point, it would be remiss not to note the current system pressures and the further impact such pressures may also be having on our staff.

However, our services continue to evolve within the financial envelope we have; creativity and a collaborative approach will be a key feature of our offering in 2026/27.

Next Steps
More work is being done to understand what additional support would enable an earlier return to work for our staff.

Examples of the work are: -

- Guidance being developed for early mental health check-ins by managers and using stress risk assessments in a more preventative way. There has already been a significant increase in the number of stress risk assessments being completed, albeit

some staff still remain reluctant to complete one and we continue to explore the reasons why at an individual level. This combined data will assist us further in understanding the issues impacting or preventing an earlier return to work.

- Temporary redeployment guidance drafted and is now in the 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.
- A Passport for reasonable adjustments is at the consultation stage. This will have input from a broad range of stakeholder groups/staff networks before the consultation concludes and will enable those with S10 as an underlying health condition to seek support to remain in the workplace by sharing potential triggers that have led to periods of absence in the past.
- The Workforce Sickness Absence Advisor has developed a programme 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. A review of the benefits of this work will be undertaken in the coming months.
- The Workforce Team has developed a suite of bite-size training sessions for managers for managing sickness absence; eight sessions have been developed so far, and the team are working with the People Development Team to animate the content. This means that the training will be available on-demand in five-minute bite-size increments. The first one, on return-to-work interviews has already had 775 views from staff, with even more sessions being considered to add to the suite.
- The Workforce Team is in the process of recruiting to a new role (Workforce Officer – Attendance Management) which will solely focus on supporting the management of sickness absence. This post has been developed having considered the analysis of pilots undertaken in a few NHS organisations in England where they have seen significant reductions in absence rates from having roles with a sole focus on absence. Examples looked at were; York Teaching Hospital's pilot, which reported a 40% reduction in sickness absence and over £200k in savings from a £100k investment and NHS Lanarkshire's "EASY" service, which saw board-wide improvements in absence rates through early intervention and support. Whilst specific Wales-based published pilots appear to be limited; there is clearly transferable learning from across England that we can benefit from.
- The initial focus of the new postholders will be to maximise opportunities for a reduction in absence as follows:-
  - Nursing & Midwifery: Highest impact and greatest opportunity. Focus on early interventions, OH referrals, phased return, mental health support, and better rota flexibility as per some of the recommendations in the last two internal audit reports undertaken on sickness absence across Nursing.
  - Admin & Clerical: Often low-cost, easier to redeploy. Advisor-led coordination could easily bring forward return to work timelines through potential for more remote or flexible roles or tasks (a paper on an Alternative Work Bureau has been drafted).
  - Estates & Facilities: High sickness in this group is often Muscular-skeletal (MSK) related (this remains their second top reason for absence next to S10). Targeted support could involve quicker access to physiotherapy if the OH Team could also extend appointments available or recommendations on temporary duty adjustments can be implemented by managers.
  - Medical Staff: Whilst it is noted that we have lower absence rates (there may be an element of under reporting here that may also be picked up through a revised approach) but such absences have a higher cost per day. Even marginal gains here would result in disproportionately higher savings.
- We must ensure however that the new roles remain supportive and coach-focused rather than seen as having any punitive oversight. We are also mindful that having such focussed roles may require additional resource in other parts of the People

Management Team or broader W&OD teams: training for managers, more access to occupational health appointments and employee assistance / wellbeing services. These roles will however assist with improved compliance with the All-Wales Sickness Absence Policy, which was a key finding requiring improvement in the Internal Sickness Audit Report. It could also result in improved patient care continuity via better staffing levels.

- Assessment of the potential to identify an external provider for the RiNP for 2026/27 as an interim solution.
- Submit a proposal in relation to how our OH And SPWBS services can be more closely aligned when determining whether we appoint a new Head of SPWBS or seek to integrate the two services into one.
- Continue to explore the insights arising from our population health data alignment and develop an action plan of supportive pathways focussed on key hotspots arising from the analysis.

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the report and **RECEIVE ASSURANCE** the next steps.

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.
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 3. Effective
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	1 Workforce Stabilisation 10 Population health

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 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Included in 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

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

2.6

2.6 - Employee Relations Update

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

Attachments

2.6 SBAR - ER Annual Report - FINAL - Jan 26.pdf

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Employee Relations Activity
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director, People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the People, Organisational Development and Culture Committee (PODCC) with an overview of all internal employee relations (ER) cases for the period January to December 2024. It also provides a summary of the employment tribunal activity and employment policy review work for financial year April 2024 to March 2025.

Due to the sensitive nature of some of this information, elements of this report are presented in detail to a separate In-Committee PODCC meeting.

In addition to our standard annual report, the Committee previously requested an update in respect of the process relating to overpayments and the issue of letters by counter fraud for their investigations. This report therefore addresses this request at Section 7 of the report.

Cefndir / Background

Following requests from the Board for further information relating to ER activity this report outlines the Operational Workforce Team's activity in relation to the following areas:-

1. Disciplinary
2. Respect & Resolution
3. Other activity (Capability/Whistleblowing)
4. Safeguarding
5. Suspensions/Restricted practice
6. Employment Tribunal cases
7. Policy/Procedure/Process Reviews (local and All-Wales)

Asesiad / Assessment

Introduction

This element of the report is based on ER case data available across the three counties and four Operational Workforce Teams.

1. Disciplinary (All Wales and Upholding Professional Standards in Wales (UPSW))

New Cases (Jan – March 2025)	Closed Cases (Jan – Dec 2024)	Ongoing Cases (including new)		Appeals
6	119	Initial Assessment Stage	Formal	(2)0
		15	33	

The caseload continues to be significant, however there has been a decline in formal disciplinary cases between 2023 (144 cases closed) and 2024. The Operational Workforce Team work closely with managers across all Directorates encouraging early intervention across all areas of Employee Relations and preventative and proactive actions to reduce the number of formal disciplinary cases arising.

There is a continuing trend in the number of complaints of inappropriate behaviour including of a general nature, bullying and harassment which, based on feedback and case data analysis, may remain linked to the increase in profile of Speak up Safely options, ongoing significant demands and service pressures (reducing tolerance for such behaviours) and the ongoing wider societal awareness of raising complaints and concerns.

The Operational Workforce Team continues to work proactively alongside Organisational Development (OD) colleagues together with employees, managers to proactively prevent work related issues arising and escalating. A sharp focus on early intervention, encouraging managers to address any concerns with their teams at an early stage and closer engagement with employee, managers and Trade Union colleagues to resolve concerns as swiftly and constructively as possible is leading to a reduction in both disciplinary cases overall and, in particular, formal cases.

Many of the cases closed in 2024 (119) were addressed formally however the number of cases addressed informally is a higher proportion than in 2023. In 3 of the cases the employees resigned. Of the 71 formal cases 45 were considered under the fast-track process; this process has been particularly effective in dealing with issues of minor misconduct including inappropriate behaviour, persistent tardiness or minor breaches of confidentiality.

2. Respect & Resolution

New Cases (Jan – March 2025)	Closed Cases (Jan – Dec 2024)	Ongoing Cases (including new)		Appeals
Less than 5	47	Informal	Formal	5
		11	20	

The main themes for new and closed cases remain as bullying and harassment, working relationships, and terms and conditions. There has been a small decrease in the number of formal cases during 2024, which may in part be due to the positive working relationship between Operational Workforce and OD colleagues in seeking early intervention to resolve issues arising, particular for concerns raised regarding working relationships. Key challenges remain with regards to repairing and restoring working relationships following on from formal respect and resolution processes, which would suggest continued focus on early intervention and informal measures to resolve concerns that arise is beneficial.

Our OD colleagues provide their data separately regarding the support they provide to employees and managers particularly in resolving informal concerns and we are aware that this complements the data provided within this report to give a holistic picture. Senior members of Operational Workforce and OD meet fortnightly to discuss areas of concerns and triangulate their data in such areas and this is also helpful to inform the overall picture and agree strategies for resolution.

3. Other types of ER cases e.g. capability, whistleblowing

Ongoing Cases	Closed Cases Jan – Dec 2024	Ongoing Cases - breakdown	
39	74	Informal	Formal
		7	32

This metric includes both performance at work and other types of ER casework not described elsewhere including capability, safeguarding cases and bank workers conduct. There has been a further small increase in cases in 2024 (up from 66) which is predominantly due to an increase in the number of cases that have been related to Safeguarding concerns arising from both within and outside of the workplace. The impact of Safeguarding procedures for our employees is significant both with regards to the nature of issues that arise and also the time taken to resolve concerns as these processes are led by the relevant Local Authorities and often involve multi-disciplinary approaches including police colleagues and Social Workers. The Operational Workforce Team work closely with colleagues from the Safeguarding Team to ensure cases are progressed as swiftly as possible and that our employees and managers are supported as far as possible including utilising our Occupational Health and Staff Psychological and Well Being services. However, despite this way of working, we remain unable to leverage quicker resolutions externally which predominantly mean that we are unable to progress with our own internal procedures at pace.

In addition to the above data set, there is also a category of casework that does not result in allocation to one of the above defined categories. Whilst these cases may not progress, they nonetheless take considerable time to work through and close. In 2024 the teams managed a further 170 matters raised through managers that did not result in allocation to a policy or procedure whether formally or informally due to the initial fact-finding process undertaken. Issues resolved at this initial stage included minor acts of insubordination, managing expectations, overpayments, alleged patient concerns, alleged inappropriate behaviour and potential breaches of confidentiality.

4. Safeguarding

As at 31st July 2025 there were 19 ongoing cases. Due to the sensitive nature of this information and ongoing investigations, details of these cases are reported through a separate In-Committee PODCC report.

5. Suspension/Restricted Practice

As at 31st July 2025, there were 12 members of staff suspended and 14 subject to restricted practice. Due to the sensitive nature of this information and ongoing investigations, details of these cases are reported via a separate In-Committee PODCC report.

We can report that as at 31 December 2025, there was a 42% reduction (6 concluded) in the number of ongoing suspensions as a result of case closures.

6. Employment Tribunal Claims

As at 31 July 2025 there were 8 ongoing Employment Tribunal claims and this had increased to 11 cases by 31 December 2025. Due to the sensitive nature of these claims, these cases are presented in more detail in a separate In-Committee PODCC report.

7. Local and All-Wales Policy Reviews for 2024/25

In 2024/2025, as reported in the PODCC Annual Committee Report:

7 local polices were approved for publication
- 511: Carers Policy
- 085: Leave and Pay for New and Existing Parents.
- 153: Equality Impact Assessment Policy and Procedure
- 464: Industrial Injury Claim Procedure
- 1085: Leave and Pay for New and Existing Parents Policy
- 1270: NHS Wales Pregnancy Loss Support Policy
- 112: Early Careers: Preceptorship and Beyond Policy

1 policy was deferred in readiness for removal
- Medication Errors Policy (due to a new clinical procedure being developed)

2 policies were extended into the next financial year
- 121: Relocation Expenses (awaiting All Wales policy update)
- 133: Equality, Diversity & Inclusion Policy (approved in May 2025)

2 policies were removed.
- 389: Expenses Policy
- 124: Retirement Policy

In addition, the following All-Wales policies/procedures were adopted in 2024/25
- 1255: All-Wales Job Evaluation Policy and Procedure
- 95: All Wales Respect and Resolution Policy
- 1262: All Wales Pensions Flexibilities Policy

<u>Key Performance Indicators for Policies for 2024/25</u>

The number of polices that were due to be reviewed between April 2024 and March 2025 was 12 with the majority being managed by Workforce & OD colleagues.

10 local policy reviews completed and approved/removed.
1 remains work in progress due to the All-Wales position
1 has been submitted for removal in February 2025

- Completion Rate for all local policies for 2024/25 was 75%
- Completion Rate for Workforce & OD policies listed above was 80%

<u>Local Policy Reviews for 2025/26</u>

The following local policies are due for review in 2025/2026. Please note, the list below includes those previously extended from 2024/2025 for completeness.

No	Name of Policy	Review Date	Status
1	Equality, Diversity and Inclusion	27/05/2025	Approved in May 2025
2	Translation and Interpretation	27/05/2025	Approved in May 2025

3	Re-registration policy	30/06/2026	Update to the annex approved in August 2025. On track for June 2026.
4	Anonymous Communications Regarding the Workforce policy	15/12/2025	Approved in November 2025
5	Rostering policy	15/02/2026	Approved in November 2025
6	Shared Parental Leave policy	30/11/2025	Approved in November 2025
7	Honorary Contracts Procedure	30/11/2025	Approved in November 2025
8	Re-banding procedure	30/06/2026	Approved in November 2025
9	Neonatal Care Leave Procedure (new)	N/A	Approved in November 2025
10	Medication Errors Policy	28/02/2026	Request to remove submitted to 17.02.2026 PODCC meeting.
11	Relocation Expenses Policy	28/02/2026	Request to extend submitted to 17.02.2026 PODCC meeting.
12	Redeployment Policy	28/02/2026	Submitted to 17.02.2026 PODCC meeting
13	Adverse Conditions policy	28/02/2026	Submitted to 17.02.2026 PODCC meeting
14	Time off in Lieu policy	28/02/2026	Request to extend submitted to 17.02.2026 PODCC meeting.
15	Induction policy	28/02/2026	Request to extend submitted to 17.02.2026 PODCC meeting.
16	Learning and Development policy	28/02/2026	Request to extend submitted to 17.02.2026 PODCC meeting.
17	Performance Management policy	28/02/2026	Request to extend submitted to 17.02.2026 PODCC meeting.
18	Alcohol and Drug/Substance Misuse policy	28/02/2026	Request to extend submitted to 17.02.2026 PODCC meeting.
19	Staff Psychological Well-being policy	15/02/2026	Request to extend submitted to 17.02.2026 PODCC meeting.
20	Underpayments and Overpayments of Salary Policy	20/06/2025	Removed in August 2025

It is noted that a number of policies have required requests for extension this financial year due to the volume of policies due for review in this three-year cycle and the ongoing challenges around capacity to deliver.

Seven policies will therefore be added to the 2026/27 policy review schedule although some of these are well advanced in their delivery as they are at the final consultation stage so will be ready for approval before 31 March 2026.

All Wales Policy Reviews for 2025/2026

Work has continued this year with regards to the development and reviews of All Wales policies with the: -

1412 - All Wales Procedure for the Recovery of Overpayments adopted in August 2025
1433 - NHS Wales Anti-Sexual Harassment Policy adopted in November 2025.

Key employee relations policies currently under review on an All-Wales basis include Managing Attendance at Work, Disciplinary and Capability (renamed Improving Performance at Work) policies. Operational Workforce colleagues are actively engaged with colleagues across NHS Wales to refine and have been involved in the all-Wales policy groups.

Counter Fraud Update on Process

The overpayments process is now run by a central team within Shared Services who link directly with the Local Counter Fraud (LCF) Team, line managers and employees. All letters issued accord with the All-Wales templates that were agreed as part of the All-Wales Procedure for the Recovery of Overpayments adopted by the Health Board in August 2025.

With regard to any lessons learned on the wording of correspondence issued to staff during fraud investigations and the meeting arrangements and its conduct, the review included consideration of the language and tone of these letters.

With regard to the serving of voluntary interview under caution letters, the review by the Local Counter Fraud (LCF) Team was based on feedback from staff. This review also involved engagement with Workforce and OD colleagues to develop the following procedure: -

- Upon identification of a need to undertake a voluntary interview under caution, the Local Counter Fraud Specialist (LCFS) will prepare a written letter, inviting the person under investigation to a voluntary interview under caution. Attached to the letter will be two documents, a notice explaining the persons rights and entitlements under the Police and Criminal Evidence Act and a welfare advice document.
- Having prepared the letter with attachments, the LCFS will liaise with the employee's supervisor and local Operational Workforce Team and a suitable time and date to serve the letter will be identified.
- Having identified a time and date, a suitable location, away from the employee's normal place of work will be chosen. The employee's supervisor will be asked to bring the employee to the location, where they will meet the LCFS and a representative from Operational Workforce.
- The letter will be served and the LCFS will explain the procedure. Note, the LCFS will not be allowed to discuss the case itself, however, they will be able to go through the process and legal requirements. The employee will be asked to review the contents of the letter and contents at their own leisure, before contacting the LCFS later to arrange a suitable time and date of voluntary interview under cation.

- The LCFS will depart, leaving the employee with their supervisor and member of staff from Operational Workforce to go through the support that is available.
- Whilst the letters utilised are based on All Wales templates, suggestions regarding language and tone have been shared with the LCF Team by Operational Workforce and these comments have in turn been shared with the All Wales CF Team for consideration for their next review.

Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the Employee Relations Activity report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.3 The organisation's ability to create and manage strong, high performance, organisational culture arrangements.
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)	2. Timely 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people 1. Leadership
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	5. Offer a diverse range of employment opportunities which support people to fulfill their potential 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Included in body of report if required

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:	Not applicable
Gweithlu: Workforce:	None arising from this report
Risg: Risk:	None arising from this report
Cyfreithiol: Legal:	Requirement to comply with employment legislation
Enw Da: Reputational:	None arising directly from this report.
Gyfrinachedd: Privacy:	Not applicable – anonymised data provided
Cydraddoldeb: Equality:	Not applicable

2.7

2.7 - Update on Safeguarding Training Compliance

Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience), Charlotte Westacott (Hywel Dda UHB - Head of Safeguarding)

Attachments

2.7 Safeguarding Training Compliance Update Feb 2026.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Safeguarding Training Compliance
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Westacott, Head of Safeguarding

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Safeguarding training compliance across Hywel Dda University Health Board (HDdUHB) continues to vary across levels. While Level 1 and 2 e-learning modules remain compliant, Level 3 Child/Adult safeguarding training and violence against women, domestic abuse and sexual violence (VAWDASV) training remains below the organisational compliance threshold of 85%.

Cefndir / Background

Level 1 safeguarding training applies to all Health Board employees, and Level 2 applies to staff who have contact with service users and their families, both delivered through e-learning with demonstrated compliance. HDdUHB remains aligned with National Training Standards and the Intercollegiate Document (ICD) requirements.

Level 3 safeguarding training is mandatory and defined by the Intercollegiate Documents Intercollegiate document (2025) Safeguarding children and young people & children and young people in care and Adult Safeguarding: Roles and Competencies for Health Care Staff. These documents establish Level 3 as the minimum competency requirement for registered staff in key safeguarding roles.

In response to COVID-19 restrictions and to improve accessibility, the Safeguarding Team transitioned Level 3 Safeguarding training to Microsoft Teams, enabling wider reach across dispersed sites. Teams training has continued as the main format for delivery although courses are delivered face to face in some circumstances. In 2021/22, 2,925 staff completed Adult Safeguarding training, achieving 50% compliance. By Q3 2025, strengthened safeguarding structures and improved role mapping identified 3,466 staff requiring Level 3 training, with compliance rising to 64%.

For Level 3 Children's Safeguarding, the cohort increased from 1,678 staff in 2021 (63% compliance) to 2,293 staff by Q3 2025/26, with compliance improving to 65%.

VAWDASV training compliance rose from 57% in Q3 2023 (3,743 staff requiring training) to 60% in Q3 2025/26, with 6,295 staff now requiring the training.

Despite significant growth in the workforce requiring Level 3 and VAWDASV training, overall compliance has continued to improve, with increasing organisational engagement in mandatory safeguarding responsibilities. However, compliance figures have yet to achieve 85%

Asesiad / Assessment

Service Delivery Groups are increasingly identifying specific departmental areas where safeguarding training compliance remains low and are developing targeted improvement plans to address these gaps. This shift toward strengthened service ownership represents an important step in achieving sustainable, long-term improvements in safeguarding training compliance.

Although current Level 3 safeguarding compliance rates remain below the 85% organisational threshold, this should not be interpreted as diminishing engagement or declining performance. Instead, it reflects a positive trajectory and evidences a maturing safeguarding culture across the organisation. Over recent years, the number of staff correctly identified as requiring Level 3 Adult and Children's Safeguarding training has increased significantly due to improved role mapping, clearer definition of safeguarding responsibilities, and enhanced organisational understanding of ICD-aligned training requirements.

As the eligible staff cohort has expanded, compliance percentages have naturally recalibrated. Despite this, more staff than ever before are actively completing Level 3 training, demonstrating ongoing organisational commitment and increased training uptake rather than deterioration in performance.

To support improvement, work is underway to develop a joint adult and child Level 3 training package aligned to the ICD to improve accessibility, consistency, and compliance trajectory.

The Corporate Safeguarding Team continues to deliver sufficient training capacity to enable all staff requiring Level 3 Safeguarding training to meet the 85% compliance target. Where Service Delivery Groups remain below the threshold, they are required to record the associated risks on their Service Group Risk Registers and escalate concerns through Clinical Care Groups (CCGs) and the Strategic Safeguarding Steering Group (SSSG) in line with existing governance arrangements.

Progress, risks, and compliance trajectories will continue to be scrutinised through QSEC as part of biannual safeguarding reporting, ensuring ongoing organisational oversight, accountability, and assurance.

Additionally, the Safeguarding Service remains responsive to organisational learning needs and delivers bespoke training reflecting case review findings and service specific priorities.

Argymhelliad / Recommendation

The Committee is asked to **RECEIVE ASSURANCE** that the HDdUHB improvement plan aims to address the deficit in Level 3 safeguarding training compliance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.4 That there are appropriate arrangements to ensure education and commissioning meets future workforce needs. 3.1.4 Ensure the Health Board is meeting its responsibilities with regard to statutory and mandatory training.
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)	1. Safe 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care 4. Positive futures
Amcanion Cynllunio Planning Objectives	Not Applicable
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 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National safeguarding training, learning and development standards
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:	CCG Assistant Directors of Nursing, Assistant Director of Quality Therapies and Health Sciences

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	No
Ansawdd / Gofal Claf: **Quality / Patient Care:**	NA
Gweithlu: **Workforce:**	NA
Risg: **Risk:**	NA
Cyfreithiol: **Legal:**	NA
Enw Da: **Reputational:**	NA
Gyfrinachedd: **Privacy:**	NA
Cydraddoldeb: **Equality:**	NA

2.8

2.8 - New Workforce Solution

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

Attachments

2.8 PODCC SBAR New Workforce Solution Feb 26.pdf

2.8 Appendix 1 - New Workforce Solution.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	New Workforce Solution - Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling Executive Director of Workforce & Organisational Development & Deputy Chief Executive
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 Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper and accompanying slide deck provides an update on the Future NHS Workforce Solution as it progresses into the implementation phase. It also outlines the national approach to implementation, a requirement of NHS Wales organisations to start to prepare through foundational readiness activities and the role of supporting organisations such as the NHS Business Service Authority (NHSBSA)1 and NHS Wales Shared Services Partnership (NWSSP).

Cefndir / Background

The NHSBSA recently announced their partnership and the award of a 15-year contract to Infosys to deliver the Future NHS Workforce Solution. This solution will succeed the current Electronic Staff Records (ESR) system with a modern, intuitive, and integrated national workforce platform. The programme is now moving from the Discovery & Procurement phase into the Foundational Readiness and Implementation phase.

Expressions of interest to be an early adopter were gathered through an Organisational Readiness Survey that each NHS Wales organisation undertook in January 2025. Through this process, organisations declared their readiness and willingness to participate with over 90% of organisations in Wales volunteering to be an early adopter.

Organisations were shortlisted by the NHSBSA and Infosys through a defined selection process, supported by NHS England, NHS Wales, and the NHSBSA's CEO and Advisory Boards. The early adopter cohort represents around 10% of the NHS workforce across NHS England and Wales; and is a representative cross-section of organisation types, baseline contexts and geographies. NHS Wales organisations were evaluated carefully in this selection process to ensure the diversity of the NHS Wales landscape was considered. Early adopters will help validate and shape the implementation approach, so every organisation benefits from proven, ready-to-use processes and smoother deployment.

Asesiad / Assessment

Hywel Dda University Health Board (HDdUHB) has been identified as an early adopter for the new national Workforce Solution for NHS Wales. This is a significant achievement and opportunity for the People and Organisational Development (OD) Function to take forward and will have implications across the delivery model for people solutions across the Health Board.

Currently, there are four pillars of foundational readiness identified that all organisations across NHS Wales will need to activate, these include:
1) Leadership & Governance,
2) Data and processing,
3) Capacity and skills,
4) Engagement

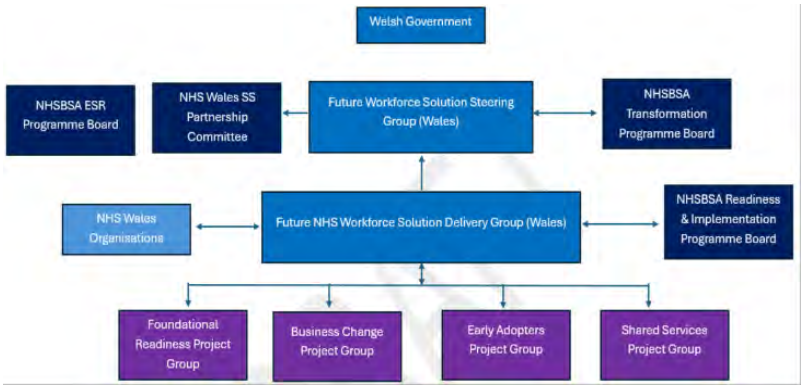
Initial assessments across these areas were made as part of the process to be identified as an Early Adopter.

An 'agreement in principle' to the NHSBSA was required by 30 January 2026, to confirm commitment to take forward the principle of the "Early Adopter" role however, as a Health Board we will have until the Summer of 2026 to get full and formal Board agreement to participate as an Early Adopter.

It is important to recognise that this programme is a major organisation-wide transformation – not just an upgrade from ESR, and with that in mind HDdUHB will need to ensure that this critical digital programme of work is included in digital strategies and plans for the next 3-4 years.

It is the programme's ambition for the new solution to deliver tangible organisational and system-level benefits aligned to employee empowerment, efficiency, and data connectivity. Earlier adoption should also enable NHS Wales organisations to start to realise some of the early benefits. A benefits work stream will commence in 2026 to better understand what this means for NHS Wales, in an already upscaled model of working. The Future Solution is being co-designed with NHS subject matter experts creating a system built by the NHS, for the NHS. Over 80 experts across NHS England and Wales have participated in the NHSBSA design network, with NHS Wales being widely represented and pivotal in this area for some time now. Subject Matter Expert (SME)volunteers will continue to participate in detailed design workshops well into 2026; and end users will be selected to support the development of user requirements.

The governance arrangements are set out opposite for the national programme and we will seek to align our internal work based on guidance from the national work programme and workstreams.



As noted in an implementation paper, the programme "*will be delivered through a national rollout model in partnership with the NHS Business Services Authority (NHSBSA), NHS Wales Shared Partnership Service (NWSSP) & organisations across NHS Wales. As part of this approach, Executive teams will be asked to work collaboratively with NWSSP and NHSBSA to get ready through foundational readiness*

activities including data preparation and local change planning. Staff engagement will be key to champion adoption and embed the new solution into daily practice to realise benefits and sustain improvement through full adoption and standardisation of the future workforce solution.

As a result of resource pressures within local teams, there is a risk that user organisations may not have sufficient capacity or capability to implement the required process and technology improvement, which could result in lower take up, sub optimal implementations and/or extended rollout/reduced local benefits realisation. It is therefore recognised that additional resource is likely to be needed by User Organisations to undertake their responsibilities. The NHSBSA programme team will bring capacity and functional expertise to deploy the solution working alongside NWSSP and local teams. However, under the auspice of the NHS Wales Programme Steering Group, resource to support the programme locally will continue to be monitored to ensure each organisation is supported to prepare for and support their transition."(NWSSP/NHSBA December 2025 Briefing)

Therefore, at this juncture, we wish to highlight to the People, Organisational Development & Culture Committee the requirement of additional resources to progress the New Workforce Solution, which will be requested through the appropriate governance processes. Further assessment work is commencing in February 2026, with active adoption planned from June 2026 to June 2027, after which it is anticipated Business As Usual will resume for the system, with the ambition that wider rollout will be completed across NHS Wales by 2028.

Argymhelliad / Recommendation

The Committee is requested to **NOTE**:

- the success on becoming an Early Adopter for NHS Wales and the importance of this role.
- the requirement for a future Board approval to commence adoption in 2026/27 & 2027/28.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.1 Compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring the Health Board is recognised as a leader in this field.
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
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	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National procured system; due diligence will have been undertaken by the NHSBSA.
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:	National Forums on Workforce Internal Workforce & OD Leadership Team, Workforce Intelligence leads

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	To be developed locally
Ansawdd / Gofal Claf: Quality / Patient Care:	To be developed locally
Gweithlu: Workforce:	To be developed locally
Risg: Risk:	To be developed locally
Cyfreithiol: Legal:	National programme work undertaken; local assessments to be undertaken as required based on risk assessments
Enw Da: Reputational:	To be developed locally
Gyfrinachedd: Privacy:	To be developed local
Cydraddoldeb: Equality:	To be developed locally

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Future NHS Workforce Solution Transformation Programme

Delivery Phase

Introduction and Overview

This briefing pack introduces the delivery phase of the Future NHS Workforce Solution Transformation Programme so organisations can understand what's coming and begin light touch preparation

Contents

Executive summary

Participation in the Future NHS Workforce Solution programme is critical for all organisations

Over the next 4 years, all organisations will move to the Future Workforce Solution, creating a single, connected platform for the NHS workforce. This is a major organisation wide transformation – not just an upgrade from ESR.

The strategic opportunity for the organisation and the wider NHS

The new solution will deliver expanded capability and tangible organisational and system-level benefits from improved data connectivity, streamlined processes, and a more seamless experience for staff.

The national programme will provide extensive support and work in partnership with each organisation

The programme will bring resources, capabilities and the implementation framework to enable national delivery. Over the next 18 months, Early Adopters will help validate the implementation approach so every organisation benefits from proven, ready-to-use processes and smoother deployment.

Organisations can progress several Foundational Readiness activities to prepare

Progressing readiness activities now including leadership alignment, data quality improvement, capacity planning, and workforce engagement will enable a smooth transition to the new solution.

The Future NHS Workforce Solution will modernise and transform people services across the NHS in England & Wales

The Department of Health and Social Care has commissioned the NHS to deliver the Future NHS Workforce Solution, the next generation of the NHS's national workforce platform.

The future solution will succeed ESR, introducing a modern, cloud-based platform that connects people, data, and processes to meet the needs of today and tomorrow.

The future solution is a core enabler of Welsh Governments: Healthier Wales Strategy, National Workforce Implementation Plan and Digital & Data Strategy. A solution that will empower our workforce to carry their role out efficiently and support them through their NHS Working life.

- A seamless, user-centric experience that will boost staff retention, by enabling better development, mobility and career progression.
- More accurate workforce data that will strengthen financial and workforce planning.
- Modern and automated people processes that will drive significant quality and efficiency gains.

This next-generation platform will help our people to perform at their best every day

Fit for the future
Building a workforce that is better trained, supported, and valued — and ready to meet the NHS's future challenges with seamless, modern workforce processes

From transactional to transformational
Moving from manual, fragmented processes to streamlined, automated workflows that free up time for patient care and reduce duplication

Analogue to digital
Replacing multiple legacy systems with one, person-centred digital platform that connects every stage of the workforce journey

Local to connected
Creating a single, trusted workforce record across organisations to enable mobility, fairness and data-driven decision-making

Continuous improvement
Embedding AI, user-centred design, and innovation to continually enhance the staff experience and ensure better deployment through smarter planning

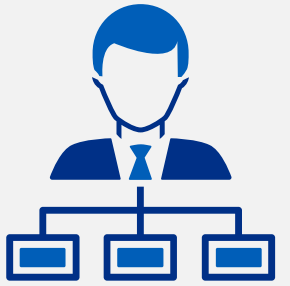
The everyday experience for staff, managers, and leaders will be transformed for the better

For staff and managers

A simpler, modern, mobile-first experience

For people managers

Faster recruitment, improved integration, better careers and talent pathways



For leaders

Real-time insights to help guide decision-making

Infosys Navigate your next

NHS Business Services Authority

The new solution will deliver tangible organisational and system-level benefits aligned to empowerment, efficiency, and data connectivity

Empower people

- A simple, seamless user experience supports improved morale, engagement, and retention
- Mobile self-service gives staff control over compensation, career, leave, and learning
- Targeted learning & career development maintains high-quality care and improves staff retention

Improve efficiency

- Streamlined recruitment and onboarding and prediction of absence reduces rota gaps and agency reliance
- Automated rostering integrations and intelligent payroll output checking reduces payment-related overspend
- Expanded HR and e-learning functionality reduces spend on third-party systems

Connect data

- Workflow automation frees HR, payroll, and managers from admin to focus on value-adding work
- Unified, reliable data sources enable real-time data-driven workforce decisions and financial planning
- One connected platform streamlines processes, simplifies collaboration, and boosts cost efficiencies

More details on benefits of the programme will be shared within the Foundational Readiness guidance

We’re designing the Future NHS Workforce Solution with NHS organisations and with NHS subject matter experts, creating a system built by the NHS, for the NHS.

Over
400
experts have joined our design network

Over
80 experts are participating in detailed Workshops across all 7 functional domains

30
organisations are supporting user testing in 2026

The new solution will deliver expanded capability across seven domains*

Talent acquisition

- Vacancy management
- Vacancy posting
- Applicant management
- Onboarding
- Metric & analysis

New

Career development

- Career pathing
- Succession planning
- Coaching
- Metric & analysis
- Leadership

New

Learning

- Learning admin
- Learning management
- Knowledge management
- Metric & analysis

Performance management

- Goal management
- Performance management
- Competency assessment
- Metric & analysis

New

Compensation and benefits

- Compensation and benefits management
- Pension interface
- Annual benefits statement & total reward statement (TRS)

Payroll

- Payroll administration
- New business capabilities
- Metric & analysis

Core HR

- Organisation management
- Employee lifecycle
- Self-service
- Case management
- Absence management
- Leavers
- Metrics

*List is not exhaustive

Participation in the programme is critical for all organisations

Universal solution

All organisations will move to the Future Workforce Solution, creating a single, connected platform for the NHS workforce

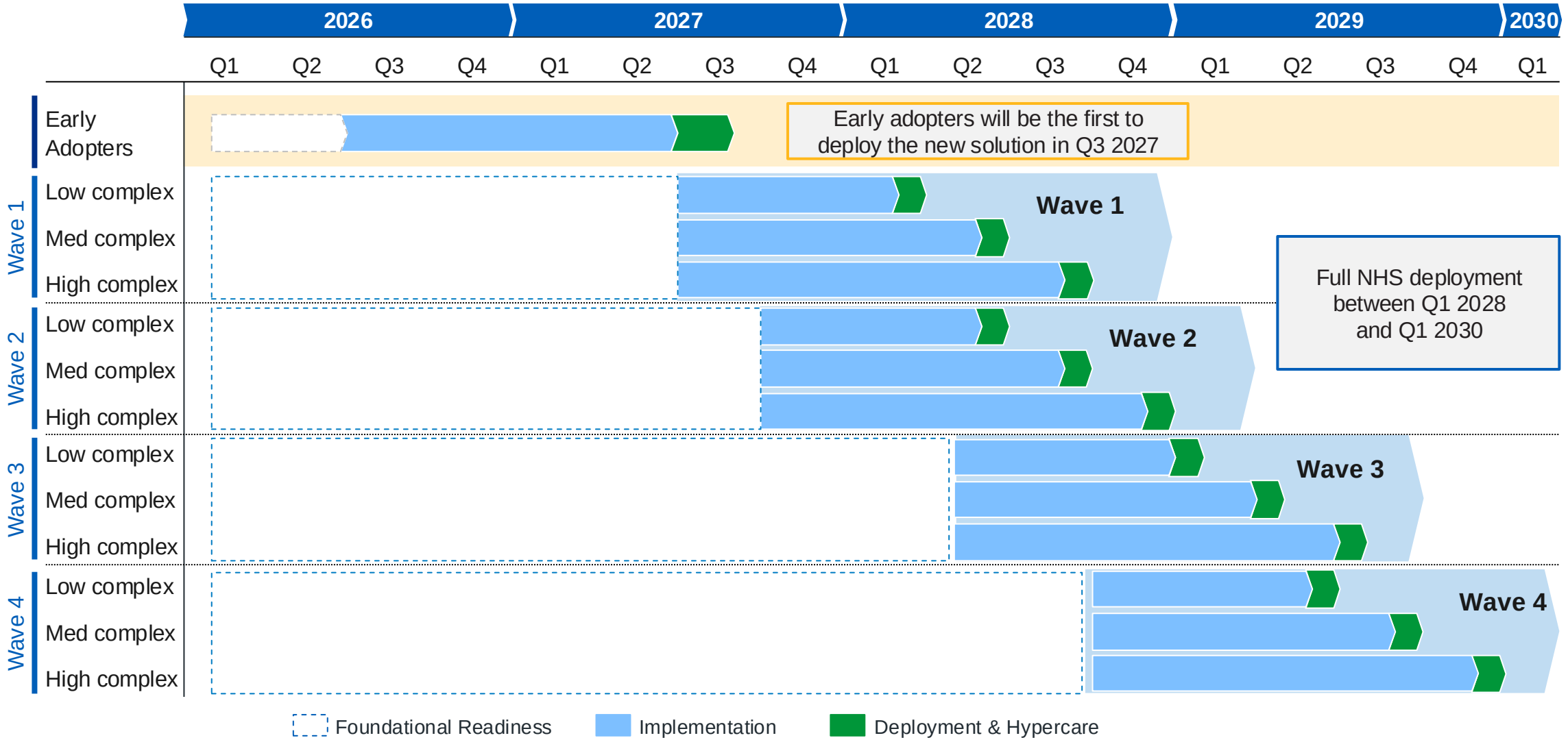
Shared benefits

Early Adopters will help validate and shape the implementation approach, so every organisation benefits from proven, ready-to-use processes and smoother deployment

Long-term success

Starting readiness work now means an easier transition later — building local capability, shaping national design, and maximising future benefits

Deployment of the new solution will be phased over the next five years



Support Provided by the National Programme

- Readiness and implementation support, including access to national Subject Matter Experts
- Clear national governance and decision-making pathways
- Change, communications and training toolkits to support local delivery
- Data migration and technical support throughout implementation
- Benefit from the learning shared by Early Adopter organisations
- Escalation routes and risk management support
- Benefits tracking

Implementation will be delivered through a national rollout model in partnership with NWSSP & organisations across NHS Wales

The programme will lead on national delivery

- Working in collaboration with NWSSP, deliver a phased, regionally coordinated deployment to ensure a smooth and manageable rollout
- Providing end-to-end readiness and implementation support, including training, change and communication materials, tools, and playbooks
- Defining standard processes, configuration and governance to enable consistency across all organisations

Organisations will lead local implementation and adoption supported by NWSSP

- Leading organisational readiness, including data preparation, local change planning and staff engagement
- Establishing local transformation teams to coordinate activity and champion adoption
- Embedding the new solution into daily practice to realise benefits and sustain improvement
- Full adoption and standardization of the future solution across NHS Wales

The programme will bring capacity and functional expertise to deploy the solution working alongside NWSSP and local teams

User-centered design
Ensure the solution meets NHS user needs by providing targeted design expertise

Delivery support
Serve as primary contact and provide ongoing implementation support

Change enablement
Develop implementation playbooks and provide targeted subject matter expert support e.g. training set up

Technical implementation
Provide technical delivery expertise across data migration, security, and system integrations

Benefits expertise
Provide advisory support to help NHS Wales and organisations plan, track and realise benefits from the programme

A resourcing plan will be shared as part of the Foundational Readiness guidance.

Organisation transformation teams will need to provide strong leadership and local expertise to drive the change

Leadership
Set direction, provide oversight and ensure alignment with programme strategy.

Business and functional expertise
Provide expertise to inform localisation, testing and benefit realisation

Project and change management
Lead day-to-day delivery and local transformation activities.

Communications and training delivery
Facilitate change by delivering local communications, engagement and training activities aligned with programme strategy.

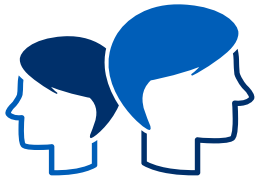
Technology and data enablement
Provide local technical and data expertise to support configuration, testing and integration activities.

A resourcing plan will be shared as part of the Foundational Readiness guidance.

This is a major organisation-wide transformation – not just an upgrade from ESR

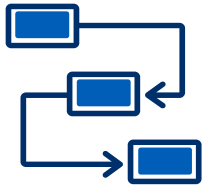
Staff and managers will experience everyday changes as the future solution is rolled out

Organisations will undergo key transformations as they undertake adopting the new solution



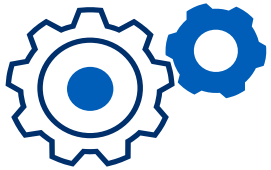
Resourcing

Local teams will be needed to drive implementation with varying time commitments across the programme lifecycle



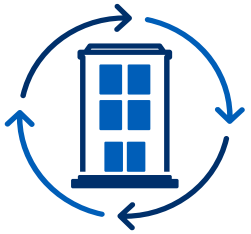
Process Change

The new solution will standardise and simplify HR processes, which may require changes to policy, workflows, skilling, or role responsibilities



Dependencies

A smoother transition depends on prioritising workforce transformation, optimising data quality, and aligning processes to a self-service model



BAU Operations

While transformation will proceed alongside business-as-usual activities, robust validation, change planning and a phased rollout will contain and mitigate risks

More details will be shared within the Foundational Readiness guidance and Implementation Playbook

There are several key Foundational Readiness activities organisations can take now to prepare

1. Leadership & Governance

Establish clear local ownership, leadership, and governance to drive transformation decisions and accountability

2. Data & Process

Begin data cleansing and process mapping to ensure accuracy, consistency, and readiness for the new solution

3. Capacity & Skills

Assess resource capacity and build the skills needed to deliver and sustain change effectively

4. Engagement

Stay connected through regional engagement, champion networks, and proactive communication with the programme team

More detailed information will be shared within the Foundational Readiness guidance

Over the coming months, organisations should expect to receive …

- ❑ Foundational Readiness briefing to support local planning and preparation
- ❑ Insights from Early Adopters to inform decision-making
- ❑ Clear roles and responsibilities for national and local delivery
- ❑ Implementation wave plans detailing when and how organisations will onboard
- ❑ Change, communications, training and technical toolkits to enable smooth adoption

Key Messages for Boards

1. This is a **major organisation-wide transformation** — not just an upgrade from ESR
2. Early **preparation reduces risk**, cost and pressure
3. National **support will be extensive** and informed by Early Adopters
4. **Clear timelines and guidance will be provided** in advance
5. The solution will **strengthen NHS workforce management and sustainability**

Further information

futurenhsworkforcesolution@nhsbsa.nhs.uk

Have you joined our FutureNHS workspace?

Sign up to the programme's mailing list, find helpful resources and the latest updates from the programme.

Visit our workspace

Let us know if these slides were accessible for you

Glossary of programme terms

EA	Early Adopter — organisations participating in the first implementation wave to test and refine the solution.
UO	User Organisation — any NHS organisation that will adopt and use the Future NHS Workforce Solution.
NHSBSA	NHS Business Services Authority — the national body delivering the Future NHS Workforce Solution.
Wave	A cohort of organisations scheduled for implementation in a defined sequence.
SMEs	Subject Matter Experts — experienced NHS professionals providing insight to shape solution design and adoption.
BAU	Business-as-Usual — routine operational activities unaffected by planned change.
SRO	Senior Responsible Owner for organisational implementation.

3

20 Mins

3 - CULTURE

3.1

3.1 - Whistleblowing in Hywel Dda

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

Attachments

3.1 SBAR - Whistleblowing Report - Feb 2026 - FINAL.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Whistleblowing in Hywel Dda
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & Organisational Development (W&OD) and Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Heather Hinkin, Assistant Director of People Management Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report has been prepared in response to a request from Independent Members regarding the Health Board's whistleblowing arrangements, specifically:

- Internal whistleblowing processes and governance
- External routes into the organisation
- Links between whistleblowing, Speak Up, and other reporting mechanisms
- What trends, hotspots, and insights tell us about our organisational culture
- Learning and improvement arising from whistleblowing intelligence

The report outlines a summary of the relevant legislation, current arrangements and potential opportunities to triangulate insights from the various reporting mechanisms already in place within the Health Board.

Cefndir / Background

Definition of Whistleblowing

Whistleblowing within NHS Wales is defined and governed by the All-Wales Staff to Raise Concerns Policy, which in turn is underpinned by the Public Interest Disclosure Act 1998 (PIDA).

It should be noted that only concerns raised and managed under this policy meet the formal definition of whistleblowing. Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g. patients, colleagues or the public). The policy also makes it clear that complaints about personal circumstances should be dealt with under the All-Wales Respect & Resolution Policy.

Complaints that can count as whistleblowing include, but are not limited to: -

- A criminal offence, for example fraud
- Danger to someone's health and safety
- Risk or actual damage to the environment
- A miscarriage of justice
- An organisation is breaking the law, for example does not have the right insurance
- You believe someone is covering up wrongdoing

The policy itself provides:

- Clear routes for staff to raise concerns
- Defined logging and tracking arrangements
- Proportionate investigation processes
- Executive oversight
- Explicit protection from detriment

Data arising from this policy is the primary and legally correct whistleblowing dataset for the Health Board and this is already reported to each In-Committee Board meeting and separately included in the annual employee relations activity report (See agenda item 2.6 - Employee relations update).

Legislative and Governance Framework

Hywel Dda University Health Board's(HDdUHB) governance framework for whistleblowing sits within its formal corporate governance and assurance system. These arrangements are disclosed through the Health Board's published Governance Arrangements and Statutory Commitments. [hduhb.nhs.wales]

Whistleblowing operates within a wider statutory and governance landscape which includes:

- The Public Interest Disclosure Act 1998 (PIDA)

The **Act i**s a UK law that protects whistleblowers from negative treatment or dismissal for repor ting misconduct, fraud, or illegal activities in the workplace.

- Health and Social Care (Quality and Engagement) (Wales) Act 2020

This version of the act came into force on 1 April 2023, and work continues on its implementation. The act aims to:

  - Strengthen the existing Duty of Quality on NHS bodies and extend it to the Welsh ministers for their health service functions
  - Create a Duty of Candour on NHS service providers for openness and honesty with patients and service users harmed during care
  - Amplify voices by replacing community health councils with Llais, an all-Wales citizen body for health and social care
  - Enable the appointment of Vice Chairs for NHS Trusts, bringing them in line with health boards

Further information is available at Health and Social Care (Quality and Engagement) (Wales) Act: summary | GOV.WALES

- NHS Wales statutory annual reporting requirements which include:-
  - Audit Wales expectations on systems of assurance
  - The Board's statutory responsibility for quality, safety and workforce culture. In Wales, NHS organisations are required to publish annual reports that include various statutory requirements, such as:

- Equality Objectives: NHS bodies must publish their equality objectives and report on their progress towards fulfilling them.
- Gender Pay Gap Reporting: Since 2011, public sector bodies in Wales are required to publish their gender pay gap and record steps taken to address it.
- Quality of Care Reports: NHS bodies must publish an annual quality report detailing their compliance with the duty of quality.
- Nurse Staffing Levels: Health Boards are required to calculate and maintain nurse staffing levels and report on compliance with the Nurse Staffing Levels (Wales) Act 2016.

These reports are typically published on our public website by 31 March for the previous reporting year.

- Quality, safety, workforce, and organisational development governance frameworks
  - These arrangements are disclosed through HDdUHB's published Governance Arrangements and Statutory Commitments e.g.
    - Quality, Safety and Experience Committee (QSEC): Whistleblowing disclosures relating to unsafe care, poor quality, or systemic failings are treated as quality and safety intelligence and fed into QSEC and Board assurance mechanisms.
    - Risk Management: Concerns raised via whistleblowing can generate corporate and or directorate risks and escalation to the Board Assurance Framework where appropriate.
- Audit and Risk Assurance Committee (ARAC) which provides independent assurance on:
  - Effectiveness of whistleblowing arrangements when raised as risks
  - Whether concerns are investigated appropriately
  - Organisational culture and openness
- Duty of Candour Alignment which strengthens the expectation that safety concerns are openly raised, learning is prioritised and staff are protected when raising genuine concerns.
- People, Organisational Development and Culture Committee governance for workforce matters (including whistleblowing themes) which are overseen through:
  - Board workforce reporting Culture and engagement metrics, compassionate leadership, a just culture approach and staff surveys with the latter providing some insight as to whether staff feel safe to raise concerns
  - Sickness, turnover, exit intelligence, etc.

Workforce assurance is also a key part of the corporate systems of assurance reviewed by Audit Wales.

All of the above result in a rich source of data which may be suitable for triangulation, however at present there is no synergy in reporting timescales, format or pathways as each has its own distinct statutory purposes and needs to meet.

Asesiad / Assessment

Staff to Raise Concerns Policy - Volumes and Trends

- The number of formal whistleblowing cases remains low
- Cases typically relate to:
  - Governance concerns
  - Serious service risks
  - Leadership or behavioural issues

- No evidence has been identified of systemic failure to respond to concerns raised under the Staff to Raise Concerns policy, however the data set remains small.

Other routes to raise concerns with or about the Health Board

Concerns also enter the organisation via:

- Healthcare Inspectorate Wales (HIW)
- NHS Wales Shared Services Partnership
- Welsh Government correspondence
- Patient safety incident reporting - Datix
- Speak Up / Working in Confidence platform (including anonymous reporting) (see agenda item 3.2 - Speak Up: 6 month update report
- Regulatory and professional referrals
- Political letters
- Llais

It should be noted that while these may overlap thematically with whistleblowing, they are not all whistleblowing cases and are governed by different statutory and assurance arrangements.

Speak Up / Working in Confidence

- Provides a predominantly anonymous route for staff to raise concerns
- Primarily surfaces cultural, behavioural, and confidence-related themes
- Reports directly into PODCC through the Workforce and Organisational Development Team

Patient Safety Reporting

- Patient safety concerns are reported through established safety systems
- Oversight provided through QSEC

This separation ensures legal compliance, clarity, and appropriate assurance.

Cultural Insights and Learning - what the data tells us

- Staff choose different routes based on:
  - Nature of concern
  - Confidence levels
  - Desire for anonymity
- Speak Up data provides us with early cultural intelligence
- Whistleblowing data provides assurance on serious concerns

Progress since 8 August 2025

- A multi-disciplinary group was established to map and evaluate whistleblowing processes and reporting lines. Terms of reference were drafted.
- The Group met on 8 September 2025 and identified significant complexity due to the differing statutory requirements as have been outlined above.
- An action was taken to refer the initial discussions back to Independent Members to enable greater clarity and focus on the issue.
- A meeting took place on 16 October 2025 between Eleanor Marks, HDdUHB Vice Chair, Anna Lewis, Independent Member, Corporate Governance and Workforce & Organisational Development colleagues.
- An approach to the work was agreed, recognising:
  - Legal definitions
  - Separate committee responsibilities
  - The potential risk of over-integration

Opportunities for Good Practice Alignment

There are opportunities to learn from other sectors in respect of our approach to handling concerns related to Whistleblowing. For example, our learning could align with the Civil Service Good Practice Guide on Whistleblowing, particularly:

- Clear definitions
- Senior ownership
- Focus on learning over volume
- Protection from detriment

Key points that may assist with Committee/Board taking assurance

- Whistleblowing in the NHS Wales is defined by the All-Wales Staff to Raise Concerns Policy. The Health Board therefore has sound and compliant whistleblowing arrangements**.**
- Concerns raised under this policy are the primary and legally correct dataset for whistleblowing
- Volumes are low and relate to serious issues
- Other routes (Speak Up, patient safety, Health Improvement Wales) serve different statutory purposes
- Complexity reflects legislation, not necessarily any failings of the distinct systems or governance arrangements
- Value is more likely to come from triangulating insights, rather than merging systems
- The current risk, if there is deemed to be risk, does not relate to policy or governance**,** but to the complexity of multiple reporting systems.
- The opportunity is therefore in strengthening insight through triangulation**.**

Recommendations and Next Steps

1. Develop year-end triangulated insight across the various committees such as PODCC and QSEC.
2. Work on a red/amber/green (RAG) rated narrative around seven core themes:-
   - Policy & Legal Compliance, Governance & Oversight, Accessibility & Routes to Raise Concerns, Logging, Tracking & Response, Culture & Confidence, Learning & Improvement, Protection from Detriment as part of an annual report.
3. Continue to raise staff awareness and promote all pathways and systems available for the purpose of raising concerns
4. Ensure learning is identified and acted upon in a timely manner, with staff kept appraised of progress of their concerns.
5. Consider the development of a “How concerns lead to change” summary report” which can be shared with all staff.

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** and **RECEIVE ASSURANCE** from the Whistleblowing in Hywel Dda report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.6 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board’s values and behaviour framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	N/A

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 3. Great care
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:	N/A
Rhestr Termau: Glossary of Terms:	Contained within 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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	None directly arising from the report

Gweithlu: **Workforce:**	None directly arising from the report
Risg: **Risk:**	None directly arising from the report
Cyfreithiol: **Legal:**	None directly arising from the report
Enw Da: **Reputational:**	None directly arising from the report
Gyfrinachedd: **Privacy:**	None directly arising from the report
Cydraddoldeb: **Equality:**	None directly arising from the report

3.2

3.2 - Speak Up: 6 Month Update Report

Robert Blake (Hywel Dda UHB - Head of Culture and Workforce Experience)

Attachments

3.2 People Organisational Development Culture Committee - Draft Speak Up p~.pdf

3.2 Appendix 1 - Speak Up Guardian Role Description.pdf

3.2 Appendix 2 - Draft Before we begin.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Speak Up – Make Meaningful Change Update on Progress
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling – Deputy Chief Executive / Executive Director of Workforce & Organisation Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Robert Blake – Head of Culture & Workforce Experience Corinna Lloyd Jones – Interim Assistant Director of Organisation Development Louise O'Connor – Assistant Director Legal & Patient Support

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

NHS Wales continues to develop and embed a culture in which staff feel safe, supported, and empowered to speak up. The overarching aim is to ensure that individuals at every level of the organisation are confident in how to raise concerns or share ideas, whether relating to patient care, workforce wellbeing or wider system issues, without fear of reprisal. This commitment supports greater organisational transparency, accountability, and shared learning, whilst also reflecting a proactive approach to delivering a compassionate, responsive and continually improving health service for the people of Wales.

The purpose of this paper is to provide an update on the Speak Up, Make Meaningful Change (SUMMC) agenda, initially introduced in the Committee briefing of 14 June 2023. This report represents the second bi-annual update requested by the Committee and is intended to provide assurance, oversight, and insight into the extent to which the SUMMC agenda is being embedded across Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

HDdUHB continues to embed its organisational approach to strengthening psychological safety and fostering openness. This is being achieved through the implementation of the SUMMC framework, first initiated in October 2024.

SUMMC provides an informal mechanism for raising both clinical and non-clinical concerns, as well as constructive ideas for improvement. Its purpose is to create an environment in which staff feel able to report issues or suggestions early and constructively, without the immediate need to engage formal organisational processes. While SUMMC complements established procedures, it is not intended to replace them; issues that require formal investigation will continue to be escalated through existing channels.

NHS Wales, including HDdUHB, continues to embed a culture of trust, openness, and psychological safety, drawing extensively on learning from NHS England and the National Guardian's Office (NGO). A recent NGO report offers a system-wide assessment of the current state of speaking up across the NHS, highlighting both areas of incremental progress and significant cultural challenges that require sustained organisational leadership.

The analysis indicates that, although improvements are evident within certain staff groups and sectors, overall confidence in speaking up has reached a plateau. This stagnation reflects a deeper concern where staff are not increasingly assured that their organisation will act upon issues raised. The report cautions that such stagnation risks fostering a "culture of silence," with potentially serious implications for patient safety and long-term organisational resilience.

The report further underscores the pivotal role of leadership, both executive and operational, in cultivating an environment where speaking up is welcomed, safe and meaningful. Leadership responsiveness is identified as essential; when staff perceive that senior leaders are neither listening nor taking appropriate action, confidence deteriorates quickly. The act of listening to and acting on concerns is described as "business-critical," and failure to do so is seen as undermining trust and increasing the likelihood of hidden harm.

Overall, the analysis portrays a healthcare system in which the speaking up culture remains fragile, inconsistent, and heavily influenced by leadership behaviours. While strengths are evident in some areas, these are offset by persistent stagnation and declining confidence in others. The report calls for significant cultural development, greater structural consistency, and visible, proactive leadership to reinforce a strong and sustainable speaking-up culture.

In relation to HDdUHB, the previous bi-annual report highlighted a "perfect storm" affecting this agenda, driven by long-standing organisational memory, a multi-generational workforce, and the unrelenting pressures of a high-demand system. The consequences of inaction are well documented, with clear evidence linking it to reduced staff wellbeing, compromised patient safety and a decline in the overall quality of care.

It also noted that the Health Board's leadership team is still developing its capability to create psychological safety. Many leaders have had limited exposure to effective role-modelling that demonstrates how to support and encourage safe, confident speaking-up, whether to colleagues, peers, or senior leaders. Over the past six months, however, the data indicates clear improvements in role-modelling, particularly through the organisation's escalation mechanism, The Voices Network. The modest rise in concerns being raised suggests that HDdUHB has not stagnated, instead, momentum and trust in this agenda continues to build.

Asesiad / Assessment

HDdUHB continues to embed the Speak Up agenda across the organisation, with progress varying across different areas. It was anticipated that the 2025 Staff Survey results would provide clearer insight into levels of trust and confidence relating to this agenda. Unfortunately, the finalised data was not available at the time of preparing this report.

The outcomes will be included in the next bi-annual update.

2.0 Speak Up Make Meaningful Change Statistics

There are multiple mechanisms through which staff can raise concerns or share ideas, however this paper focuses specifically on the Work in Confidence (WiC) platform and the Speak Up Guardian function. The WiC platform continues to be actively utilised, whereas

face-to-face engagement with Speak Up Guardians remains comparatively underused. This trend suggests that staff place significant value on the anonymity afforded by the WiC platform.

The platform is supported by 22 active responders, ensuring that concerns are managed in a timely and effective manner. This breadth of responders provides staff with a wide range of options and points of contact when submitting a concern or suggestion.

2.1 Anonymous Concerns

In response to the ongoing need to evaluate both national and local priorities, the Culture and Workforce Experience (CWE) Team has introduced new categories within the system to ensure comprehensive data capture and reporting:

- Benefits, Rewards and Recognition
- Breach of Confidentiality
- Bullying and Harassment
- Clinical Concerns (to which only Speak Up Guardians can respond to)
- Discrimination
- Diversity and Inclusion Matters
- Leadership and Management
- Other
- Patient Safety (to which only Speak Up Guardians can respond to)
- Resources to do My Job
- Sexual Safety
- Support around Finances
- Thinking of Leaving
- Unpaid Carer's Concerns
- Values and Behaviours
- Wellbeing

Over the past six months, the WiC system has recorded the following key trends and activities:

Time period	Concerns raised	Closed	Open	Average time to first respond	Average time to close
July 2025 – December 2025	29 **(+7.5%)**	24 **(9%)**	5	4 days	20 days
January 2025 - June 2025	27 **(+42%)**	22 **(+16%)**	5	2 days	30 days
July 2024 - December 2024	19 **(+90%)**	19 **(+90%)**	0	4 days	43 days
January 2024 - June 2024	10	10	0	1 day	56 days

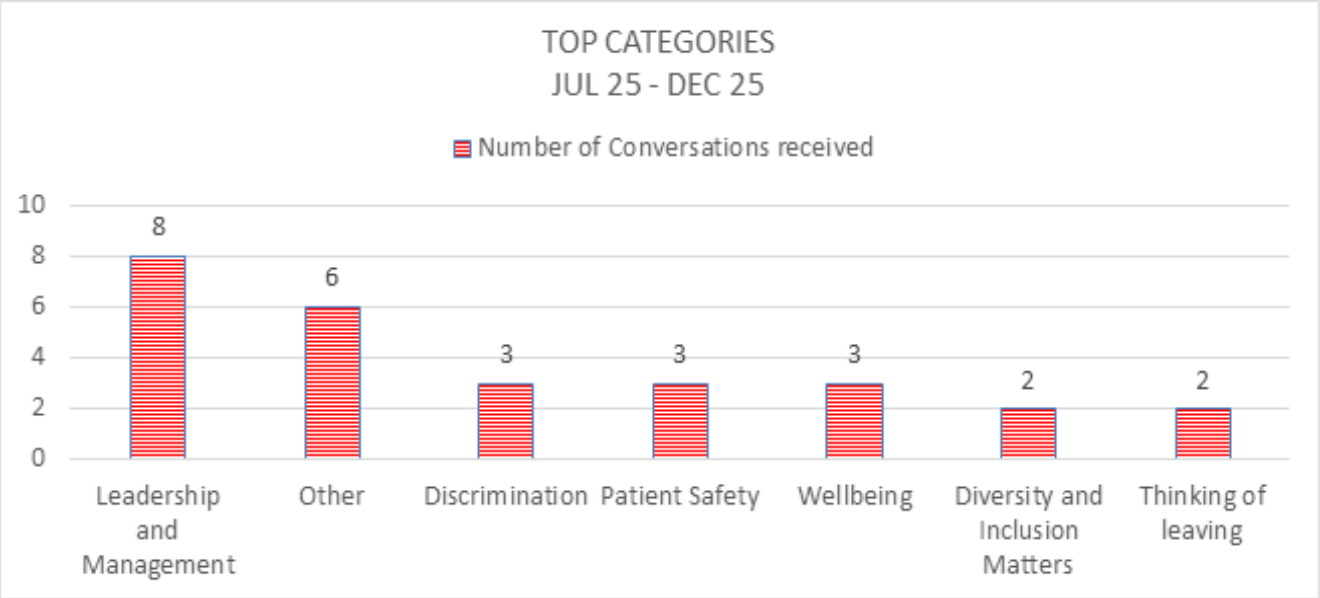
There has been a modest increase in both the number of concerns raised and those subsequently closed. While the average response time has risen from 2 to 4 days, this was attributable to a small number of responders being on leave during the reporting period. In contrast, the average time taken to close conversations has improved, decreasing from 30 days to 20 days, a 33.3% reduction. This measure continues to be influenced by a limited number of complex cases that require extended resolution periods due to their sensitive nature and the range of options explored in collaboration with the individuals who raised the concerns.

Current open conversations relate to the following areas:

- Leadership and Management
- Other

Responders utilise the system to foster confidence and trust with colleagues who raise concerns. In certain instances, it may be necessary for the colleague to disclose their identity for appropriate actions to be taken. This process can require a considerable amount of time and may not always be feasible, particularly in cases where psychological safety is compromised

The statistics show that the most popular day to start a conversation is a Thursday, with the most popular hour to start a conversation being 12am.



2.2 Direction of Travel by Category

The category of “Leadership and Management” recorded the highest number of concerns, representing a 100% increase compared with the previous 6-month period. This was followed by the universal “Other” category, with 6 concerns raised.

The next most frequently reported categories were “Discrimination” and “Patient Safety”, with 3 concerns each. Notably, there were no discrimination-related concerns in the previous 6-month period, making this increase particularly significant.

There have been decreases in the number of concerns across the following categories: “Benefits”, “Support Around Finances”, “Resources to do My Job”, “Values and Behaviours”, and “Bullying and Harassment”. While these reductions appear positive, it is important to note that themes relating to inappropriate behaviours were identified within the “Leadership and Management” and “Other” categories. This may help explain why fewer concerns were raised under these more specific categories.

Whilst many of the issues raised through the SUMMC agenda continue to be fairly straightforward and are resolved at the point of contact, there has been a notable increase in the number of more complex cases being brought forward.

We would like to express sincere thanks and appreciation to all colleagues who have supported progress on these matters. Gratitude is extended to several Deputy Directors and Executive Directors, all of whom have met with colleagues to assist in resolving speak up concerns.

2.3 Key Themes

While all conversations within the WiC platform remain strictly confidential, we can report on the overarching themes emerging as follows:

1.Workplace Roles and Conditions

- Health Care Support Workers (HCSW): issues around working from home/duties/ compassion/code of conduct.
- Under grading of roles compared to other Health Boards/feeling of managers obstructing progression.
- Band discrimination and inequitable access to facilities and resources.

2. Management and Staffing

- Creation of new management posts while patient-facing staff numbers remain low.
- Job freezes impacting service delivery.
- Misconduct/poor management practices.

3. Workplace Culture and Wellbeing

- Bullying/stress/conflict resolution concerns.
- Staff feeling unheard/undervalued/considering leaving the organisation.
- Toxic environments/inappropriate behaviour/morale issues.
- Anxiety linked to organisational change processes (Organisational Change Policy (OCP))/unclear policies.

4. Equality and Inclusion

- Discrimination/favouritism in treatment of staff.
- Racism/breaches of national and organisational standards.

5. Operational and Resource Issues

- Transport and parking challenges (Bronglais Hospital (BGH), Withybush Hospital (WGH))/misuse of resources.
- Cover/capacity/demand/staffing shortages in certain directorates.
- Facilities concerns (e.g. toilets at WGH).
- Patient feeding and provisions.

6. Policies and Governance

- Confidentiality/respect/resolution policy concerns.
- Sickness culture and return-to-work interview practices.
- Pressure from reporting lines/unclear priorities.

7. Employment and Contracts

- Maternity leave/contract-related issues.
- Permanent appointment/interview processes.

Whilst theme analyses are useful for identifying recurring patterns and highlighting areas of concern, an ongoing challenge within this agenda is capturing and presenting meaningful narratives that demonstrate how the speak up process has facilitated change. The National Guardian’s Office report emphasises the importance of such stories in embedding speaking up

as a core element of organisational culture. In response, the CWE Team continues to encourage staff to share their experiences so they can contribute to wider cultural development. Understandably, many individuals remain cautious and choose not to participate, however we are now able to share one such account.

The author of this paper was the responder to this concern, which provided an opportunity to explain how the colleague's story would be used. With this clarity, the colleague agreed and offered her narrative for inclusion. We are grateful for their willingness to share their experience:

"I recently used the Speak Up process to raise concerns about practice within the service, and I cannot overstate what a difference it made. Before this, I hadn't realised that such a supportive route even existed within the NHS. Discovering it felt reassuring in itself—because when you've tried every other avenue and nothing changes, knowing there is still a place to turn is incredibly important.

The process was simple to navigate, but what mattered most was the response. The responder contacted me immediately, and for the first time in over a year of trying to escalate my concerns through line management and service leads, I felt genuinely heard. His response came at a point where I was seriously thinking about leaving the Trust altogether. Without his support, I'm not sure I would have stayed.

In our face-to-face meeting, my responder truly listened. He understood how emotionally taxing and isolating it can feel to raise concerns, especially when you've tried repeatedly and feel dismissed. He validated my experience, every part of it, and that alone lifted a huge weight. He then talked through several options to help move things forward, including supporting me to speak directly with decision-makers. Having him beside me in that meeting gave me the confidence to present everything clearly and honestly.

While the solutions to the issues I raised are still developing My responder's commitment to promoting these values is evident, and it's especially appreciated at a time when many service leads and team leads are stretched thin with operational pressures.

I can already see the right conversations beginning to happen—conversations about building a genuine learning culture, fostering an environment where people can challenge and be challenged respectfully, strengthening inclusion, and looking at how we support staff more compassionately. There have been significant improvements. I am unsure what messages were cascaded, but my Service Lead has implemented measures to support shared risk within the team and has placed greater emphasis on staff wellbeing. In addition, the Multi-Disciplinary Teams (MDT) process is being strengthened.

At an individual level, adjustments have been made to support my neurodivergence, and I have experienced a marked increase in the level of support provided.

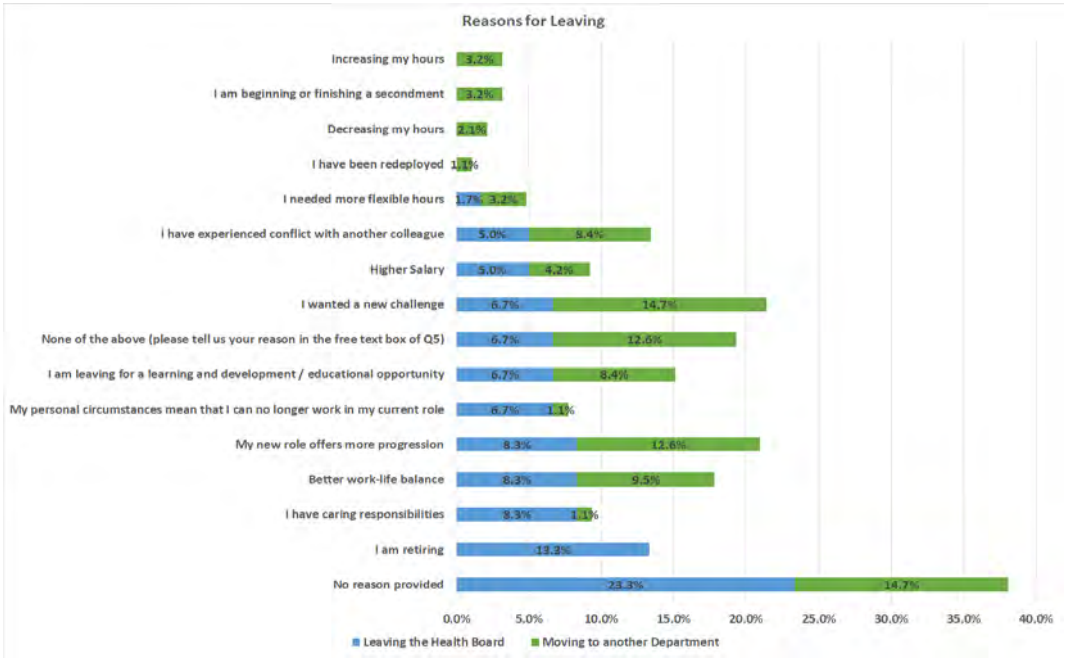
Many colleagues suggested that it is difficult to raise concerns and remain in post, but I hope this serves as an example of how speaking up can lead to positive change when people are willing to listen. The Speak Up programme is, in my view, invaluable. It plays a vital role in keeping staff within the organisation and in promoting safer, more transparent practice. Most importantly, it ensures that staff voices are not only heard, but taken seriously in shaping decisions that affect both colleagues and the people we care for."

3.0 Exit Interviews

Exit interviews also play a vital role in promoting a speak-up culture in healthcare as they offer a safe and structured opportunity for staff to share honest feedback, often uncovering systemic issues that may not surface through other channels. They reinforce psychological safety by demonstrating that the organisation values openness, even at the point of departure, and help identify cultural barriers that prevent staff from speaking up earlier. Insights gained can highlight

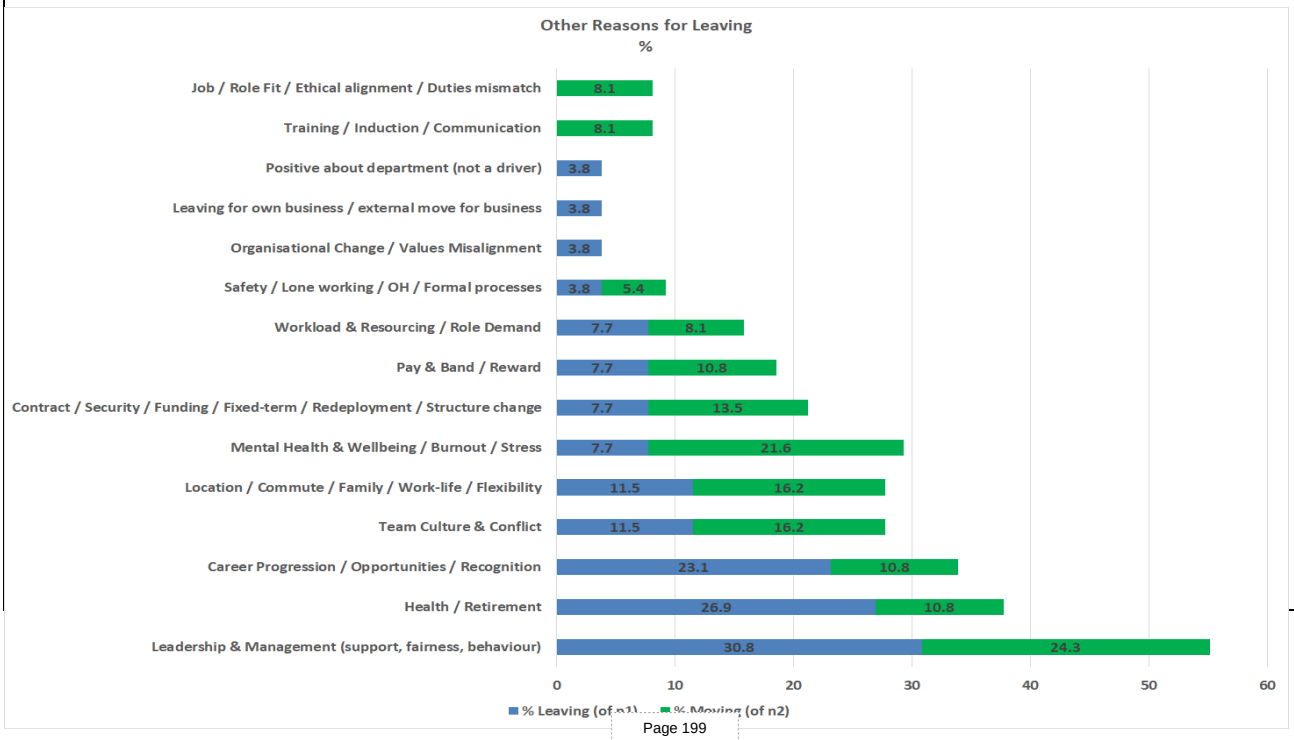
risks to patient safety, inform improvements in leadership and organisational practices and drive continuous learning, ensuring that concerns are acted upon and trust in the speak up agenda is strengthened.

Between July and December 2025, 155 exit surveys were completed, with 95 respondents moving department within the Health Board and 60 leaving the organisation.



3.1 Analysis of Reasons for Leaving and Internal Movement

- Most common reason for leaving:
  - Retirement: 13.3%
  - Caring responsibilities, better work-life balance and career progression: each at 8.3%.
- Reasons for internal movement:
  - Seeking a new challenge: 14.7%
  - Career progression: 12.6%
  - Other reasons: 12.6% of movers and 6.7% of leavers



3.2 Key Insights from Leavers and Interval Movements

Leadership and Management Issues

The most frequently cited reason for leaving or moving was related to leadership and management concerns for leavers (30.8%) and movers (24.3%).

"I felt that I had to leave due to the way senior management treated me and my colleagues. I had to seek alternative employment and go down from a Band X to a Band X due to being treated unfairly and disgustingly."

Mental Health, Wellbeing and Burnout

Second most common reason for movers (21.6%), although less for leavers (7.7%).

"I found my old department had taken a toll on my mental health and found the anxieties I was experiencing in work began to creep into my general life. I was very burnt out and considering I was at the start of my career, I didn't want to start hating the career I worked so hard for."

"Culture problems in the team have been toxic – it has worn me down a bit and I don't trust management anymore. I don't feel valued."

"It was incredibly stressful, very little support from the supervisors, and a toxic work environment filled with cliques and interdepartmental arguments."

Health and Retirement (Leavers)

Second most common reason for leavers (26.9%), followed by career progression opportunities.

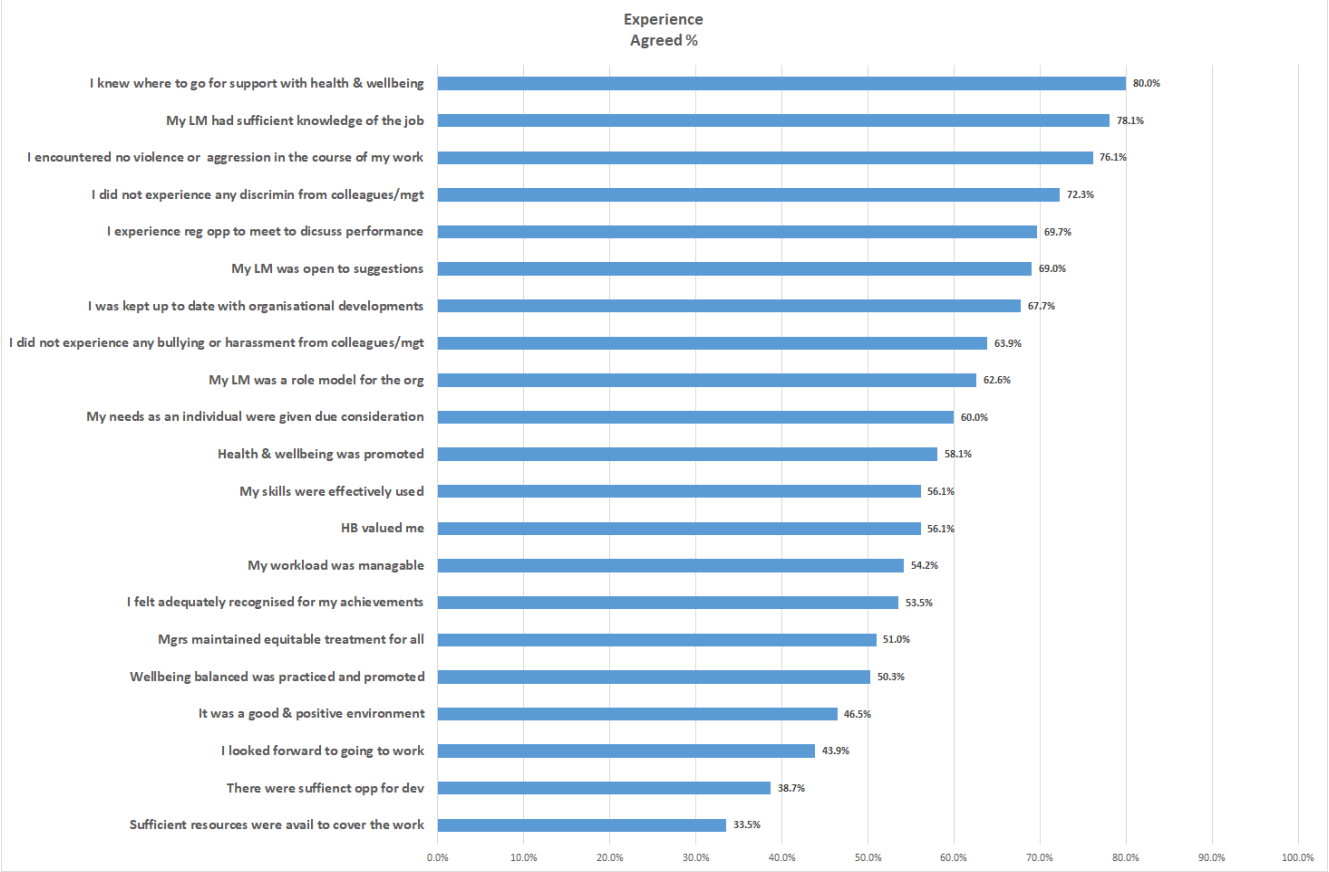
"Been in my role for 2 years, feel as though I am no longer learning any new skills or acquiring any new knowledge, wishing to gain further experience for the XXXX doctorate."

Location, Commute and Work-Life Balance (Movers)

Third most common reason for movers (16.2%), alongside team culture and conflict (also 16.2%).

"Past role – unacceptable/unachievable workload, high volume of stress in past position. 18+ calls a day was not unusual in a 10-hour shift – handover, lunch, travel time not accounted for. Due to level of work expected, I felt quality of care was being compromised and I was not prepared to continue to work like that. High volume of weekend working required per team member, impacting quality of life."

The graph below presents the positive experience indicators captured through exit interviews. Encouragingly, 80% of colleagues reported knowing where to access wellbeing support, 78% felt their line manager had sufficient knowledge and 76% experienced no violence or aggression in the workplace. While these findings are positive, the percentages remain below the organisation's aspirational standards, indicating further scope for improvement. The lowest-scoring areas related to having adequate resources to perform the role, opportunities for development and colleagues feeling positive about coming to work.



3.3 Suggestions for Improvement

Theme analyses were undertaken for the free text question in exit interviews which asks for three bullet points in relation to how the Health Board could improve. The table below defines how often each theme was noted in the improvement question.

Theme	Count
Leadership & Management (direction, ownership, compassion)	47
Communication & Engagement (incl. meetings, listening)	38
Training, CPD & Development / Induction	32
Staffing & Resourcing / Workload	24
Patient care, Pathways & Service quality	22
Digital / IT systems & data	20
Pay, Banding & Reward	18
Wellbeing & Psychological Safety / Feeling valued	18
Facilities, Estates & Environment (incl. parking)	15
Policies, Processes & Governance	13
Work-life & Flexibility (incl. WFH, scheduling)	12
Equity, Inclusion, Respect & Behaviours	11
Safety / Lone working / Risk	10

Staff feedback highlighted several cross-cutting themes relating to leadership, communication, development, and the working environment. Colleagues expressed a desire for more compassionate and supportive leadership, greater managerial visibility, and clearer ownership of decision-making. Improved communication was identified as essential, with staff seeking more inclusive engagement, opportunities to contribute to relevant discussions, and stronger foundations for psychological safety. Feedback also emphasised the need for enhanced induction processes, better access to clinical supervision, and consistent support for continuing professional development and recognition of achievements.

Workload, staffing and operational pressures were recurring concerns, particularly in areas such as district nursing where increasing complexity, rising demand and limited managerial support were reported to be adversely affecting work life balance and staff morale. Staff also identified opportunities to strengthen patient pathways, improve operational guidance and build more cohesive team cultures.

Practical and infrastructural issues were raised, including the need for improved IT systems, appropriate clinical environments, parking for community staff, and clearer governance processes that enable innovation. Wellbeing and psychological safety were prominent themes, with calls for dedicated wellbeing spaces, equitable treatment, respectful team behaviours and a more consistent demonstration of organisational values at all levels.

Collectively, these insights reflect a workforce that is committed to delivering high-quality care, but requires improved support, clearer structures and a more inclusive and psychologically safe environment to sustain that commitment.

Anonymous exit interviews are widely recognised as a useful tool for gathering workforce intelligence, particularly in identifying cultural and organisational issues. Research indicates that anonymity can increase honesty and reduce fear of retaliation, leading to more candid feedback (Society for Human Resource Management, 2022; Chartered Institute of Personnel and Development, 2023). However, their validity has limitations. The absence of identifiable data restricts the ability to contextualise responses by department, role, or tenure, which can reduce actionability. Additionally, feedback may be skewed by negative experiences, as employees leaving under adverse circumstances are more likely to respond.
Best practice recommends triangulating anonymous exit data with other sources, such as engagement surveys, grievance data and turnover metrics, to ensure a balanced and accurate picture of workforce trends.

The advantages and limitations of exit interviews have been outlined above. While the potential value of this workforce intelligence is significant, the organisation continues to face challenges in securing staff participation, whether individuals are leaving the organisation or transferring internally. Additionally, completed interviews frequently lack identifiable data, limiting the depth of analysis.

To improve compliance, the organisation has opted to keep exit interviews voluntary and confidential. However, this approach restricts the ability to undertake detailed analysis, meaning that only high-level themes can be generated. This remains a substantial challenge and may indicate broader issues relating to psychological safety within the organisation.

4.0 Interpretation of Current Speak Up Data

Analysis of activity since the launch of the SUMMC agenda shows a consistent rise in the number of concerns submitted through the WiC platform. Most of these have been resolved informally at first contact, which may indicate several underlying cultural factors:

- Persistent Organisational Mistrust: findings from the 2024 staff survey highlight continuing apprehension about the safety and reliability of speaking up, suggesting that past experiences and established cultural norms may still be discouraging open disclosure.
- Limited Visibility of the SUMMC Identity: despite ongoing communications, understanding of the SUMMC agenda and its processes does not yet appear to be fully embedded across the organisation.

In addition to these trends, as noted above, a small number of the speak up cases received have been highly complex in nature which have required escalation to senior leaders. Each case led to positive outcomes, including the establishment of targeted meetings and dedicated follow-up discussions. This demonstrates the organisation's willingness to engage openly with more challenging issues and reinforces the value of escalating concerns when appropriate.

Workforce-related concerns continue to represent most cases raised through the speak up initiative. Many of these issues are straightforward and can be addressed through signposting, supportive conversations, coaching and collaboration with Workforce and Organisation Development (WOD) teams to support appropriate action or resolution. Organisation Development (OD) teams have consistently reinforced the importance of raising concerns through development programmes and interventions, contributing to an increased awareness of available mechanisms for workforce matters.

Uptake of the mechanisms for raising clinical concerns has been slower. While only a small number of clinical issues have been reported, all have been successfully resolved through The Voices Network, demonstrating the system's effectiveness when utilised. There is now a clear opportunity for clinical teams to reflect on how they actively promote and reinforce the importance of speaking up in clinical contexts. Addressing fear, clarifying misconceptions about potential repercussions and strengthening psychological safety remain essential.

Clinical teams are also encouraged to evaluate how they create and maintain effective feedback loops that demonstrate the actions taken in response to concerns. Normalising these conversations and visibly closing the loop are crucial in building trust, transparency and continuous improvement.

Overall, these insights highlight the need for ongoing cultural development and targeted educational activity. Strengthening the visibility and clarity of the SUMMC identity, will be central to building trust, improving psychological safety and embedding a healthier organisational culture around speaking up.

5.0 Continuous Improvement

5.1 Leadership

The previous bi-annual paper identified the need for greater leadership maturity within the organisation, as well as the critical role of effective role-modelling. The recent, subtle increase in more complex speak up cases, and their subsequent escalation to senior leaders, signals encouraging progress in this direction. Staff have reported feeling heard at a deeper and more meaningful level, which is a positive indicator of developing organisational maturity across HDdUHB.

To sustain this progress, leaders must visibly demonstrate openness to appropriate questioning, constructive challenge, and feedback. This should be modelled consistently and championed from the top, forming a core component of the leadership agenda. Strengthening these behaviours will further embed trust, enhance psychological safety and reinforce a culture where speaking up is viewed as both valued and integral to continuous improvement.

5.2 Communication

It has become evident that understanding of the SUMMC agenda and its associated mechanisms has been inconsistent across the organisation. This has been influenced in part

by the need to prioritise other significant communication campaigns, including the Staff Survey and the Sexual Safety agenda. While these priorities have naturally affected the frequency and prominence of messaging about SUMMC, efforts have been made to strengthen alignment across these programmes.

The communication strategy for the Staff Survey intentionally incorporated SUMMC messaging to reinforce the connection between staff voice, organisational listening and psychological safety. Similarly, the CWE Team has integrated speak up principles into the Sexual Safety agenda, ensuring that the link between raising concerns, personal safety and organisational accountability is visible and reinforced. This cross-agenda alignment provides an important opportunity to improve clarity, deepen engagement and promote a more unified understanding of the mechanisms available for staff to raise concerns.

The CWE Team is developing an annual communication strategy to support the SUMMC agenda and related priorities. The strategy will provide ongoing messaging to reinforce staff awareness of the agenda, the mechanisms available, and the importance of speaking up to improve workforce experience and patient care. Where agendas intersect, clear links will be made to the Speak Up framework to strengthen coherence and understanding.

5.3 Speak Up Guardians

The Speak Up Guardians (SUG) continue to be underutilised as a route for raising concerns. Although a small number of clinical issues have been submitted through the platform and resolved successfully, providing some reassurance that staff understand the Guardians' purpose, overall engagement remains low. The CWE Team recognises that further work is required to embed the Guardians as a credible and meaningful mechanism through which staff can raise concerns or offer ideas.

At present, the SUG profiles are available on the SUMMC webpages, however additional communication and visibility-building activity will be prioritised throughout 2026 to strengthen awareness of who they are and the support they provide. The team is also mindful of the current capacity constraints, with a limited number of Guardians in place and an uneven geographical distribution across the Health Board. Guardians are currently heavily concentrated in Carmarthenshire, and there is a clear need to increase representation in the other two counties.

A small number of staff have applied for SUG roles, however following initial discussions with their line managers, permission for them to undertake the role has been declined. This is despite assurances that involvement as a Guardian can be carefully managed, including limiting the number of cases allocated to everyone to ensure that participation does not adversely impact their substantive duties. This challenge highlights an ongoing need to strengthen understanding among managers of the Guardian role, its value to the organisation and the minimal operational burden associated with participation when appropriately supported.

To address this, a recruitment campaign is planned for March/April 2026. A proposed role design to support this recruitment drive is included in Appendix 1. Expanding the Guardian network and ensuring broader geographical coverage will be essential to improving accessibility, encouraging engagement, and strengthening the visibility and effectiveness of the speak up mechanisms. This campaign will include a new training programme, development of a speak up reflection network for all SUGs and WiC responders.

5.4 Other Proposed Initiatives

Initiatives aimed at strengthening psychological safety within the organisation, as outlined in the previous paper, included:

- **Development of a Standardised Meeting Narrative**
  A draft script has been created for use in virtual meetings to reinforce the organisation's core values of respect, openness, and transparency. Its purpose is to normalise positive challenge, encourage inclusive dialogue and support healthier team dynamics. This draft is included within this paper for feedback (see Appendix 2).

- **Establishment of a Leadership Peer Network**
  A proposed support network for leaders to build confidence in their decision making, particularly when their leadership is questioned or challenged. This initiative is yet to be developed, however remains a priority in fostering a more resilient and psychologically safe leadership culture.

- **Collaborative Measurement Framework**
  A joint initiative between the Patient Safety and OD teams to design a set of metrics capable of identifying and evaluating correlations between patient safety concerns and workforce-related issues. This work is yet to be progressed, however is expected to provide a more integrated understanding of organisational risk and cultural indicators.

- **Speak Up Support Toolkit**
  A practical resource intended to help colleagues articulate concerns more confidently and constructively. The toolkit will provide suggested language, example scripts and supportive phrasing to help staff navigate honest conversations with managers, peers or senior leaders. Its aim is to reduce hesitancy, build confidence and promote more open, timely dialogue across all levels of the organisation, with clarity and respect at the forefront. The long-term intention is to normalise these behaviours and embed them within everyday practice. Completion of this toolkit is expected by September 2026.

Storytelling
The OD Team will continue to strengthen the communication strategy with an increased emphasis on storytelling as a means of fostering cultural change. Sharing real-life staff narratives that demonstrate how speaking up has led to tangible improvements can help demystify the process, dispel misconceptions, and build trust in the agenda. This remains an ongoing initiative, guided by the need to protect the psychological safety of individuals who choose to share their experiences. However, the team is finding it increasingly challenging to secure staff willing to participate, which highlights continued cultural hesitancy and the need for further work to build confidence across the workforce.

6.0 Listening and Learning Sub-Committee

Listening to People Regulations 2026

The *Listening to People Regulations 2026* introduce a significant shift in how health organisations engage with patients, carers, families and the wider public. These reforms strengthen the expectation that services actively listen, communicate transparently, and focus on resolving concerns early, well before they escalate into formal complaints. The overarching aim is to place peoples' lived experiences at the centre of care, ensuring that feedback leads to learning, improvement, and more compassionate interactions.

A key change within the regulatory framework is the increase in the financial limit for the redress process from £25,000 to £50,000. This reflects the system's commitment to fairer and

more responsive handling of harm-related cases. Beyond this, the Regulations emphasise that only matters requiring a formal route should progress through the statutory process. Individuals should instead be able to access information, support and guidance without the burden of entering a complaints system, particularly those experiencing distress, such as people who are recently bereaved.

The shift required is not merely procedural, it is cultural. Organisations must adopt practices grounded in active listening, proactive communication, and person-centred behaviour at every level. Supporting this shift are strengthened investigation methodologies that align with an integrated investigation framework and a consistently applied concerns management model. Updated tools, proportionate approaches and intelligent reporting mechanisms aim to ensure learning is meaningful and embedded. The use of After-Action Reviews will further reinforce psychological safety, shared learning, and reflective practice within teams.

The Regulations also place a strong emphasis on communication standards and inclusive practice. Staff across all services are expected to demonstrate compassionate communication skills and an ability to work sensitively with vulnerable groups and individuals with protected characteristics, including those with mental health needs, learning disabilities, neurodiversity, children and young people, and older adults. Communication must be accessible, free of jargon and written at an average reading age of fourteen to ensure that information is easily understood.

Taken together, the Listening to People Regulations 2026 represent a major step forward in designing a system that responds to peoples' needs with empathy, clarity, and accountability. By empowering staff, strengthening processes, and valuing early resolution, the new framework aims to build a culture in which listening is not a procedural requirement but a core professional responsibility. The challenge ahead lies in ensuring that these expectations are consistently implemented across services, with robust mechanisms for learning, responsiveness, and continuous improvement.

The principles behind the Listening to People Regulations 2026 and the organisations speak up arrangements are fundamentally connected. Both frameworks aim to create a culture in which individuals feel safe, supported, and empowered to voice concerns, whether those concerns are about patient experience, quality of care, workplace behaviours, safety or organisational culture. While the Regulations focus primarily on improving how we listen and respond to patients, carers, and families, SUMMC extends these values to the workforce. Together, they form a coherent system for early intervention, compassionate communication and organisational learning.

In practice, this alignment means that speak up is not an add-on or parallel system; it is an essential enabler of the Listening to People agenda. Together they reinforce a culture where speaking, listening, acknowledging, and acting are embedded as everyday behaviours. Both frameworks focus on preventing harm, responding early, reducing escalation and building trust across the whole health system. By strengthening speak up and embedding its principles in leadership, management, and team behaviours, HDdUHB will be better positioned to meet both the spirit and the operational requirements of the 2026 Regulations.

7.0 Conclusion

The ongoing importance of cultivating a culture in which speaking up is both encouraged and psychologically safe is consistently reinforced across the healthcare evidence base. HDdUHB continues to make steady progress in embedding a framework where raising concerns is understood as a cultural norm and is recognised as a vital contributor to learning, improvement

and high-quality care. Establishing such a culture requires not only clear mechanisms, as well as sustained leadership commitment, coherent messaging, and an environment where staff feel confident that their concerns will be met with respect, transparency, and meaningful action.

Across NHS Wales, SUMMC is gaining increasing prominence as a fundamental component of organisational culture and governance. However, national, and international learning demonstrates that embedding these practices within everyday behaviours is inherently complex and typically evolves over a prolonged period. There is currently no definitive best-practice model to guide this work, therefore organisations must adopt a tailored and adaptive approach that reflects their unique history, workforce composition and system pressures.

HDdUHB remains firmly committed to advancing this agenda. It is recognised that progress will not always be linear, and that periods of challenge, resistance or slippage are an expected feature of transformational cultural change. What matters is the organisation's ability to respond constructively by reflecting on learning, adjusting its approach, and maintaining clarity of purpose. Continued attention to leadership behaviours, communication, feedback loops and psychological safety will be essential in ensuring that staff feel supported, valued, and able to speak up without fear. Sustaining momentum will require collective ownership across all directorates and professions.

The organisation remains committed to advancing this agenda, acknowledging that progress may be uneven and that setbacks are an inherent part of transformational change. To navigate these challenges effectively, HDdUHB must continue to reflect, review, and evolve its approach, ensuring that the environment remains safe, inclusive, and conducive to staff flourishing.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the update provided within this paper regarding speak up and
- **RECEIVE ASSURANCE** from the continued progress outlined. The organisation recognises that further work is needed to ensure the consistent and sustainable embedding of a speak up culture across all operational areas.

Amcanion: (rhaid cwblhau) Objectives: (must be completed),	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.6 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.
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
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	1 Workforce Stabilisation 2 Financial recovery and route map
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:	CIPD (2023) *Employee Engagement and Retention Strategies*. Available at: https://www.cipd.co.uk SHRM (2022) *How to Conduct Effective Exit Interviews*. Available at: https://www.shrm.org NHS Employers (2023) *Improving Staff Retention*. Available at: https://www.nhsemployers.org NHS Shared Business Services (2023) *Exit Interview Service Case Study*. Available at: https://www.sbs.nhs.uk
Rhestr Termau: Glossary of Terms:	Hywel Dda University Health Board (HDd UHB) Speak Up, Make Meaningful Change (SUMMC) Work In Confidence (WiC) system Speak Up Safely Champions (SUSC) programme Speak Up Guardians (SUG) Workforce and Organisational Development (WOD) Organisation Development (OD)
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 for this paper.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	None arising for this paper.
Gweithlu: **Workforce:**	None arising for this paper.
Risg: **Risk:**	None arising for this paper.
Cyfreithiol: **Legal:**	None arising for this paper.
Enw Da: **Reputational:**	None arising for this paper.
Gyfrinachedd: **Privacy:**	None arising for this paper.
Cydraddoldeb: **Equality:**	None arising for this paper.

Speak Up, Make Meaningful Change (SUMMC) is Hywel Dda University Health Board's dedicated identity for promoting a culture of openness and psychological safety. We are committed to creating an environment where all staff feel empowered to raise ideas that enhance patient care, or to speak out about any concerns - regardless of their scale or nature.

To support this, we have implemented both anonymous and face-to-face mechanisms for staff to share feedback, suggestions, or concerns. A vital component of this framework is our network of Speak Up Guardians, who are available to be contacted directly or via the Work in Confidence platform. They provide a safe and supportive route for staff to raise ideas or concerns in confidence.

Purpose

The Speak Up Guardian will act as a confidential, impartial, and independent point of contact for all Hywel Dda University Health Board staff, providing a safe space to raise concerns about anything that gets in the way of providing good care. The purpose of the role is to support staff in raising concerns through the Speak Up, Make Meaningful Change agenda, and to ensure that the organisation listens and learns from the issues raised.

Position in the Organisation

The Speak Up Guardian is an additional responsibility within an existing role. The postholder is accountable to the Head of Culture and Workforce Experience. The role will operate with a high degree of independence and impartiality to provide a trusted resource for all staff.

Key Responsibilities

- **Confidential support:** To provide confidential and impartial advice to staff who wish to speak up, protecting their identity where requested and ensuring their concerns are handled sensitively, including through the use of the Work In Confidence (WIC) system.
- **Case management:** To accurately record, manage, and track concerns raised by staff, ensuring appropriate follow-up and action, in line with Health Board policies.
- **Specialised concern handling:** To be the designated responder for concerns related to their area of speciality on the WIC platform.
- **Escalation:** To escalate high-level concerns that cannot be resolved at the initial stage to the Voices Network, a multidisciplinary group of senior leaders, ensuring the defined escalation protocol and timescales are followed.
- **Reporting and analysis:** To work with the Culture and Workforce Experience team to provide anonymised and aggregated reports on the concerns raised, identifying trends and systemic issues to drive organisational learning and improvement.
- **Promoting the role:** To be visible and proactive in promoting the Speak Up Guardian role and the SUMMC agenda, ensuring all staff are aware of this route to raise concerns.

Time Commitment

The role is an additional responsibility within an existing post and requires a dedicated time commitment, typically ranging from 2-4 hours per week, depending on the volume of cases. This time should be protected by the individual's line manager to allow for the effective fulfilment of the duties.

Support and Development

Guardians will receive a full induction and ongoing training. They will be supported by a senior leader and will have access to a network of other guardians for peer support and shared learning.

Essential Attributes

- A clear understanding of the guardian's role and its boundaries, including when and how to escalate concerns.
- A strong understanding of the healthcare landscape, including the values of Hywel Dda, the NHS, and the importance of patient safety and quality of care. The ability to understand and work within the local policies, procedures and governance structures of Hywel Dda University Health Board.
- A guardian must be a credible and respected member of staff who can build trust across all levels and professional groups within the health board.
- The ability to listen actively, build trust, and communicate effectively with people at all levels of the organisation.
- A commitment to acting without bias and maintaining confidentiality and professional integrity at all times.
- The emotional resilience to handle sensitive and challenging situations, combined with a compassionate and supportive approach.
- The ability to analyse complex issues and work collaboratively to find solutions that promote a positive culture and address concerns.

Before we begin...

In Hywel Dda, we value openness and respect. Meetings should be professional spaces where people feel able to contribute, be listened to, and heard. We will not all agree, and that is part of healthy discussion and decision making!

- Listen without interrupting
- Give everyone time to speak
- Challenge ideas rather than individuals
- Keep language respectful and constructive
- Be mindful of how our tone comes across

If something feels inappropriate or uncomfortable, you can raise it during or after the meeting

3.3

3.3 - EDI Taskforce

Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

Attachments

3.3 SBAR PODCC EDI TaskForce Update February 2026 final draft.pdf

3.3 Appendix 1 - EDI Sub group allyship - Action Plan Jan 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Equality, Diversity and Inclusion (EDI) Taskforce Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird Assistant Director Strategic Partnerships Diversity and Inclusion

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on the progress to date and future plans of the Equality, Diversity and Inclusion (EDI) Taskforce which was established following discussion at the Board Seminar session in December 2024.

Cefndir / Background

Each year the Health Board publishes a Strategic Equality Plan (SEP) Annual Report, alongside reports on Workforce Equality data and Pay Gap data. These reports are scrutinised by the People, Organisational Development and Culture Committee (PODCC), who then recommend their publication to Board. The reports for the financial year 2023/24 were presented to Board in September 2024 and while approved for publication, the Chair requested a Board session is arranged to enable further review and consideration of the data, and the implications for the Health Board's work.

A direct outcome of the Board Seminar in December 2024 was an agreement to create an Equality, Diversity and Inclusion (EDI) Taskforce to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation, ensuring that every voice is heard and respected, and we all have a sense of belonging. The taskforce provides updates on progress to PODCC.

The EDI Taskforce has 3 overarching objectives. For each objective a dedicated sub-group is being established with its own terms of reference and action plan, and each sub-group will report to the Taskforce:

- **Board Allyship**
  To explore what more the Board can do to take a more assertive position and demonstrate its allyship to underrepresented and vulnerable groups.

- **Engagement and Co-Production**
  To build a shared commitment for change based on a diverse range of personal experiences and ensure that we provide opportunities for all individuals to feed into the shaping of Health Board EDI priorities, ensuring a person-centred approach.

- **Data and Intelligence**
  To better understand the data we already have and take a more intersectional approach where we consider impacts for individuals with multiple protected characteristics. This will enable us to establish key EDI actions and priorities.

Asesiad / Assessment

Activity to Date

Board Allyship

Anna Lewis's tenure as an Independent Board member with the Health Board came to an end in December 2025 and as a result she has stepped down as Chair of the EDI Taskforce. Until a new Chair is appointed, Lisa Gostling, Executive Director of Workforce and Organisational Development/Deputy Chief Executive, will oversee the group.

An action plan has been created (Appendix one), to outline the expectations of the Board for the Allyship sub-group and clearly show how success will be measured.

A report will be presented to the Executive Team meeting on 25 February 2026, to describe the proposed establishment of Executive Champions, where Board members will sponsor a protected characteristic or staff network. The aim of Board Champions will be to provide visible sponsorship and advocacy and use their positions to amplify under-represented voices.

The EDI Team has published the 2026 Diversity Calendar and a link to this online resource has been shared with Board members, and to all staff via Viva Engage, to raise awareness of key dates and celebrations throughout the year.

Engagement and Co-Production

The "Big Conversation" online workshop took place on the 6 November 2025 with 41 members of staff attending. The workshop was introduced by Lisa Gostling and facilitated by Mandy Davies, Assistant Director of Nursing and Quality Improvement. The aim of the session was to explore how we can increase engagement with all staff, regarding the EDI agenda and enable staff to participate in co-producing change ideas that help to eliminate discrimination and ensure the Health Board is a fair place to work and receive healthcare services.

Attendees were asked to complete a poll to self-report their level of empowerment to act. At the start of the session 35.6% of participants felt fully empowered to take forward and promote EDI in their role and this increased to 61.5% by the close of the session.

Four primary drivers were established to provide a focus for the workshop discussions:

1. Open and Honest Feedback
2. Engaged and Empowered People
3. Effective and Transparent Communication
4. Organisational Accountability

Attendees were asked to consider secondary drivers and ideas for change. In total 43 change ideas were generated through this process. All change ideas that were generated during the "Big Conversation" have been aligned with each of the three overarching objectives of the EDI Taskforce and will be incorporated into the action plans for each sub-group (Board Allyship, Engagement and Co-production and Data and Intelligence).

Following the session, two colleagues provided feedback on how the session could have been more accessible for neurodivergent colleagues which is crucial for inclusive communication and engagement across the Health Board. This important constructive feedback will be used to improve the accessibility of future engagement, communication and co-production activities.

The EDI Team has developed an EDI newsletter and an EDI Taskforce webpage on the internal Health Board intranet system, where key information regarding the work of the Taskforce can be found. This page will be updated as work progresses to increase transparency and awareness for all staff around EDI initiatives that are being taken forward.

Data and Intelligence

Members of the EDI Team have been working with colleagues from the Culture and Workforce Experience and Workforce Intelligence teams to explore ways in which we can improve the workforce data we currently capture so that we can better understand our data and use it more effectively. The aim is to develop a more intersectional approach to our data analysis so that we can establish evidence based, targeted interventions. We are also benchmarking against other organisations, working with our counterparts in Wales and England, to understand the challenges and opportunities that other organisations have identified when it comes to intersectionality and the robust scrutiny of data.

One of the key areas of concern is recruitment data as the TRAC recruitment platform does not allow us to combine and overlay the data using an intersectional approach. For example, we are unable to look at applicants by gender, combined with ethnicity to understand if there is any increased disadvantage or bias as a result of the intersection of the two protected characteristics. The Electronic Staff Record (ESR) is also not currently able to record a staff member's trans status or neurodivergence, so we are missing key data that we need to be able to generate targeted interventions. We understand the new ESR system may include recruitment elements so now is a critical time for us to ensure that any new or updated systems can provide us with the data that we required.

In addition, a Workforce Intelligence Group has been established with the purpose of consolidating all Workforce and Organisational Development (OD) data into one single data dashboard which can facilitate more intersectional understanding of our Workforce.

Future plans

Three sub-groups will lead the work to drive forward the three priority areas established by the taskforce, incorporating relevant change ideas generated by the "Big Conversation". Progress against action plans for each group will be reported to the EDI Taskforce and regularly reported to the PODCC as part of the EDI Taskforce update reports. In addition, the EDI Team will raise awareness of the SharePoint page to encourage wider engagement from staff, especially those who are active within our eight staff networks. The EDI Team also propose to publish a quarterly newsletter to supplement formal reports and raise awareness of the wide range of EDI initiatives and ongoing work that may not always be apparent to Committee and Board members.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is asked to **NOTE** the update provided on EDI Taskforce activity to date, the proposed future plans and provide any relevant suggestions or feedback.

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.
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)	5. Equitable 6. Person-Centred
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	1 Workforce Stabilisation
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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• Equality Act 2010 • Public Sector Equality Duties (Wales) 2011 • Is Wales Fairer (2023) – Equality and Human Rights Commission • Sources of data, including pay gap reports, workforce equality data, Workforce Race Equality Standard annual reports.
Rhestr Termau: Glossary of Terms:	Included within the document

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:	A Financial Impact Assessment has not been undertaken as this an update report.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is evidence to show that protected groups do experience disadvantage at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups but for the whole population.
Gweithlu: Workforce:	There is evidence to show that protected groups do experience disadvantage when seeking employment and during their careers. Embedding equality considerations aligned to the Health Board's values and proactively taking action will result in recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups.
Risg: Risk:	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to the Health Board.
Cyfreithiol: Legal:	Breaches of compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance by the Equality and Human Rights Commission and legal challenges through judicial review and employment tribunals.
Enw Da: Reputational:	Non-compliance with Equality Act 20210 duties as well as experience of discrimination could result in both legal and reputational damage to the organisation.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	An Equality Impact Assessment has not been undertaken as this an update report.

Equality, Diversity and inclusion (EDI) Task Force

Sub Group – Board Allyship

Purpose – to ensure board members act as visible, active allies who champion inclusion, challenge inequality, and use their influence to create a fair and compassionate culture.

Lead – Lisa Gostling, Executive Director of Workforce & Organisational Development/Deputy Chief Executive

Theme	Objective	Action	Measures/Evidence	Progress
Personal Commitment to learning	Build individual awareness of privilege, bias, and inclusive leadership	Each Board member completes structured allyship and anti-racism learning programme. Regular reflection sessions on lived experience, and unconscious bias. Engage with staff stories and network events to listen and learn	100% ESR compliance with EDI information. 100% Board participation in training Reflections shared in annual board development session. Evidence of learning influencing decision.	
Visible sponsorship and advocacy	Use positional power to amplify under-represented voices	Each board member sponsors a protected characteristic or staff network.	Attendance updates Feedback from staff networks	

Theme	Objective	Action	Measures/Evidence	Progress
		Attend and promote network events and initiatives. Publicly advocate for inclusion through communication and community engagement.	Inclusion included in external communications and Board update reports.	
Inclusive Governance and Decision making	Embed equity and inclusion in board governance and decision processes	Require EDI impact assessments for all Board papers Review workforce diversity and culture Key Performance Indicators (KPIs) Include EDI risk on the Board Assurance Framework (BAF)	% of papers with EDI impact assessment Quarterly EDI dashboard to Board Actions tracked in minutes	
Listening & Psychological safety	Create an environment where staff feel safe, heard and valued	Include staff story of lived experience in Board & Sub Committee agendas	Feedback from staff survey Increase in people who feel confident to speak up via other methods	
Accountability & transparency	Hold the Board and organisation to account for inclusion outcomes	Publish annual EDI progress statement signed by Chair and Chief Executive Officer	Annual EDI report published Metrics embedded in performance frameworks	

Appendix one

Theme	Objective	Action	Measures/Evidence	Progress
		EDI metrics in all executive Director objectives Report allyship progress publicly in Board papers & on internet	Improvement trends in workforce data and culture metrics	
System and community allyship	Extend allyship beyond organisation to influence the system	Collaborate with partners on shared EDI goals. Use Board influence to promote inclusive procurement and partnership policies Champion community engagement with marginalised groups	Shared EDI plan developed Evidence of EDI in partnership agreements Community feedback on inclusivity	

4

40 Mins

4 - PLANNING

4.1

4.1 - Planning Objectives (PO) General Update Report

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

Attachments

4.1 PODCC PO Update SBAR Feb 2026 v1.pdf

4.1 Appendix 1 - WOD PO Update Q3.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling (Executive Director of Workforce & OD / Deputy CEO)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Angharad Lloyd-Probert Senior Project Manager (Strategic Planning) Anna Bird, Assistant Director of Strategic Partnerships,

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 set of 10 Planning Objectives (PO) have been developed and reviewed through Quarter 1 of 2025/26 as an integral part of the Hywel Dda University Health Board's (HDdUHB) Annual Plan for 2025/26. The POs set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2025/26, one PO has been aligned to the People, Organisational Development and Culture Committee (PODCC), namely PO1 Happy healthy workforce ensuring equality, diversity and inclusion.

As in previous years it is the expectation that PODCC will receive an update on the progress made in the development (delivery) of the PO for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2025/26, and this report is presented as an update on the key elements of PO 1 and to demonstrate where progress has been made in delivering the PO through Quarter 3.

The PO is made up of several different components, and the overarching narrative is described as follows:

"To foster a workplace culture of connection, appreciation and positivity, enabling our people to thrive."
"To Create a compassionate, inclusive and respectful experience for colleagues and patients"

The Committee should note that the Value and Sustainability Group have reviewed the PO before the Committee.

Asesiad / Assessment

The overarching status of the PO is **On Track**. Highlight reports for the individual components of the PO can be found in Appendix 1 demonstrating evidence of the work which has been completed, as well as actions which are planned over the forthcoming months

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** on the current position regarding the progress of the Planning Objective aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective is progressing and is on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 To receive an assurance on delivery against all relevant Planning Objectives
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)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	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 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	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent *Discover* report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within 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:	Value and Sustainability Group

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any issues are identified in the report
Gweithlu: **Workforce:**	Any issues are identified in the report
Risg: **Risk:**	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

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

Submitted By: Heather Hinkin / Corinna Lloyd-Jones

Date Submitted: January 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planning Objective: Create a positive workforce culture : 1.1 Establish a group to support staff wellbeing **through the provision of proactive occupational health and staff wellbeing services, which includes cultural conversations around health and** wellbeing and encourages wellbeing through healthy lifestyles.

Executive Lead: Corinna Lloyd-Jones, Assistant Director of Organisational Development and Heather Hinkin, Assistant Director of People Management

Reporting Period: Quarter 3 2025/2026

Overall status: On track
Rationale: Delivery is progressive

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances)

Sickness absence remains circa. 6.6% but expected to increase slightly with the seasonal variations due to the increasing cases of flu reported - figures for December not available at time of submission.
A number of our long-term sickness absences cases have been concluded with a successful return to work via phased return to work plans supported via Occupational Health (OH).

Activities completed in previous reporting period

- Occupational Health Key Performance Indicators (KPIs) continue to be met.
- All Recovery in Nature Programmes for 2025-26 have been delivered.
- Flu campaign figures for Q3 (Oct to Dec 25) show that uptake is on track as per our trajectory. Target was 42% by end of Dec 25 and we achieved 41.89% according to the Welsh Immunisation System (WIS) records.
- Two sessions have been delivered on reasonable adjustments and this will continue in Q4.
- Work is ongoing on a suite of resources to support neurodiversity as part of our employee relations case management support for staff.
- Comments have been received on an initial draft of a Wellbeing Passport, and these will inform a further iteration which will be issued for wider consultation.
- The inaugural meeting of the Health & Wellbeing Group took place on 27 November 2025.
- Wellbeing Champion Training took place on 17.12.25, covering staff benefits/rewards and performance management to support wellbeing.
- Currently exploring the development of a OH Wellbeing newsletter.
- Between its introduction up to 31.12.25, Organisation Development Relationship Managers (ODRMs) have closed and reported on 78 team culture surveys across the HB as part of the culture journey exploration phase. Results are triangulated with intelligence from culture conversations and feedback informs the co-creation of people culture plans.

Activities planned for next milestone and reporting period

- Analysis of Recovery in Nature Programme outcomes for the sessions delivered in 2025-26 should be completed in January 2026.
- A further eight training sessions on reasonable adjustments are planned.
- Wider consultation on the Wellbeing Passport is planned.
- Currently finalising an OH training course to be delivered to all “newly recruited” managers to the NHS commencing Feb 26 – course material deadline is 27th Jan 26.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By: Anna Bird / Tracy Walmsley / Corinna Lloyd-Jones / Heather Hinkin
Date Submitted: January 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planning Objective: Create a positive workforce culture – 1.2 Strengthen the workforce by: a) equipping all with the knowledge, skills and development needed through education and simulation b) by attracting high calibre candidates to vacancies c) by collaborating with schools, colleges and universities to ensure future generations think of careers in health

Executive Lead: All Pillar Leads

Reporting Period: Quarter 3 2025/2026

Overall status: On track
Rationale: Delivery is progressive

- **Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):** National attraction campaigns continue as well as professional journal innovative content. Results include appointments into Hard to Fill vacancies eg: Consultant O&G, Community Consultant Paediatrics, Midwife, Advanced Pharmacist.

Activities completed in previous reporting period

- New suite of Job Descriptions for Medical & Dental staff group were approved by executive colleagues.
- Welsh essential Band 3 Nursing Support Worker vacancy advertised to encourage applicants from the local community.
- Increase in enquiries for reasonable adjustments/Access to Work.
- An internal audit is underway to review Locum Consultant appointments during 2025 to confirm they all had relevant Royal College Qualifications (Mem/Fell). Submission of 2026/27 International Recruitment plans to include ANCIPs 27 (Mental Health and Learning Disabilities (MHLD) recruitment) and Finders Fee recruitment.
- 103/112 Newly Qualified Nurses started during Q3 + vacancy preparation for SSP March 26 cohorts.
- Progression to Level 4 remained strong within the Apprenticeship Academy with 34 apprentices progressing this quarter, and delivery of a 79% progression rate for this cohort.
- 1,909 school pupils engaged in Q3, reinforcing the scale of Future Workforce activity. Analysis of Becoming a Dr application data demonstrates a positive correlation with Future Workforce engagement activity, suggesting targeted engagement is influencing applicant origin and volume.
- 57 clinical elective and 30 generic work experience placements were delivered, with a further 34 placements processed and awaiting dates, and 166 additional enquiries received
- Interim dashboard created for statutory & mandatory training
- Supporting the Strategic Mental Health Plan through identification & support for various training needs and procurement of programmes

Activities planned for next milestone and reporting period

- Roll out of new Medical and Dental Job Descriptions during Q4.
- Audit will be shared with the Task & Finish Group established to review Locum Consultant recruitment.
- Medical & Dental recruitment trip planned for India at end of January and will focus on three hard to fill areas - Haematology, Radiology and MHLD.
- Develop the plan for apprenticeships for 2026/27
- Develop future plan for volunteering 2026/27
- Develop the plan for school engagement, colleges and universities for 2026/27
- Receive report and agree programme of work with Swansea University for Simulation
- Review governance and planning for People Education & Development with a view to strengthening a multi disciplinary approach
- Design process to ensure education commission submission work feeds Learning Needs Analysis and vice versa and reflect on how we can improve strategic alignment
- Feed into consolidated report on the Strategic Workforce Plan for Mental Health

Matters for information: capacity issues have challenged areas of work, however, good progress has been made across all people development teams (please see notes in Deep Dive for further detail)
Risks to delivery:
Any other comments:

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
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Submitted By: Corinna Lloyd-Jones / Anna Bird

Date Submitted: January 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

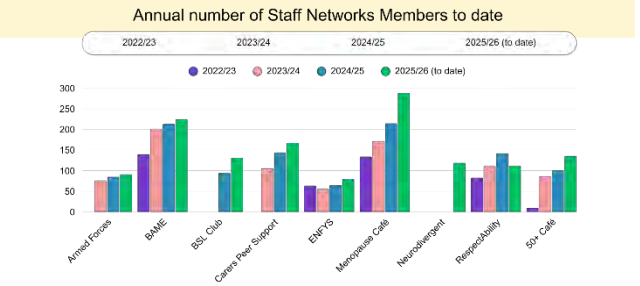
Planning Objective: Create a positive workforce culture -1.3 Improve the experience of staff and patients by ensuring happiness at work and excellent customer service.

Executive Lead: Corinna Lloyd-Jones, Assistant Director of Organisational Development and Anna Bird, Assistant Director of Business, Partnerships and Inclusion

Reporting Period: Quarter 3 2025/2026

Overall status: On track.
Rationale: Delivery is progressive.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):



Activities completed in previous reporting period

- The Business, Partnerships and Inclusion team co-ordinate eight staff networks which have continued to see an increase in membership (see infographic above).
- During Q3, a total of 109 veterans and members of the Armed Forces community applied for job roles using the Guaranteed Interview Scheme, 23 more than during Q2. Of the 109, 40 or 37% were invited for interview and 11 or 10% were offered a role.
- Phase 1 of the development of the Healthcare for Veterans e-learning module, in partnership with NWSSP and other health boards has been completed.
- At the start of the 2025-26 financial year, a T&F Group was convened to develop a proposal for the Exec Team on how to enhance the Health Board's appreciation programme. Although the Group met in June and outlined some initial proposals, progress was temporarily paused due to financial constraints. An interim proposal was recently submitted to Charitable Funds to introduce some additional elements aimed at broadening and strengthening the overall offer, however this was not approved. The Culture, Wellbeing and Experience team has since incorporated the feedback received and is preparing a revised proposal for resubmission in 2026 (date to be confirmed).
- Making a Difference has engaged 253 staff in 2025, with 1,426 feedback responses since inception (92% rating it 5/5; 4.91 overall), is delivering significant emotional, wellbeing and behavioural benefits, with staff feeling valued and re-energised and reporting improved communication, empathy, self-care and team culture.

Activities planned for next milestone and reporting period

- Plans are currently being pulled together for HDdUHB to host an all Wales LGBTQ+ staff network session in the Spring of 2026.
- Further work understand the recruitment experiences of Armed Forces community and produce guidance for recruiting managers.
- Work is underway for a soft launch of the module at the end of January and Health Board launch by end of Q4. This module is expected to increase awareness in identification and recording of veteran status both in Primary and Secondary care.
- Appreciation & Recognition T&F Group will reconvene in the final quarter of 2025-26 to review overall progress and agree future funding options.
- Bi-annual Speak Up Update Report to be presented to PODCC in February.
- Annual Retention Deep Dive to be presented to PODCC in February.
- Making a Difference delivery team will continue to deliver across all 3 counties in 2026, building on current successes.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By: Corinna Lloyd-Jones

Date Submitted: January 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planning Objective: Provide compassionate experiences - 2.1 Enhance the operational efficiency and workplace culture of the Health Board by implementing comprehensive support strategies for staff, fostering compassionate communication and reinforcing our commitment to inclusive values. This will include people practices, values refresh, compassionate visible leadership, acting upon staff survey results.

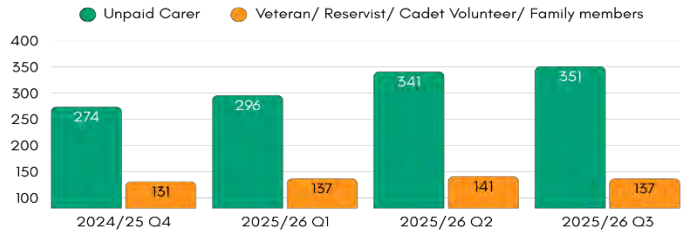
Executive Lead: Corrinna Lloyd-Jones, Assistant Director of Organisational Development

Reporting Period: Quarter 3 2025/2026

Overall status: On track
Rationale: Delivery is progressive

- **Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):** 351 staff have now recorded their unpaid caring role, an increase of 77 since 31 March 2025.

Total number of staff recording Supplementary Roles in ESR



Activities completed in previous reporting period

- The EDI team engaged with all of our staff networks to find out what our members want from the networks, what barriers are they currently experiencing and what improvements would they like to see. This is informing the future structure and organisation of the networks.
- Work has continued to encourage staff to record Unpaid Caring and Armed Forces status within ESR and the numbers continue to increase steadily (see infographic).
- Values Refresh feedback sought from TU Reps with many liking the themes, but noting a risk of overcomplicating the values , and other feedback questioning similarities between 'together'/'belonging'.
- Health Board achieved a 21.9% response rate (+2% on 2024) for the 2025 NHS Wales Staff Survey.
- (SOLT) Senior Ops Leadership Team Programme commenced team effectiveness and Vanguard element.
- Senior Medical Leaders Development Programme - cohort 4 completed in November.
- LEAP - 2 cohorts (Winter 2024 & Spring 2025) completed in Oct & Dec.
- Coach Approach - 6 cohorts, 535 staff / Regional Coaching Network provided their second virtual CPD to H Band LA coaches.
- Senior Leader Talent Acquisition - 3 senior leaders appointed (37 to date).

Activities planned for next milestone and reporting period

- Work to update the Carers Passport will continue and will be aligned with the Wellbeing Passport.
- Plan a wider organisational workforce consultation re Values Refresh in 2026, with a specific focus on developing a behavioural framework to support values.
- Awaiting Staff Survey organisational report in February 2026, which will be followed by a paper to PODCC and the Board evaluating progress between 2025 and 2024 results.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By: Tracy Walmsley / Anna Bird / Corinna Lloyd-Jones / Heather Hinkin
Date Submitted: January 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planning Objective: Provide compassionate experiences - 2.2 Identify and implement strategies to mitigate operational pressures by supporting individuals through a range of improvements including enhanced workforce planning, dissemination of best practice across the Health Board, including HR process improvement and enhanced flexible work approaches using volunteers as appropriate.

Executive Lead: All Pillar Leads

Reporting Period: Quarter 3 2025/2026

Overall status: On track
Rationale: Delivery is progressive

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Activities completed in previous reporting period

- Over 2,880 volunteer hours were delivered in Q3, with the palliative care volunteer role gaining strong momentum, supporting compassionate experiences, workforce flexibility, and the mitigation of operational pressures across services.
- Community-led participation initiatives, including the December volunteer engagement at Cilgerran Ward and PACU, demonstrated the value of volunteers in strengthening compassionate culture, enhancing patient and family experience, and reinforcing community partnership as part of sustainable service delivery.
- Tailored reasonable adjustments requested and implemented for a neurodiverse candidate in a recent appointment process.
- Workforce plans are in place for 76 services which will flow into the workforce technical document, draft plans have been shared with planning to ensure interdependencies can be mapped from an operational, workforce and finance lens. Detailed workforce themed risk analysis has also been undertaken.
- CSP Workforce Assessment finalisation of Phase 3 is being completed in readiness for board approval.
- Transformation programmes exist within Same Day Emergency Care (SDEC), Transforming Urgent Emergency Care (TUEC), Same Day Urgent Care (SDUC) & Clinical Streaming Hub along, patient contact centre, and Corporate Landlord Model, Workforce Planning along with Operational Workforce have been jointly supporting these programmes of work.
- Review of AG1 process to embed agency exit plans linked to workforce plans.

Activities planned for next milestone and reporting period

- Completion of Workforce Technical Document including action plans for each workforce plan.
- Education & Commissioning Framework submission.
- CSP Workforce Assessments in readiness for board
- Alignment of Operational Workforce Plans and their inclusion in the Health Board Annual Plan.
- Link the education & people development plans to workforce plans including an assessment of risk.
- Develop reporting on the Strategic Mental Health Plan for HEIW
- Develop reporting on the perinatal strategic workforce plan for internal review of strategic frameworks along with reporting to HEIW.
- Training Plan for Workforce Planning
- Ongoing work to better imbed workforce planning within transformation and planning directorates.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By: Anna Bird

Date Submitted: January 2026

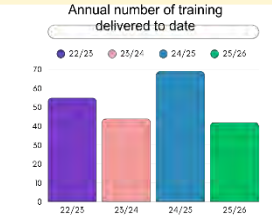
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

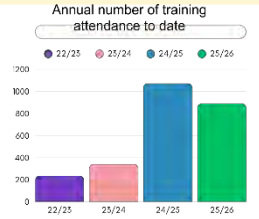
Planning Objective: Provide compassionate experiences - 2.3 Build an inclusive and respectful organisational culture where everyone feels a deep sense of belonging. This includes the establishment of an EDI Task force to progress improvement in workforce experience within the organisation.

Executive Lead: Corrina Lloyd-Jones, Assistant Director of Organisational Development; Heather Hinkin, Assistant Director of People Management; Anna Bird, Assistant Director of Business, Partnerships and Inclusion

Reporting Period: Quarter 3 2025/2026

Overall status: On track
Rationale: Delivery is progressive





Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Activities completed in previous reporting period

- The Equality, Diversity and Inclusion (EDI) Taskforce are hosted a "Big Conversation" on 6th November with a focus on gaining support to enhance wider organisational engagement. 41 members of staff participated.
- The EDI team promoted Black History Month and in conjunction with the staff network, hosted the annual Diwali event.
- Michael Imperato, Independent Member and Armed Forces Champion recorded a personal message to share as part of the Armistice and Remembrance Day commemorations, and the Health Board was represented at Reembrace Day events throughout the three counties.
- The Health Board participated in a presentation at a Welsh Government Anti-Racism Conference on 26 November to share experiences and work undertaken to date, and positive feedback received about progress during the Welsh Government Integrated Quality, Financial Performance and Delivery Group (IQFPD) session.
- The Sensory Loss Aware Self-Assessment checklist was presented to the Welsh Government Workshop on the 18 November to support implementation of the new NHS Wales Accessible Communication and Information Standards.
- The Sensory Loss Awareness Campaign in Nov which was promoted to the public, attracted feedback from service-users which outlined challenges experienced. Work has started to produce Patient Support Service information in BSL, and Communications Team improved the HB Contact Us page.

Activities planned for next milestone and reporting period

- Further awareness raising around the new NHS Wales Accessible Communication and Information Standards and embedding knowledge within operational teams who will be responsible for ensuring implementation/compliance.
- The EDI Team will deliver a session on inclusive leadership on the new Medical Leaders programme.

Matters for information:
Risks to delivery:
Any other comments:

4.2

4.2 - Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Recruitment Plan

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

Attachments

4.2 Planning Objective Deep Dive Recruitment Report.pdf

Planning Objective 1.2

- Lisa Gostling, Executive Director of Workforce and Organisational Development and Deputy Chief Executive Officer

Update: 2025/26 Q1, Q2, Q3

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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

What is the aim of the Planning Objective?

- **Planning Objective 1 Scope:** Foster a workplace culture of connection, appreciation and positivity, enabling our people to thrive.
- **Key Deliverable/Action: Create a positive workforce culture – 1.2** Strengthen the workforce by: a) equipping all with the knowledge, skills and development needed through education and simulation b) by attracting high calibre candidates to vacancies c) by collaborating with schools, colleges and university to ensure future generations think of careers in health.
- Attraction of high calibre candidates for all our vacancies linked with our stabilisation programmes and creation of an environment which enables a positive experience for staff at work.
- Minimise bias by implementing fair and transparent recruitment practices.

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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

What have been the key achievements so far?

- Fastest recruiters in Wales. Exceeding Key Performance Indicators/Targets;
- Agenda for Change Senior Leader Recruitment Pathway;
- Medical & Dental (M&D) Senior Medical Leader Recruitment Pathway;
- New suite of M&D Job descriptions/person specifications;
- Vacancy position reduced from c500WTE to c250WTE since vacancy controls introduced;
- Reduction in agency workers. 50% of all agency workers now covering vacancies;
- Inclusive Pathways for entry level: No Application, No interview. Partnership working;
- International Recruitment;
- Hard to Fill: Headhunting, Finders Fees, conversion pathways, local and national campaigns including social media.

What needs to be done next?

- Continue with stabilisation programmes – Medical & Dental;
- Establishment reviews underway by Workforce Planning. Key question to ask - Do we really struggle to attract/recruit?
- Artificial Intelligence – challenge versus opportunity;
- First and lasting impressions. Could we be better?

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

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What are your take home messages for the Committee?

- Fastest ever recruitment;
- Lowest ever volume of vacancies;
- Highest ever number of staff;
- Lowest ever volume of agency workers covering vacancies;
- 1.88million reach via Swyddi Hywel Dda Jobs social media platforms;
- 100% compliance with regards to immigration, DBS, pre-employment checks – ensuring patient and staff safety.

Recommendation

The Committee is asked to:

ACKNOWLEDGE the key achievements of the recruitment function – as they continue to deliver key objectives regarding attraction strategies and strive to improve accessibility and inclusivity within the recruitment pathway through innovation and partnership working.

4.3

4.3 - Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Retention Plan

Corinna Lloyd-Jones (Hywel Dda UHB - Head of Organisation Relations)

Attachments

4.3 Retention Planning Objective Deep Dive Report- PODCC Feb 2026 updated 0~.pdf

Retention Planning Objective Update

Reference: PO1: Workforce Stabilisation - Retention Plan

Executive Lead: Lisa Gostling, Executive Director of Workforce & OD/Interim Deputy CEO

Reporting Officers: Corinna Lloyd-Jones, Interim Assistant Director of OD and Denise Fitzsimmons, Retention Lead

Period of Reporting: January 2025 – January 2026

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Aim & Outcomes

Planning Objective Targets 2025-26:

Nursing, Medical and Allied Health Professional (AHP) and Health Sciences (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% (Jan 2025 - Jan 2026= -1.63%)
- Medical: 1% (Jan 2025 - Jan 2026= +1.72%)
- AHP and HCS: 1% (Jan 2025 – Jan 2026= -1.08%)

Intended Impact

Local: At the beginning of our retention journey in 2021, Hywel Dda University Health Board (HDdUHB) was the first Health Board (HB) 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.

National: 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, in February 2024 Health Education and Improvement Wales (HEIW) funded a National Retention Lead and ten organisational Retention Leads on a two-year fixed-term basis. This investment has enabled HDdUHB to build on and accelerate our existing retention work in line with the NHS Wales Community of Practice. HEIW has recently confirmed that funding will be extended until 31 March 2026 to allow further consideration of a future programme proposal.

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Local & Ministerial Priorities

Our Nurse, Medical and AHP and HCS Retention work programmes dovetail with the criteria set out in the Welsh Health Circular//2024/017 in relation to implementing and monitoring the Nurse Retention Plan and other professional group retention strategies.

Our Retention Programmes also align to the following de-escalation criteria relating to targeted intervention for the Leadership, Capability and Culture domain and have provided evidence to support the HB's 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 resulted 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"

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Nurse Retention

Our Nurse Retention Group was initially established in 2022 and continues to meet on a 4-week basis.

Our HB 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.

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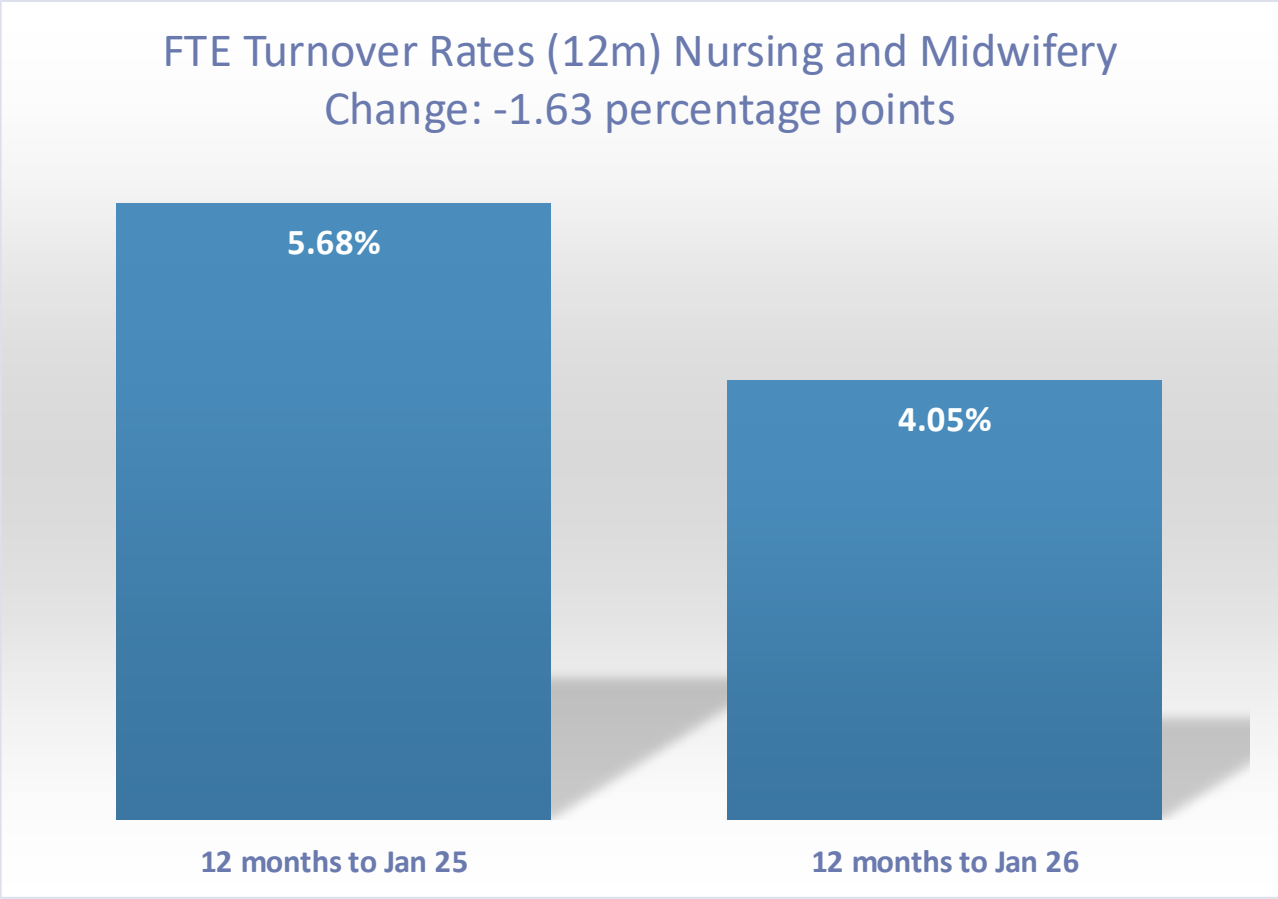
Nurse Retention Progress



We are currently undertaking a deep dive into our nursing 'most improved' areas.

Following the sustained reduction in nursing turnover, we are reviewing ESR data alongside local data and intelligence to capture key improvement drivers and identify where successful approaches can be scaled or replicated across other areas.

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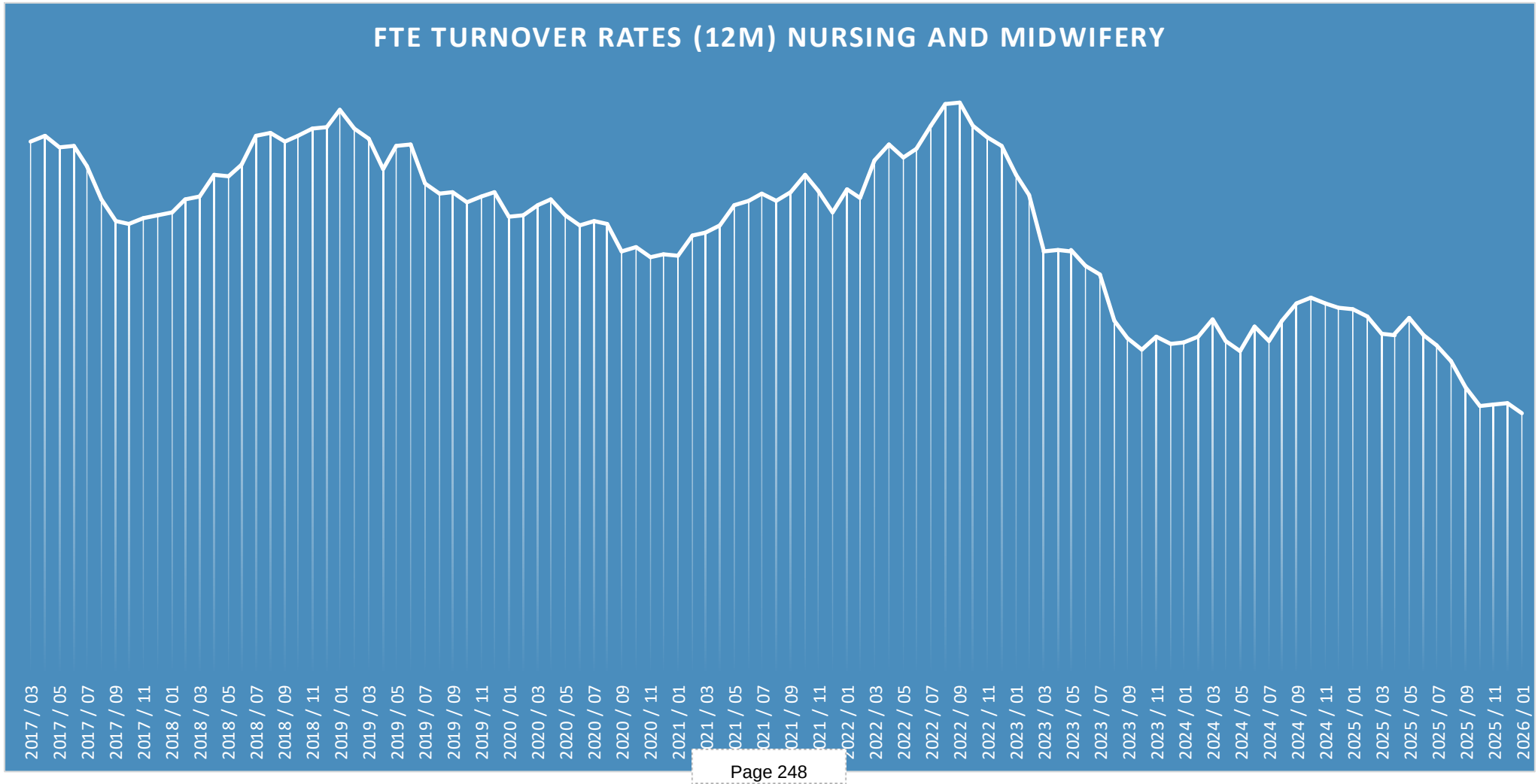
Nurse Retention Progress



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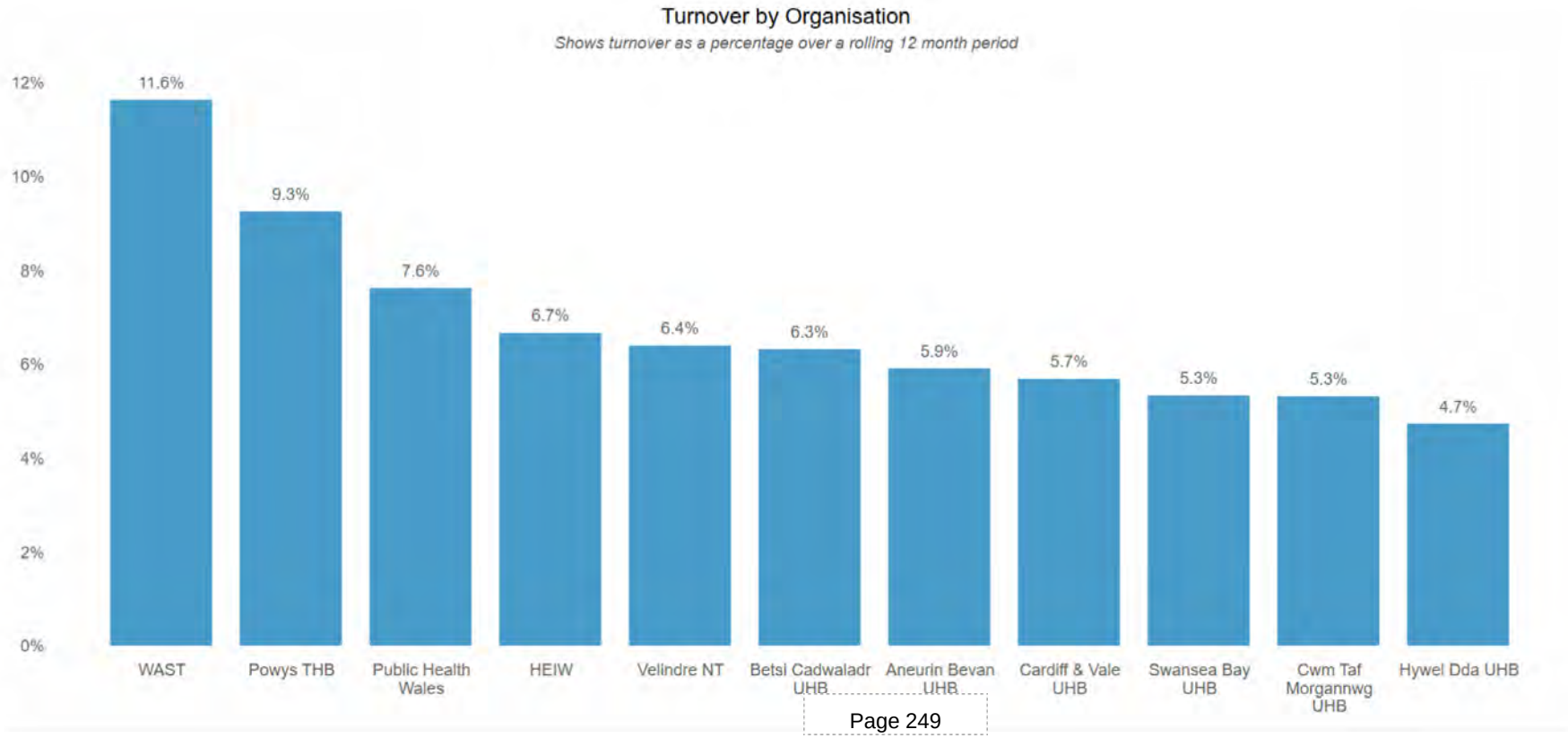
NHS Wales Nurse Retention Figures (Oct 2025)



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Nurse Retention Achievements

- ✓ Best performing NHS organisation in Wales for our nursing turnover rate since 2024.
- ✓ Acknowledgement from Welsh Government during our Public Accountability Meeting in December 2025, recognising the success of the HB's nurse stabilisation programme and the ongoing contributing impact of our nurse retention programme.
- ✓ NHS Wales Retention Programme nominated for Workforce Team of the Year Award at the Nursing Times Workforce Sumit 2025.
- ✓ Early in 2025, our HB Retention Lead presented at the HEIW Nursing Conference, highlighting the NHS Wales Retention Programme and key projects our HB has contributed to, e.g. Stay Conversations (see below).

Examples of current projects include:

- Following a successful collaborative pilot project with Powys Teaching Health Board, we have developed a suite of resources that provide clear guidance and a training resource to support the implementation of Stay Conversations.
- Commencing 'Day in the Life' stories with our Grow Your Own staff, capturing unique individual experiences and highlighting areas of good practice. Supporting our development and career planning action, this also helps showcase different ways of obtaining qualifications and entering HB nursing roles.

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Medical Retention

Our Medical Retention Group was established in 2023 and continues to meet on a 6-week basis.

Our Medical Action Plan mirrors the headings and elements of the Nurse Retention Plan, while still reflecting the key factors unique to the staff group.

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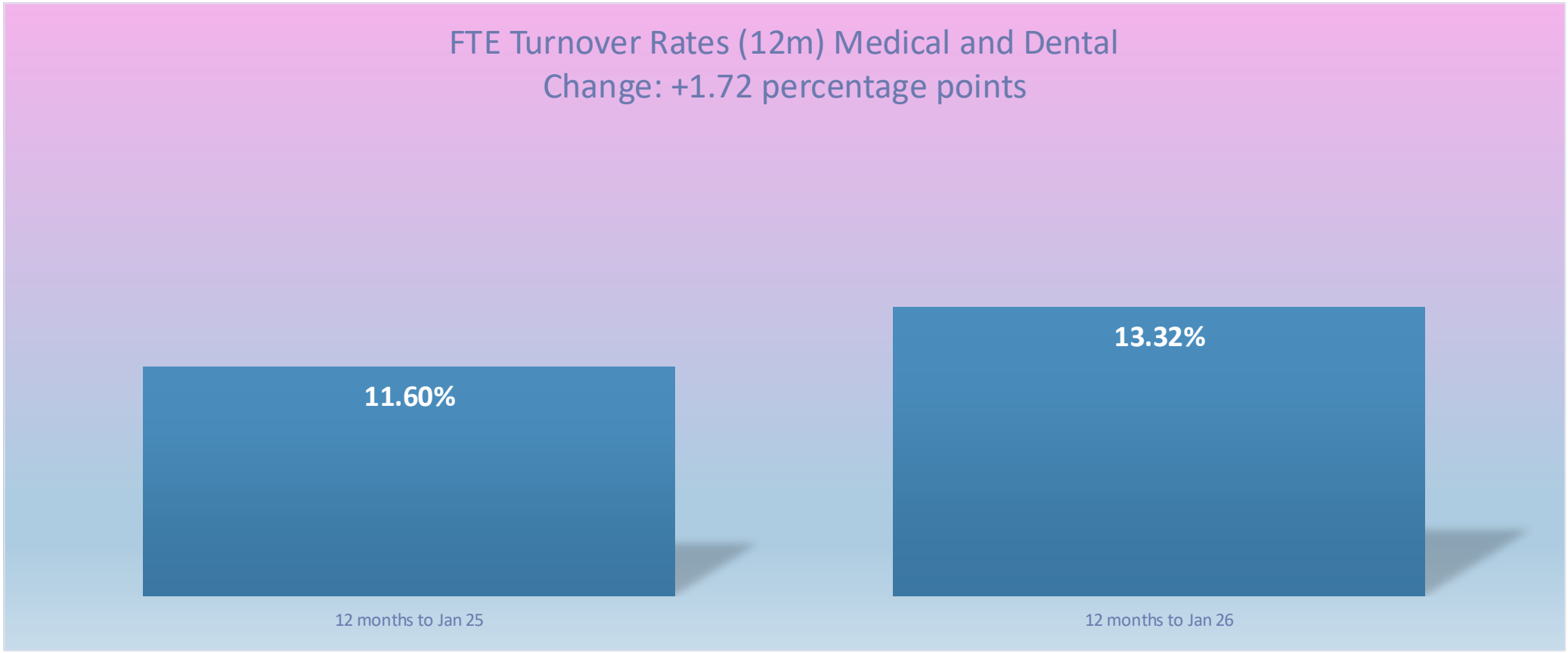
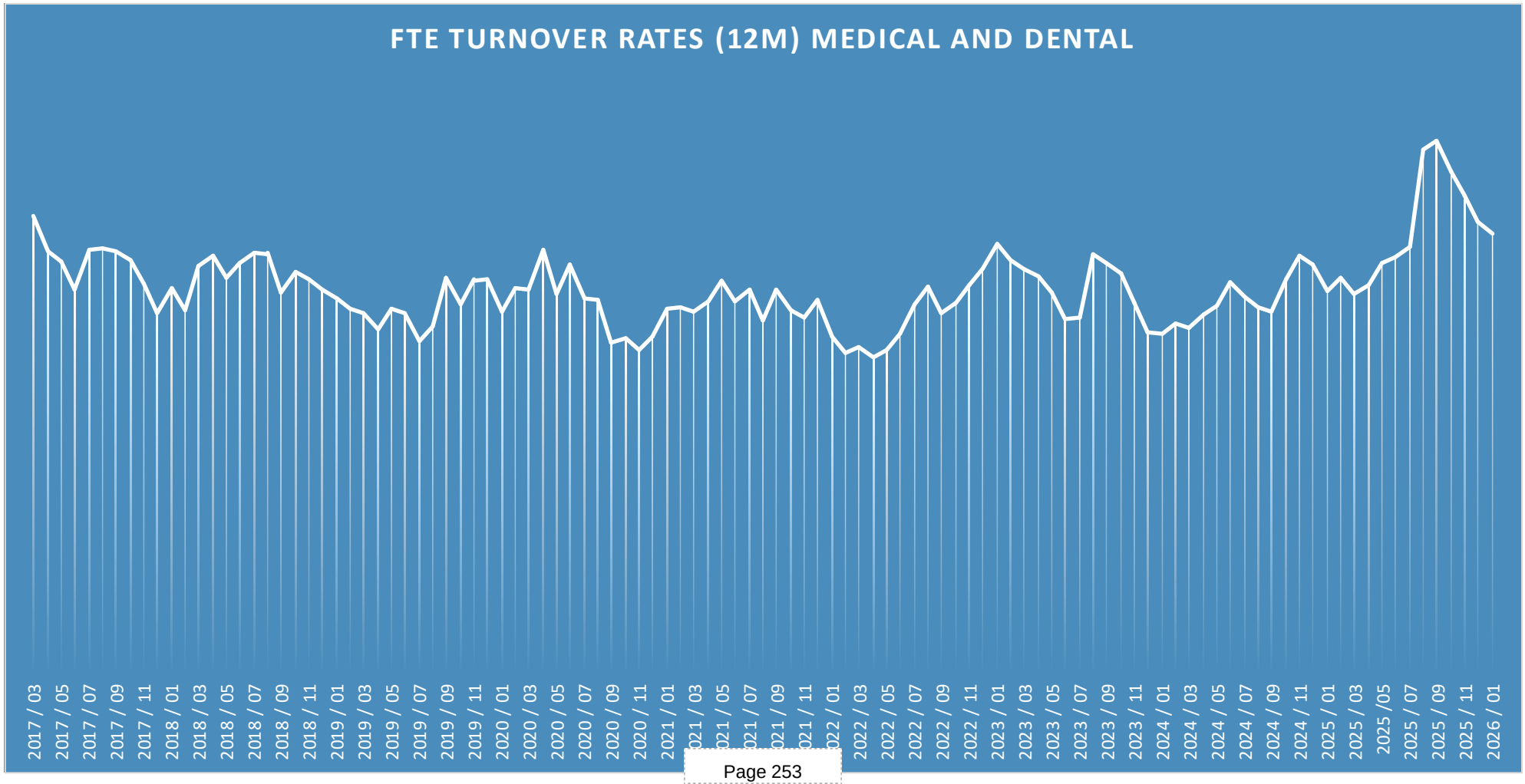
Medical Retention Progress



Medical Retention Progress



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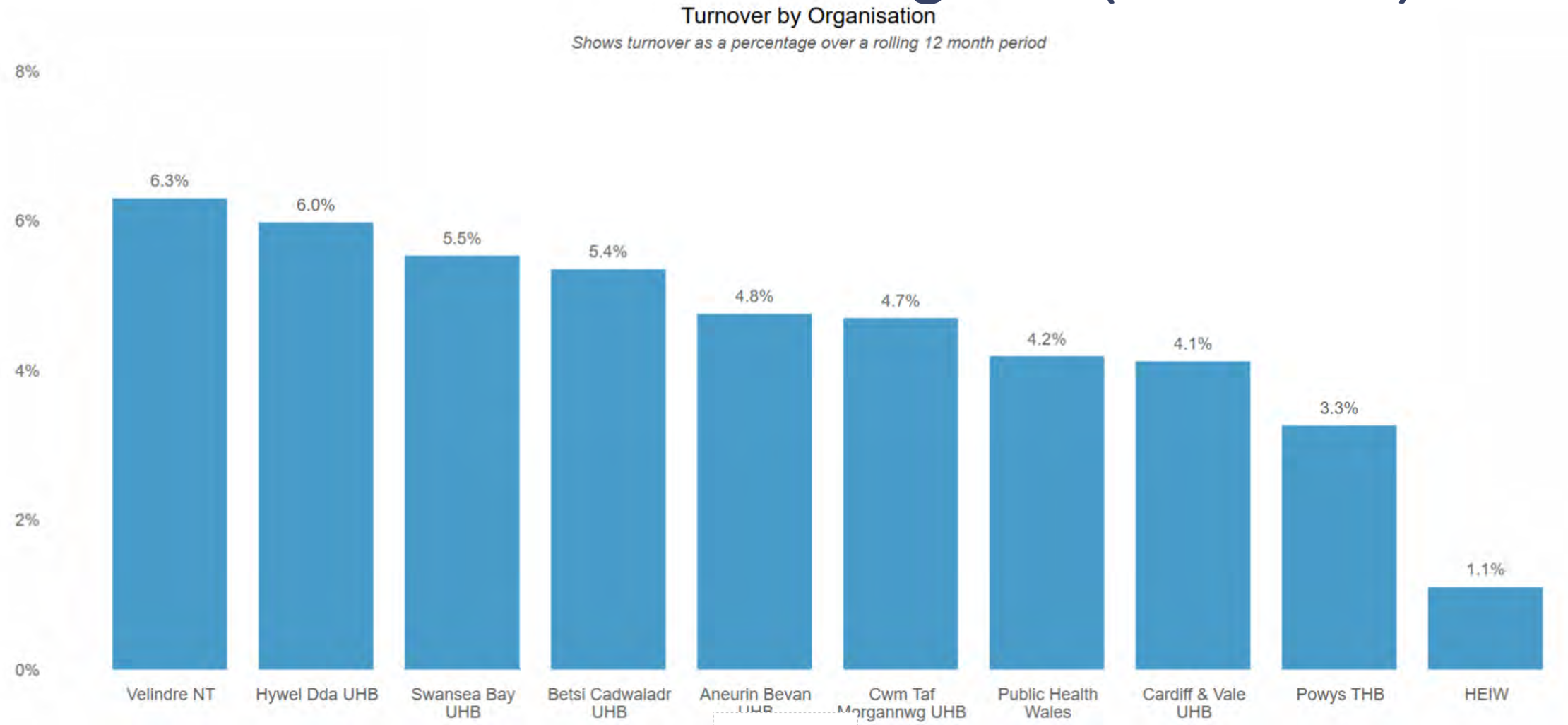
NHS Wales Medical Retention Figures (Oct 2025)



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Medical Retention Achievements

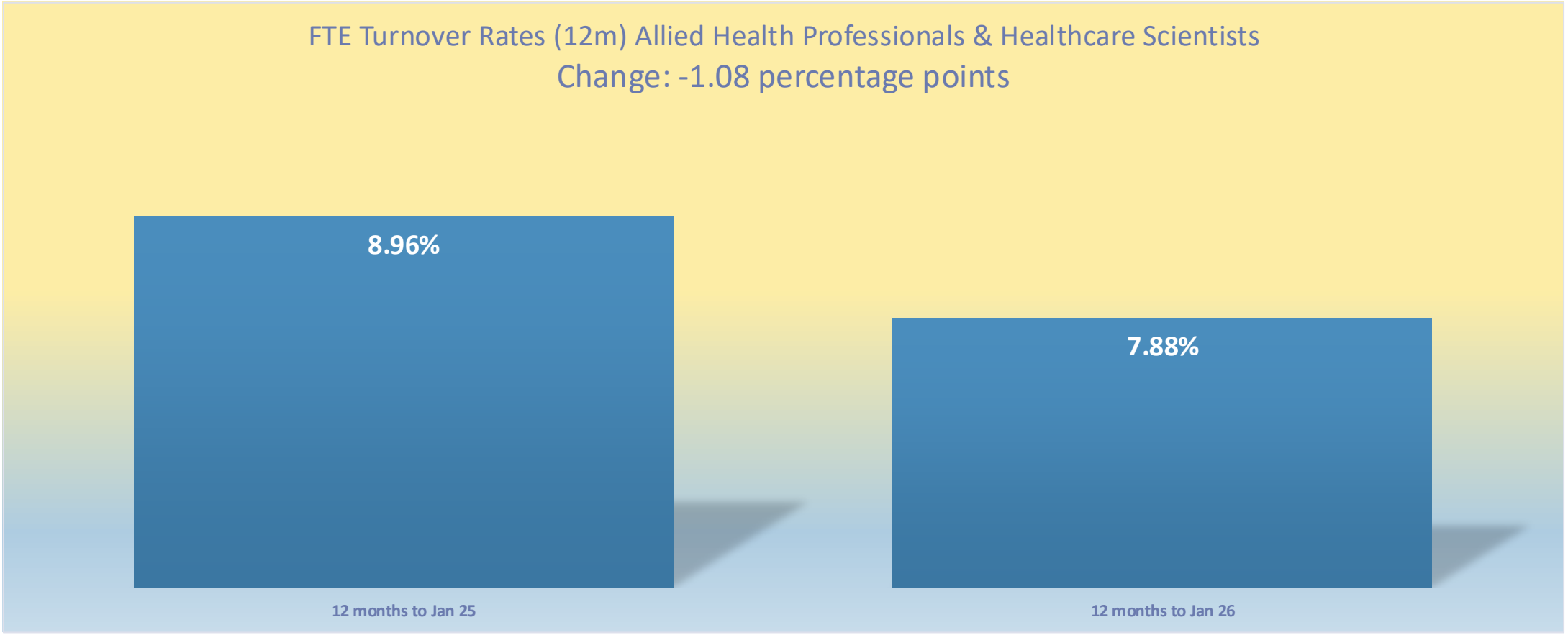
- ✓ Continues to be a key retention focus area, including ongoing collaboration with our HB Medical Workforce Planning Steering Group to ensure an integrated approach across programmes.
- ✓ Data analytics are being used to understand rising medical workforce turnover; high turnover among Specialty Doctors has been identified and targeted support is being developed with Workforce Planning for areas such as Paediatrics.
- ✓ Welcoming stakeholder input to enhance collaboration and increase engagement across the retention agenda, e.g. in a recent meeting Dr Elin Griffiths, Associate Dean for GP Training and PD Integrated Care GP Fellowship Scheme HEIW/GP Partner Meddygfa Teilo, and Dr Anne-Marie Mackintosh, GP Mentoring Lead HDdUHB/GP Partner Robert Street Surgery/GP Appraiser HEIW, shared updates on the NHS Wales iGP programme and South-West Wales GP Mentorship scheme. Excellent contributions such as these offer valuable insights on programme impact and development opportunities and inspire other areas to explore how similar initiatives can strengthen retention across HDdUHB.
- ✓ In the same way 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.

Allied Health Professional (AHP) and Health Sciences (HCS) Retention

Our AHP & HCS Retention Group was established in 2025 and continues to meet on a 6-week basis.

Similarly to our Medical Action Plan, our AHP & HCS Action Plan mirrors the headings and elements of the Nurse Retention Plan, while still reflecting the key factors unique to the staff groups.

AHP & HCS Retention Progress



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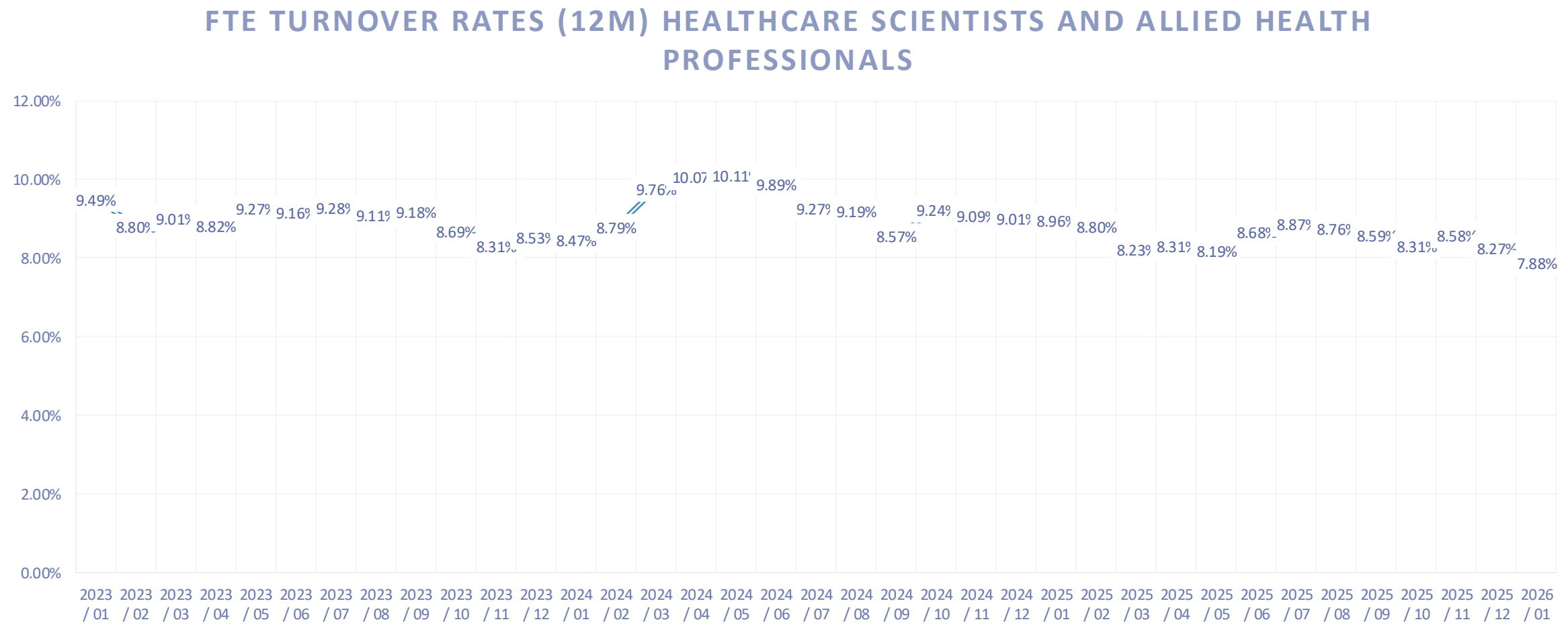
AHP & HCS Retention Progress



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AHP & HCS Retention Achievements

- ✓ Establishment phase for all three of our Retention Groups involved data analysis, research and engagement with leaders and staff. Our most recently formed AHP & HCS Retention Group is now concentrating on key priority areas, including health and wellbeing, to enhance support for these staff groups.
- ✓ Evaluating the similarities and differences in experiences across professions; although both AHP and HCS turnover has decreased (see below), we are working with leaders across the staff groups to identify key trends and develop targeted support for each area:
  - AHP: 8.86% in Jan 2025 and 7.76% in Jan 2026 (-1.10%)
  - HCS: 9.35% in Jan 2025 and 8.34% in Jan 2026 (-1.01%)
- ✓ Ongoing communication within the NHS Wales Community of Practice to support AHP and HCS retention, where our HB Retention Lead is engaging nationally to ensure alignment.

HDdUHB Retention: Next Steps

- Targeted action is being developed for high-turnover staff groups, supported by closer collaboration with services.
- Areas showing significant improvement are being reviewed to identify learning that can be spread and scaled to higher-turnover teams.
- Further projects are planned to strengthen retention, including enhancements to conflict management and flexible working which will be undertaken using quality improvement methodology to identify root causes, test solutions and deliver measurable improvements.

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Key Messages

- Of note is one of the key learnings from our nurse retention work in relation to a time lag from the establishment of the Group to when the sustainable reduction in turnover begins to take effect. This reinforces the need for patience, consistency and continued commitment to the programmes, as meaningful improvements take time to embed and show measurable impact.

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PROGRAMME IMPACT

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NHS Wales Retention Community of Practice

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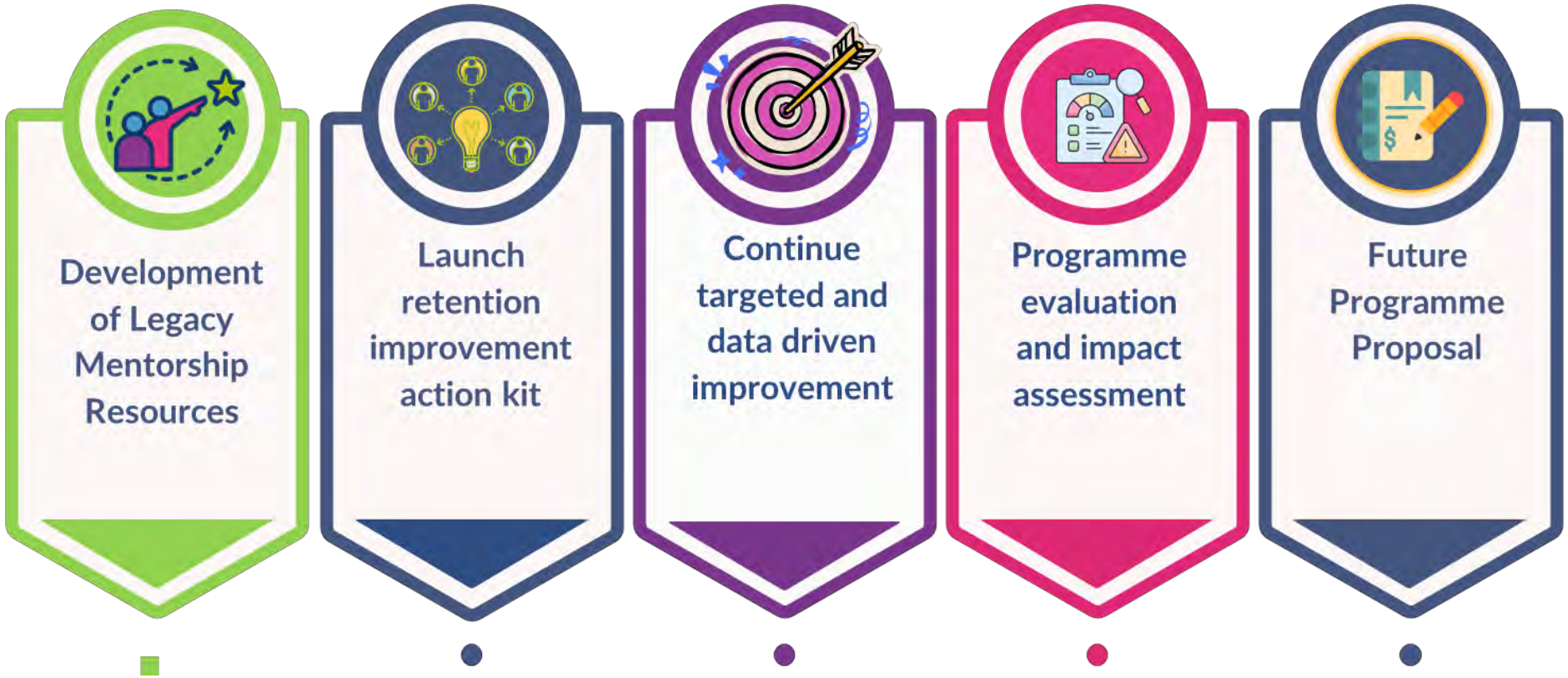
NEXT STEPS

NHS Wales Retention Community of Practice



Recommendation

The Committee is asked to:

- NOTE the progress made to date on our HB retention work programmes, and
- RECEIVE ASSURANCE that, with these programmes remaining on track, appropriate progress toward the ambitious target figures will be achieved within the full-year timeline.

4.4

4.4 - Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Workforce Education and Development Plan

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

Attachments

4.4 PO Deep Dive Report Workforce Stabilisation Education Development Plan~.pdf

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Workforce Strategy - Workforce Stabilisation

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

Lisa Gostling, Executive Director of Workforce & Deputy Chief Executive

Tracy Walmsley, Assistant Director of People Planning (covering Assistant Director of People Development on Interim Basis)

Reporting period: 2025-2026

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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.

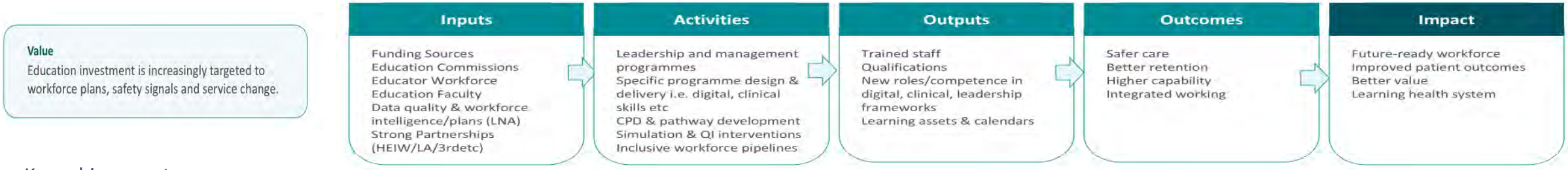
1. Leadership and Culture
2. Workforce Planning & Role Design
3. Attraction Recruitment and Retention
4. Education, CPD and Career Pathways
5. Simulation & Learning Health System
6. Equality, Diversity and Inclusion
7. Team Effectiveness and Wellbeing
8. Digital Workforce & Data

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:



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

Value - Case study

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

Strengthening aassurance 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 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

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 brough 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 [illegible]ed by Powys Health Board. A review of programmes and processes will be required.

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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

Case Study Value

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

Strengthening aassurance 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

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.

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.

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.

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 wo

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..

Case study – Value of Spend 2025/26

HEIW Advanced and Enhanced Practice: 63 applications supported at a value of £171,685
HEIW MHLD Strategic Workforce plans funding: 340 applications supported at a value if £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

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 a alue for money through shared provision. Please see Appendix 1

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

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.

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.

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 Comm[illegible]ontact 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).

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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.

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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 innovati[Page 278]efs; 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

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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 leaners 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 Opthalmology – 1 learner and has completed & Level 3 Diploma in Fundamentals of Opthalmology – 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 leaners 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

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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

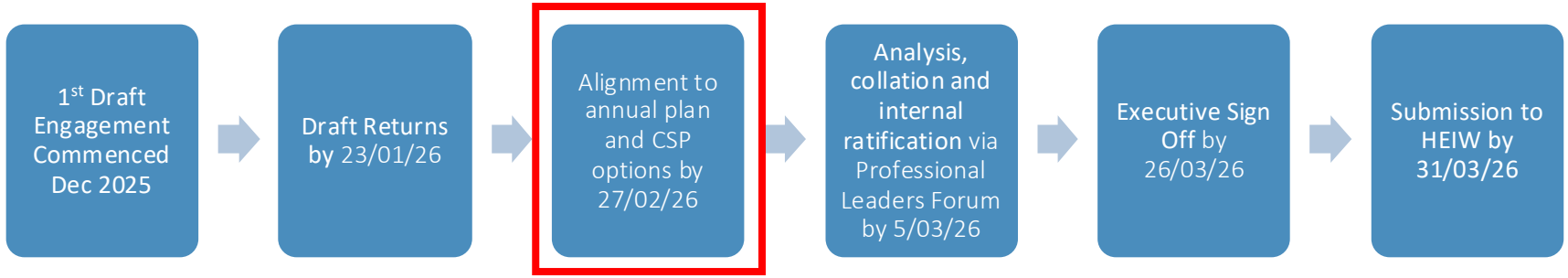
During this year's education commissioning process, stakeholders across the organisation have positively engaged, with c.53 education commissioning responses received. Continued collaboration across all sectors is underway, which includes commissioning requests for Primary Care. This is required to promote 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.

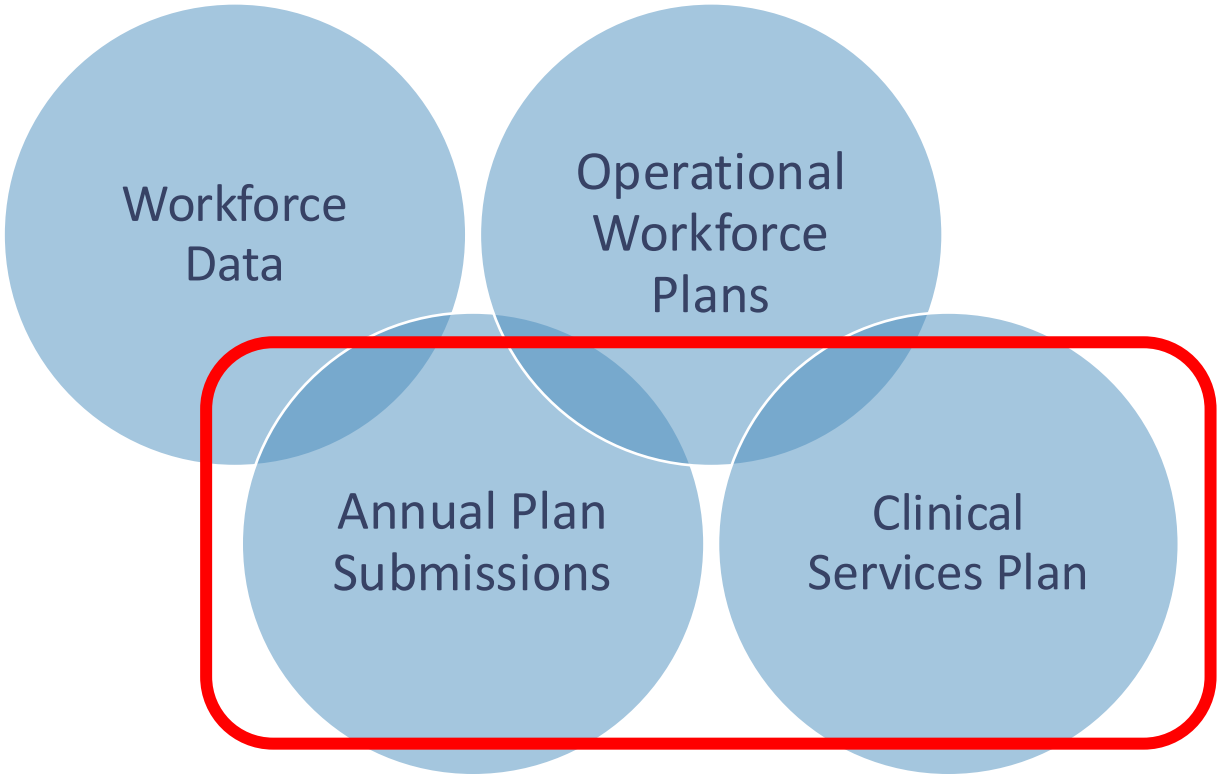
During this year's approach, the organisation has been able to build on people planning engagement across services, through the development of workforce plans, action plans and professional group plans. This has been delivered through an aligned approach, to ensure education commissioning needs for current 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 andprojected 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	*135 (Indicative only and subject to change. Based on annual streamlining activity)
Bachelor of Nursing (B.N.) Child	21	8	23	11	15	16	9	7
Bachelor of Nursing (B.N.) Mental Health	25	25	46	18	25	25	35	16
Bachelor of Nursing (B.N.) Learning Disability	15	15	9	11	12	9	10	1
Bachelor of Science Midwifery	20	20	15	15	15	15	16	16
Return to Practice	20	0	0	0	5	7	5	5

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Adult Nurse Pipeline Analysis/Modelling Assumptions

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

Potential Retirements

Within 1-3 years	Within 4-6 years	Within 7-10 years	>60.54 years
182	231	494	384

**Projections based on N&M average retirement age (60.54 years)*
**Data filtered to exclude Paediatrics, School Nursing, Health Visiting, MHLD and Midwifery*
**7-10 years not included, see note below*

Historical Streamlining Activity – Adult Nursing

Year	2023	2024	2025
Historical NQN Recruitment	92	113	97
Average recruitment = c.101 (HC per annum)			

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.*

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

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Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2025	Pembs x6 Carms x13 Cered x3
Bachelor of Nursing (B.N.) Child	2025	0
Bachelor of Nursing (B.N.) Mental Health	2025	Pembs x1 Carms x3 Cered x2
Bachelor of Nursing (B.N.) Learning Disability	2025	0
Total GYO to RN Pipeline	2025	**28**

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2026	Pembs x12 Carms x14 Cered x3
Bachelor of Nursing (B.N.) Child	2026	Carms x1
Bachelor of Nursing (B.N.) Mental Health	2026	Pembs x1 Cered x1
Bachelor of Nursing (B.N.) Learning Disability	2026	0
Total GYO to RN Pipeline	2026	**32**

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2027	Pembs x10 Carms x9 Cered x1
Bachelor of Nursing (B.N.) Child	2027	0
Bachelor of Nursing (B.N.) Mental Health	2027	Pembs x4 Carms x4 Cered x1
Bachelor of Nursing (B.N.) Learning Disability	2027	0
Total GYO to RN Pipeline	2027	**29**

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2028	Pembs x11 Carms x 16 Cered - x9
Bachelor of Nursing (B.N.) Child	2028	Carms x 1
Bachelor of Nursing (B.N.) Mental Health	2028	Carms x 1 Pembs x4 Cered x 3
Bachelor of Nursing (B.N.) Learning Disability	2028	Carms x 1
Total GYO to RN Pipeline	2028	**46**

Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2029	Pembs x9 Carms x10 (SU/OU) Cered (Aber) x8
Bachelor of Nursing (B.N.) Child	2029	Carms x 1
Bachelor of Nursing (B.N.) Mental Health	2029	Carms x8 Pembs x2
Bachelor of Nursing (B.N.) Learning Disability	2029	Cered x1
Total GYO to RN Pipeline	2029	**39**

Programme	Year of Output	Applications Underway
Bachelor of Nursing (B.N.) Adult	2030	TBC
Bachelor of Nursing (B.N.) Child	2030	TBC
Bachelor of Nursing (B.N.) Mental Health	2030	TBC
Bachelor of Nursing (B.N.) Learning Disability	2030	TBC
Total GYO to RN Pipeline	2030	TBC

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

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Pipeline Data: Part-Time Nursing Programmes Apprentice Pathway

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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
Total GYO to RN Pipeline	2026	**7**

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

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

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

*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).

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SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 completio[illegible]es. 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 *(inc. Welsh Language)*	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

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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)
Healthcare Science	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
Total	**11**	**9**	**37**	**9**

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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)**

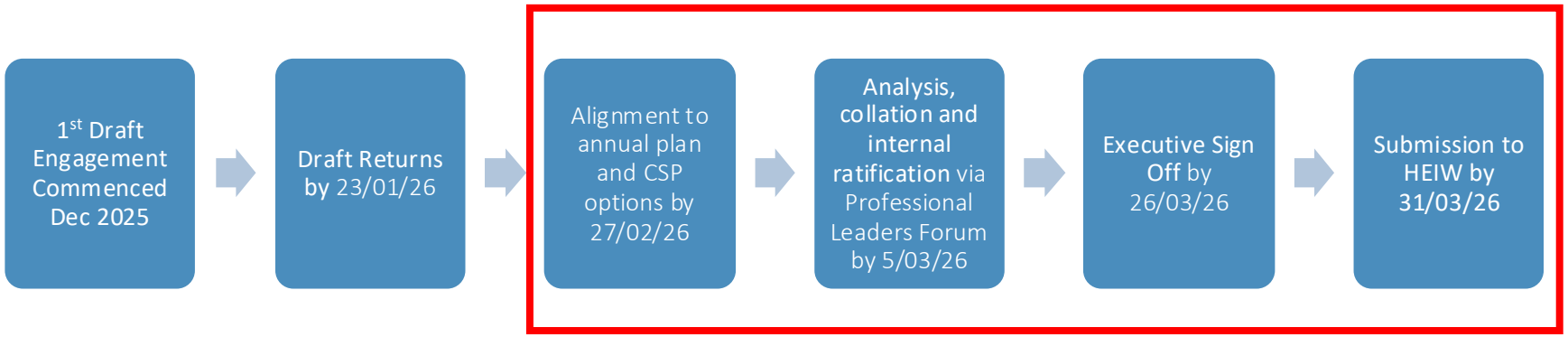
Further clarity in relation to "Joint Committee" to ascertain future workforce commissioning, education, and training requirements, including how we can progress with facilitation of Regional Workforce Models. Process, governance and collaborative opportunities to be explored.

- **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 of 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 **(**EQIiP) 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 EQIiP 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.

5

10 Mins

5 - PERFORMANCE

5.1

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

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

- Including Staff Sickness/Public Health Tool Update

Attachments

5.1 SBAR Performance Assurance Workforce Metrics V2.pdf

5.1 Appendix 1 - Performance Assurance & Workforce Metrics.pdf

5.1 Appendix 2 - Workforce Absence Insights.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisation Development (OD) / Deputy CEO
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

This report includes an update on workforce metrics as well as key performance indicators (KPIs), which provide assurance of delivery against national delivery framework targets and the 10 year Workforce, Organisational Development and Education Strategy 2020-2030.

The dataset presented is accurate as at 31 December 2025 unless noted otherwise on the page.

The report also includes an overview of performance in themes

Cefndir / Background

The way in which an update on metrics and key performance measures is presented has been evolving and improving in the reports presented to the People, Organisational Development and Culture Committee (PODCC) since October 2021, this larger suite of metrics was last presented to PODCC in February 2025.

Appendix 1 summarises these measures in the following themes:

- Workforce Profile
- Starters, Leavers & Turnover
- Recruitment
- Job Evaluation
- Performance, Appraisal and Development Review (PADR), Consultant/ Specialist and Associate Specialist (SAS) Job Planning and Overall Staff Engagement
- Sickness Absence
- Workforce & Health Population – Development
- Occupational Health
- Staff Psychological Wellbeing Service
- Future Workforce
- Clinical Education

- Core Skills Training Framework and Mandatory Training
- Temporary Workforce Usage & Spend
- Stream (Formally Wagestream)
- Business Partnership and Inclusion

Performance for the national delivery framework targets is routinely reported to PODCC. Other datasets will be presented to support specific themes of the workforce and OD agenda as and when those themes are discussed at future meetings. In this connection, not all the metrics and KPIs will be presented at each PODCC meeting.

Currently this full report is presented to the Committee annually in February Committee.

Asesiad / Assessment

The dashboard in Appendix 1 includes the data for activity up to 31 December 2025 unless otherwise noted on the page. The following summary is an overview of performance presented by theme for PODCC to note:

Workforce profile

- Headcount has increased by 105 between December 2024 and December 2025 (excluding locum or bank). This equates to an increase of 83 FTE.
- The highest proportion of staff (13.75%) are still within the age band 51-55.
- This age band with the biggest increase in staff numbers is 36-40 increasing by 66 employees since December 2024.
- Overall, there has been a reduction in employees aged under 25 and between 46-60. There has been increases seen both in the 36-45 range and over 60s.
- There is a significant proportion of staff who have not disclosed protected characteristics in ESR which limits our ability to fully analyse and present areas of underrepresentation within the workforce potentially limiting our diversity. 9.7% have not disclosed whether they have a disability, 7.2% have not recorded a sexual orientation and 4.5% have not recorded their ethnicity.
- Comparing the proportion of staff not recording on ESR to that of all Wales published in HEIW Workforce Trends (March 2025) Hywel Dda University Health Board (HDdUHB) has a much high proportion of staff disclosing these characteristics and they are increasing year on year.

Please note that as the training grade medical workforce are members of the single lead employer, they are not included within this profile as they are not on our staff in post list but on shared services staff in post.

Starters, leavers & turnover

- The 12 month turnover rate has steadily decreased from over 8.2% December 2024 to 6.9% in December 2025.
- The highest reason for leaving in the last year was retirement with voluntary resignation – other/not known second most common. To help provide further insights a high-level overview of the themes emerging from exit interviews has been included. Fairness, leadership and behaviour are key highlights.
- Work is continuing to further analyse themes emerging from surveys which will enable further insights into leaving reasons as part of the Staff Discovery work aligned to retention workstreams.

- During the same 12 month period January 25 – December 25 of the 275 staff that retired, 36.7% returned to work with the Health Board; with a high proportion of these still in employment as at December 2025.

The NHS Wales turnover figure only includes people who have left NHS Wales. Therefore, staff movement between organisations ("churn") is excluded. In some case NHS Wales' turnover will be lower than all organisations for this reason.

Whilst in some cases NHS Wales' turnover will be lower than all organisations due to the 'churn' HDdUHB turnover rate is regularly lower than the average of the other health boards as well as the NHS Wales rate.

HDdUHB Nursing and Midwifery turnover rate is also lower than the NHS Wales rate from the October 2025 benchmarking data.

Recruitment

- HDdUHB is exceeding its performance target for vacancy creation to offer letter being issued and is performing better than other health boards in Wales for this measure.
- HDdUHB are currently performing under the of 71 days for a vacancy creation to ready for start date and are performing better than majority of other health boards in Wales for this measure.
- HDdUHB consistently meets the 100% target for Disclosure and Barring Service (DBS) checks being processed.
- HDdUHB has the best performance across NHS Wales in many of the recruitment KPIs.
- Social media followers continue to grow enabling wider reaching advertising.

Job Evaluation

- As at 26 December 2025 there are no job descriptions in breach of the 30 day KPI, with 2 waiting to be matched at panel and 4 awaiting review outside of panel.

Job Planning, PADR and Staff Engagement

- There were no local surveys between October 2025 and December 2025 due to the national staff survey. This was agreed on a national basis.
- Staff engagement in 2025 fluctuated between 70% and 74% with its peak recorded in May.
- There has been a steady decline in the number of Consultant/Specialty, Associate and Specialist) SAS doctors who have a current job plan dropping from 87% to 80% against the 90% target.
    - There are a large number of job plans expiring in the next 3 months which may further impact compliance.
    - Processes are in place for chasing up all clinicians to sign off their job plan.
    - Escalation processes in place which include meetings with Directors of Servies, General Managers and Clinical Directors with the aim to ensure an action plan is developed to improve compliance.
    - Maintaining compliance, All Service Delivery Managers are advised monthly of the job plans expiring and advised to focus on these.

- The Health Board's PADR completion rates continue to be lower than the 85% target although they remain higher than the NHS Wales average.

Sickness Absence

- The highest reason for absence is consistently anxiety/stress/depression/other psychiatric Illness. This is 1.6% higher than any other reason. This is the highest absence reason in all staff groups.
- Absence is higher than the target of 6.6%.
- We have seen an increase of 0.05% from last month however there is a 0.19% decrease in absence rate from December 2024.
- The highest 12 month rolling rate is seen in Estates and Facilities.
- Nursing and Midwifery is the staff group with the highest absence in month.
- In October 2025 the absence rates in HDdUHB are higher than NHS Wales rate. We are awaiting November and December benchmarking data.

In 2025 there has been a collaboration between Workforce Intelligence and Data Science teams which has produced an overlay of population health data from Office for National Statistics (ONS) as at 2019 with the 12 month absence 2024/25. It maps our workforce and the area in which they live with absence data to allow visual analysis and 'deep dive' scenarios to be investigated. This allows us to delve into the question of 'How do we use Population Health data to help inform prevention strategies and guide placements of services within the Health Board to take account of socioeconomical factors?'

We have used a case study comparing two unscheduled care directorates where there is a significant difference (2.3%) in overall absence rates and focused on the potential impact of deprivation levels in areas the absent staff live.

Along with Lower Super Output Area (LSOA), we also considered healthy life expectancy and the potential roadmap of our staffs journey. Based on Nursing and Midwifery a staff member living and working in Carmarthenshire and the documented Healthy Life Expectancy in this County. The average retirement age for nursing and midwifery staff is 59.8 years old, this is over the healthy life expectancy from birth for both sexes in this county.

Occupational Health

- Management referrals (MR); the highest did not attend rate of 7% is for medical appointments.
- The highest reasons for management referrals are Long term sickness and conditions affecting work fitness.

Staff Psychological Well Being Service

- The percentage of staff off sick at the point of the referral has fluctuated between in the last 12 months between 8% and 43%.
- Staff that completed the client satisfaction questionnaire indicated that there is an equal split between the main issue presented at time of referral was work related, non-work related and a combination.
- Of the staff completing the questionnaire 43% of staff have indicated the issue is affecting their ability to work with an additional 43% indicated that it is somewhat affecting their ability to work.

People Development

- As at December 2025 we currently have 226 active volunteers.
- Between January 2025 and December 2025 over 12,500 hours have been volunteered across the health board.
- Over 2,500 pupils engaged with 18% delivery in Welsh.
- School engagement covers 100% of all mainstream secondary schools in the three counties and have now engaged independent schools in two counties.
- Multiple departments from across the three counties actively participated in school and college engagement initiatives. These departments delivered a variety of meaningful and impactful sessions designed to showcase the breadth of career opportunities within the NHS. Their efforts aimed to raise awareness, promote healthcare professions, and inspire young people to consider pursuing rewarding careers in the NHS, highlighting both clinical and non-clinical pathways.
- The schools that have had engagement sessions in relation to the becoming a doctor programme have seen higher numbers of applications demonstrating the impact and importance of such events.
- There were 69 placements on the becoming a doctor programme split across 4 sites.
- 171 generic work experience placements and 136 additional clinical elective placements have been facilitated between January and December 2025 in multiple disciplines.
- 146 Active apprentices.
- 2 Apprentices have become Welsh language Ambassadors for Coleg Cymraeg through Pembrokeshire College.
- In the last year 22 apprentices have left the programme, with the two biggest reasons being health and personal circumstances.
- The clinical education team have welcomed 296 internationally educated nurses (IENs). To date 11 have left brining the retention rate to 96.3%.
- Workshops have been held to support IENs with revalidation and have been received very positively building confidence.
- There are a number of IENs that are requiring additional pastoral support from the overseas liaison nurses (OLNs) for reasons ranging from property search to bereavement and revalidation.

Core Skills Training Framework (CSTF) and Mandatory Training.

- The Core Skills Training Framework (CSTF) is used to benchmark against all Wales for 10 competencies, however local performance is measured against 12 key subjects.
- Performance for the 12 CSTF overall is above the 85% target and at December 2025 is 89.6% There is only one staff group that is lower than the 85% target which is medical and dental. Since December 2024 this has increased by 9%. This is the only staff group where Hywel Dda is also lower than NHS Wales.
- All clinical care groups are above the 85% target for the 12 CSTF courses.
- There are two of the twelve competencies that are below the 85% target, which are Information governance (84.5%) and Moving and Handling (79%).
- When comparing HDdUHB to NHS Wales for the 10 benchmarked competencies, HDdUHB performs consistently in line or higher than NHS Wales month on month.
- As at December 2025, there are 25 competencies that are mandated for every employee to complete; the compliance against the full range of competencies is 91.9%.
- There is only one care group that is below the 85% target for all mandatory training which is planned and specialist care; this care group is at 83.2%.

- There are additional competencies that are assigned to staff based one of the options below;
    - Staff group and job role (e.g Nursing and Midwifery|Staff Nurse or Allied Health Professional|Physiotherapist)
    - Organisation/ Cost code
    - ESR Position number

- In line with CSTF the overall compliance rates are lowest amongst the medical and dental staff group.

Agency and Temporary Workforce Utilisation

- The agency spend as a percentage of the total pay bill has gradually been rising through the year and is currently 1.98%.
- Agency pay in month will include cost for bank holiday whereas health board payroll would pay bank holiday enhancements in arrears so will be seen in January pay bill.
- Overall variable pay cost in December has increased. The increases are evident in additional hours and waiting list initiatives.

Stream (Formally Wagestream)

- HDdUHB has a 32% adoption rate, this has increased from 29% in January 2025.
- The biggest use of stream by employees is the tracking of earning and spending (66% of enrolled users) rather than the flexible pay (28% of users).
- Over 1800 employees have a savings account; this is 43% of the enrolled users.
- Employees *'sleep better and worry less'* they also feel *'more aware of how much I'm earning. I'm more aware of how much I'm spending'.*

Business Partnering and Inclusion

- In 2025/26 (to date) 34 settings in the health board have been awarded either bronze, silver or gold investors in carers.
- The average number of Equality Impact Assessments received per year since 2022/23 – 2024/25 is 222; to date in 2025/26 216 have been received and 212 have been quality assured.
- The number of staff recording their supplementary role of unpaid carer or veteran, reservist, cadet volunteer or family member has increased from last year by 83.
- Compliance rates for the carers awareness e-learning module has increased from 86.4% in 2024/25 to 91% as at December 2025.

Argymhelliad / Recommendation

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

- **NOTE** the content of the Performance Assurance and Workforce Metrics report, and
- **RECEIVE 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:	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 (HDdUHB) is recognised as a leader in this field
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
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Positive futures
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

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

Workforce Profile as at December 2025

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Headcount - *Excludes Locum & Bank*

12,166 | 2,482 | 9,684

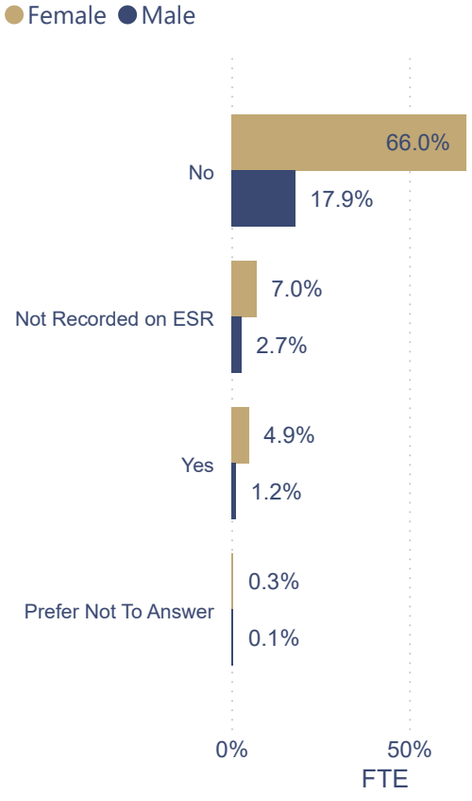
Workforce Profile comparing Full time and Part time working as a percentage.
Left shows % overall and Right shows % by gender

56%	Full Time	77%	50%
44%	Part Time	23%	50%

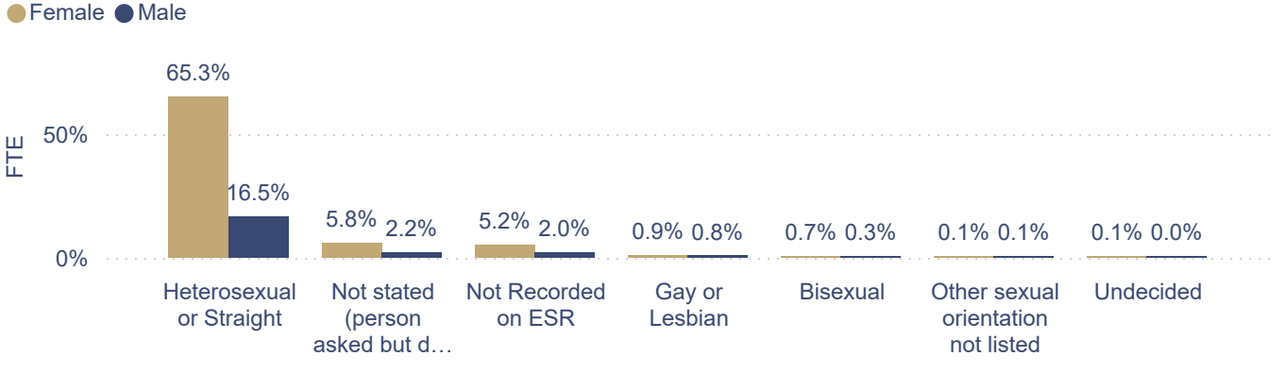
FTE *Excludes Locum & Bank*

8,173 | 2,292 | 10,465

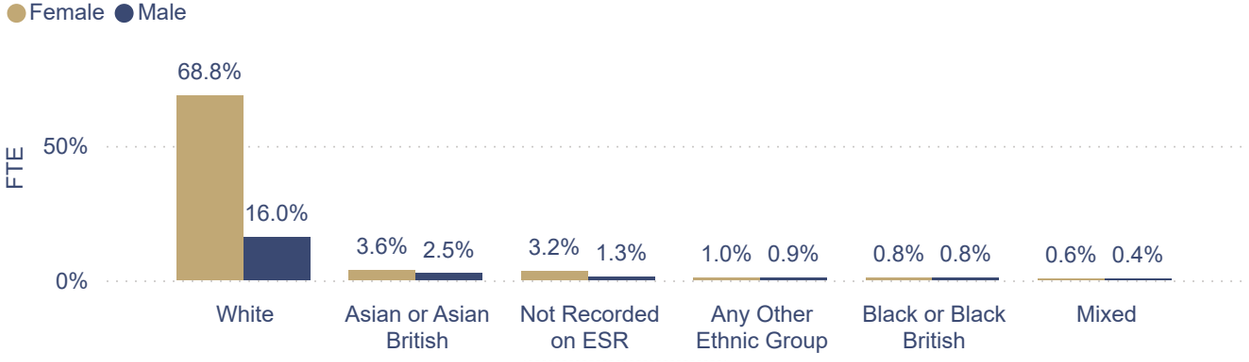
Profile by FTE Disability and Sex



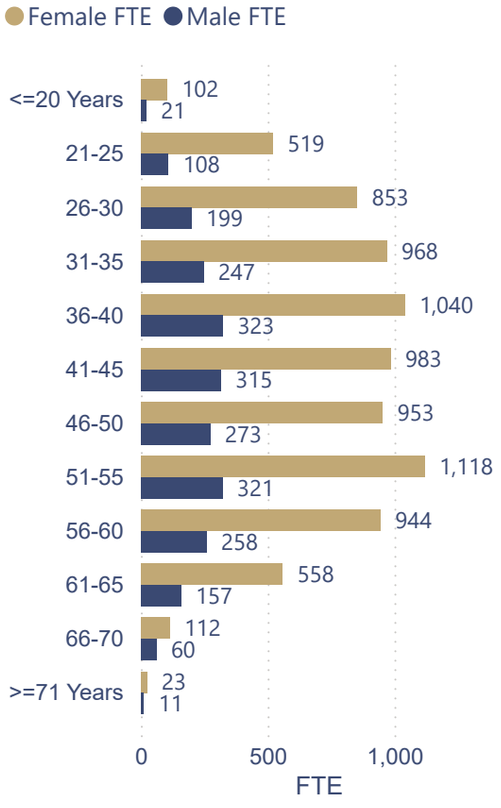
Profile by FTE, Sex & Sexual Orientation



Profile by FTE Ethnicity Group and Sex



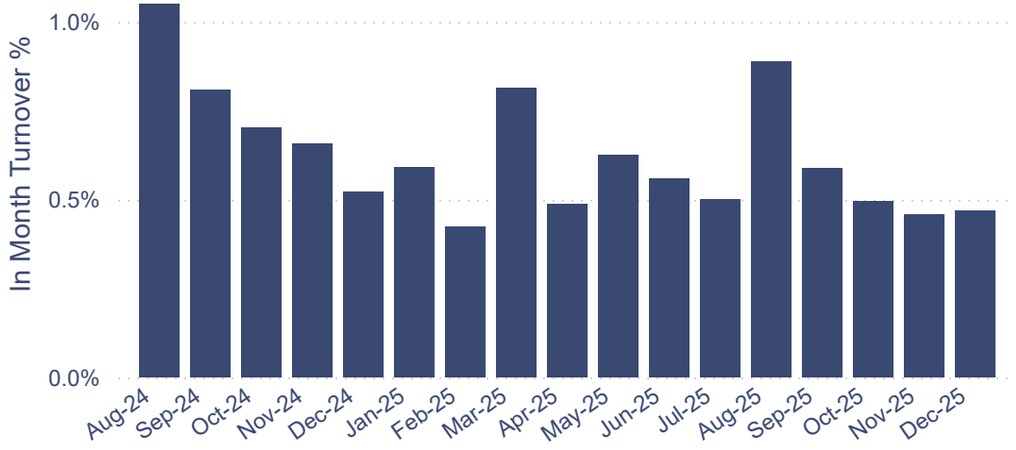
Age & Sex Profile by FTE



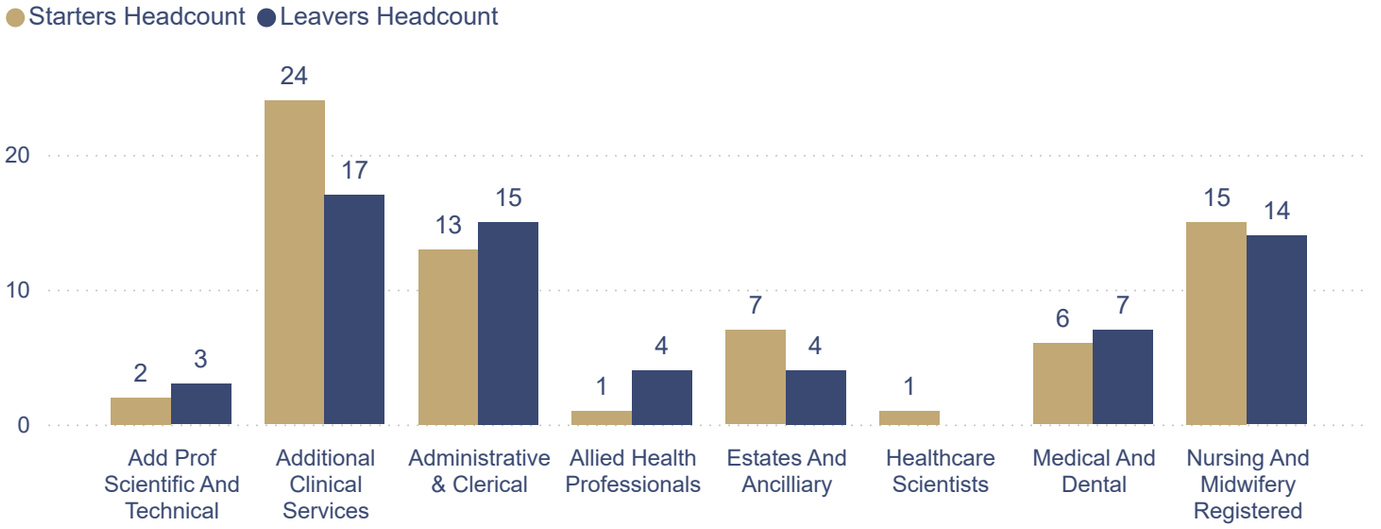
Starters, Leavers & Turnover as at December 2025

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

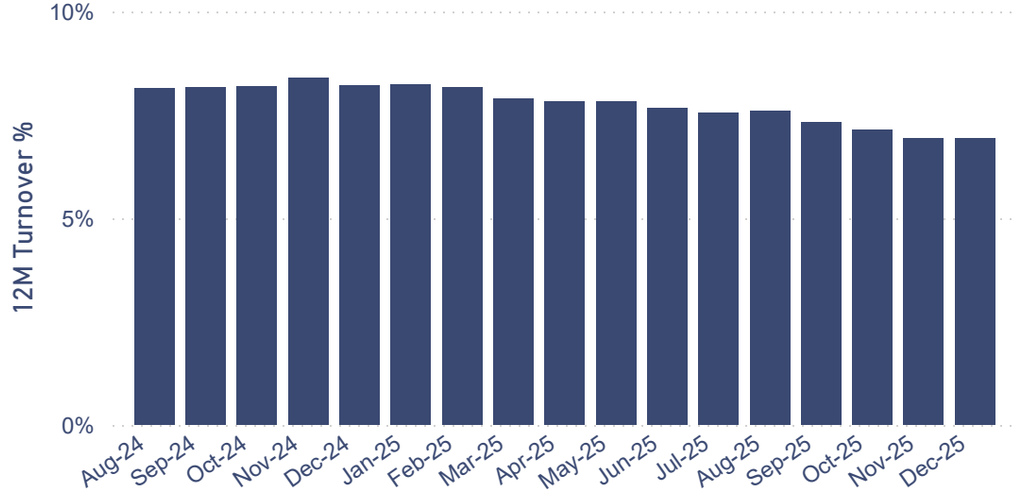
In Month Turnover Rate



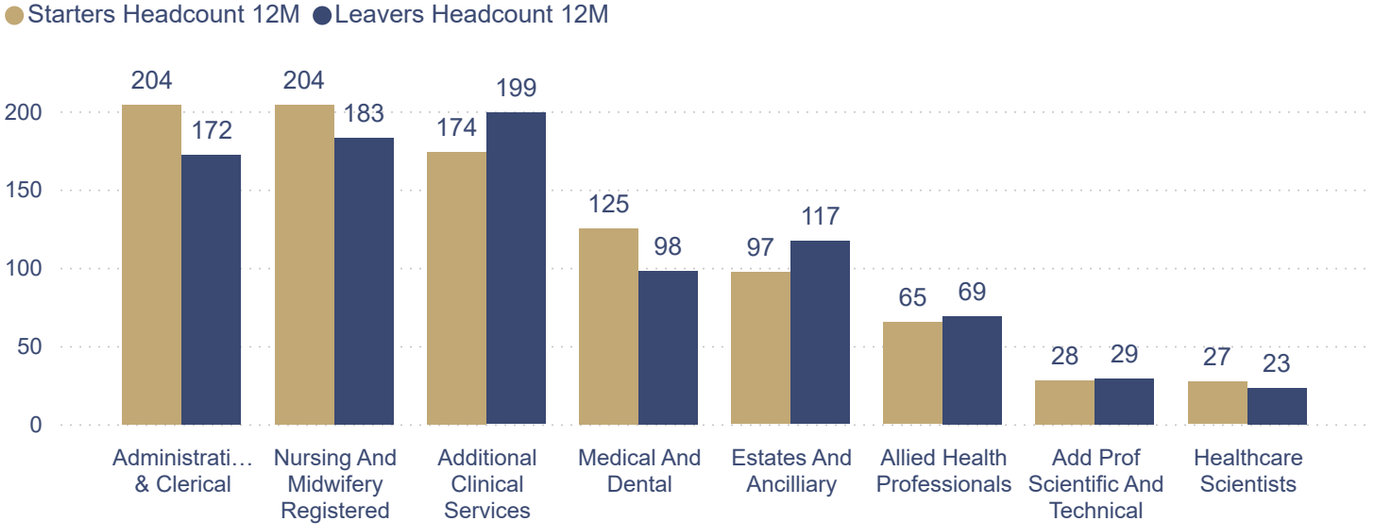
Starters and Leavers Headcount by Staff Group



12M Turnover Rate



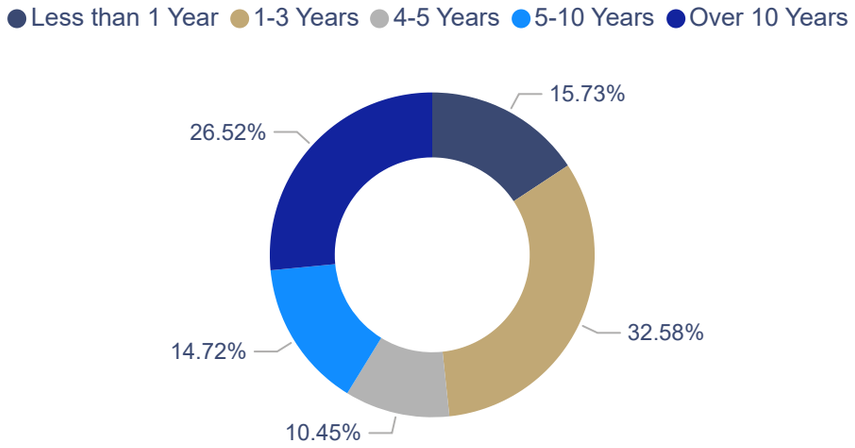
Starters and Leavers Headcount by Staff Group in the last 12 Months

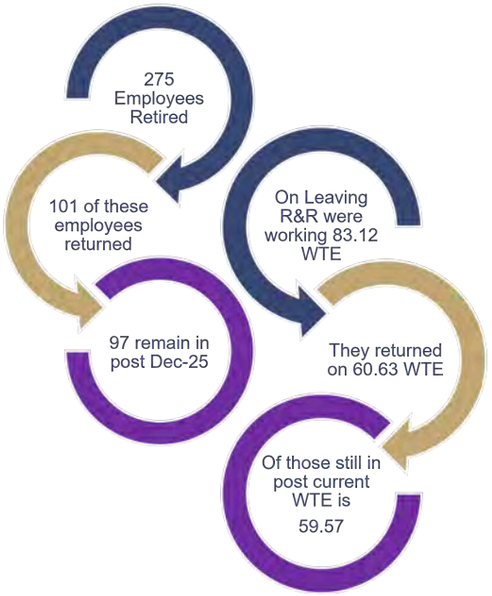


Starters, Leavers & Turnover as at December 2025

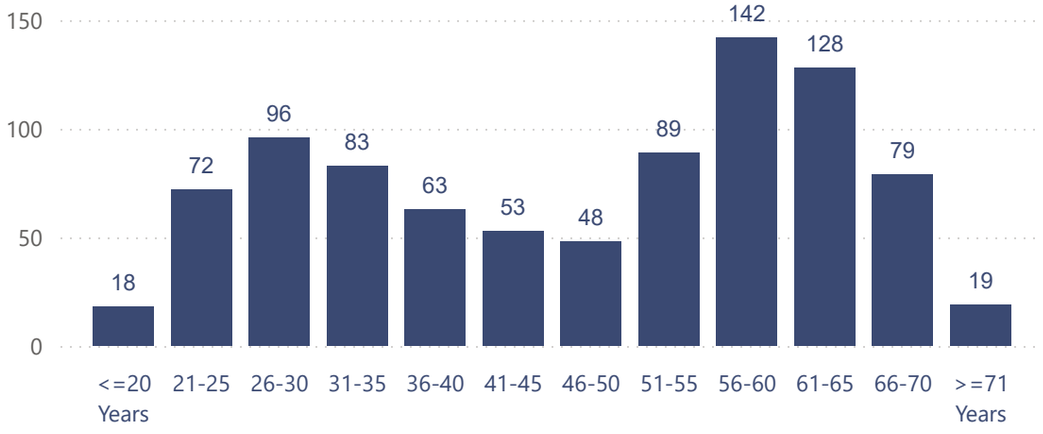
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

12m Leavers Headcount by Length of Service

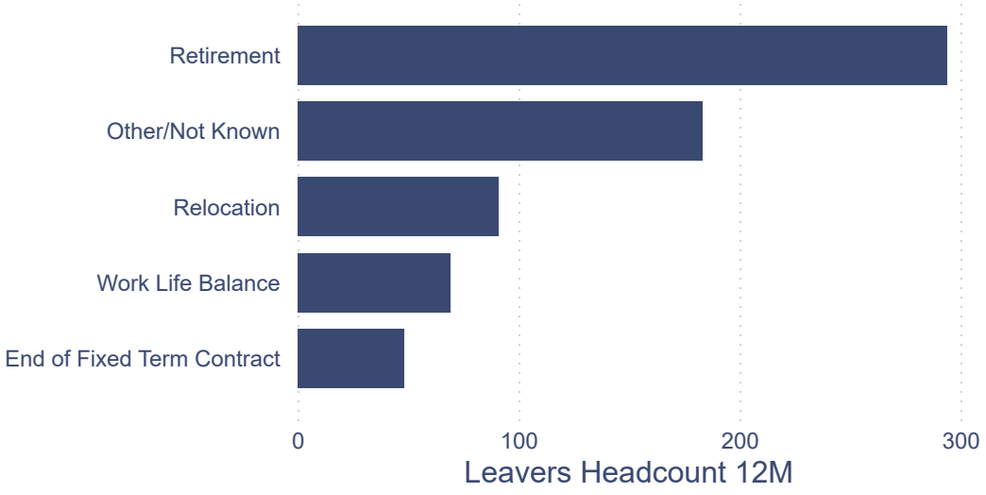




12m Leavers Headcount by Age Band



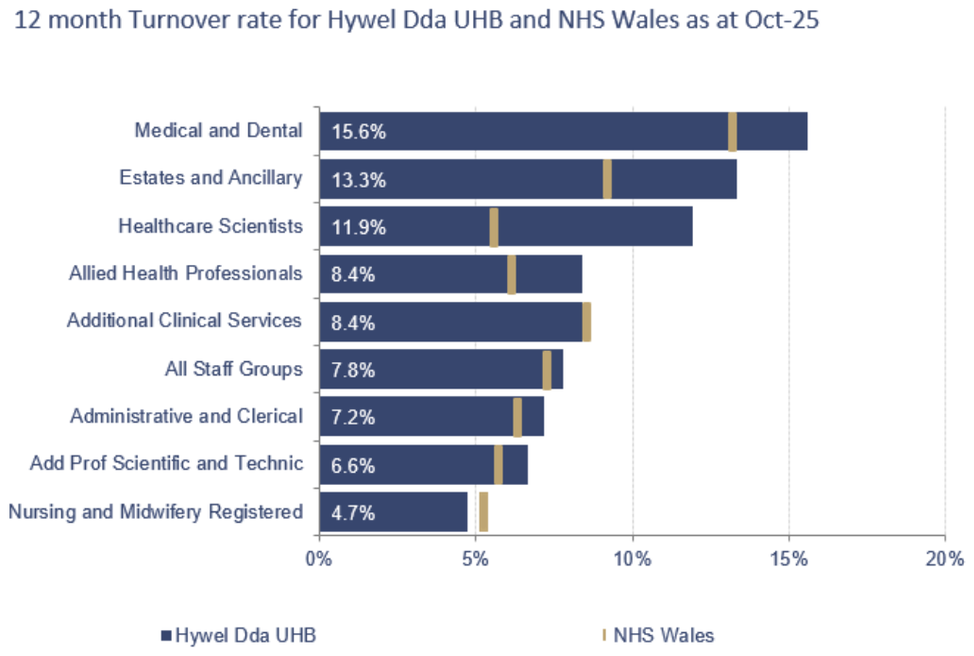
Top 5 Reasons for Leaving in the last 12 Months Recorded on ESR

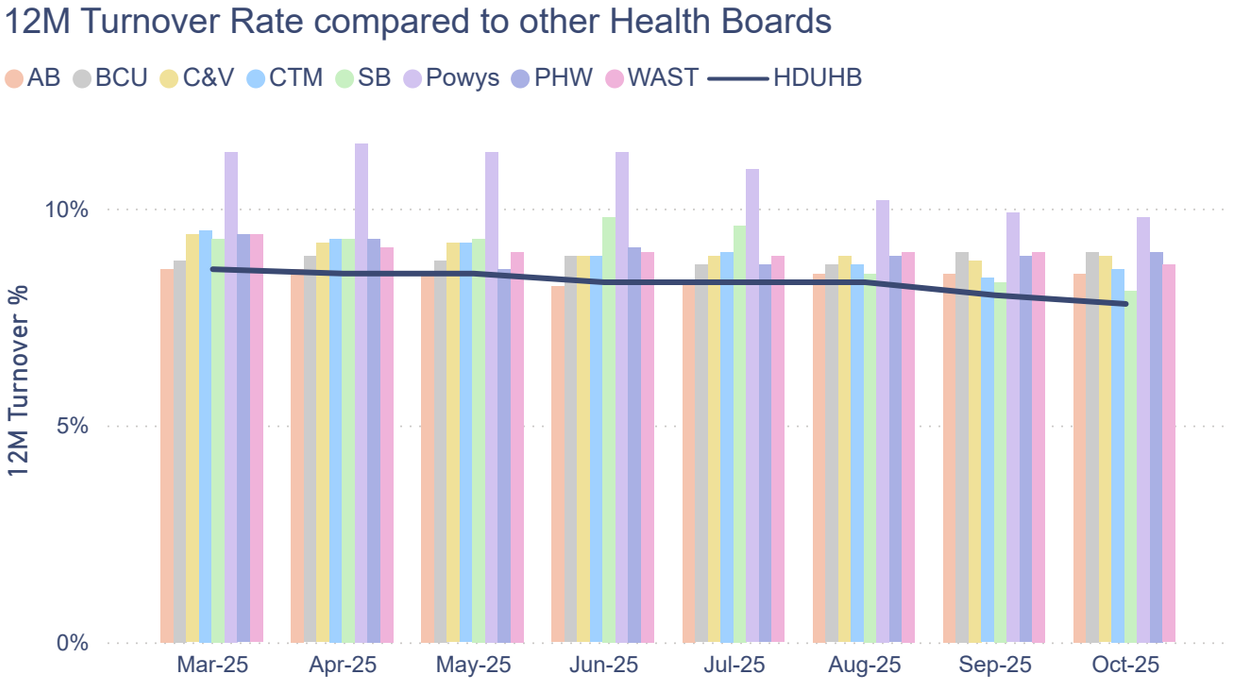


Turnover Benchmarking as at October 2025

NHS Wales figure only includes people who have left NHS Wales. Therefore, staff movement between organisations ("churn") is excluded. In some case NHS Wales' turnover will be lower than all organisations for this reason.

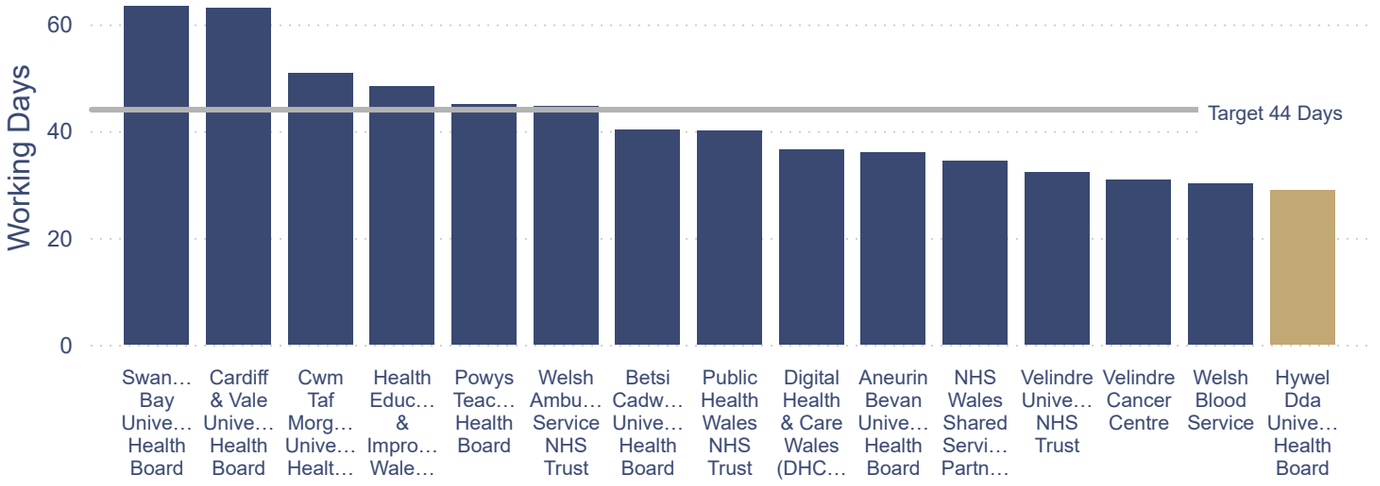
The graph on the left shows the turnover rate for a 12 month period to the most current month by staff group. The **BLUE** bar shows turnover percentage for Hywel Dda and the **GOLD** line shows average turnover percentage within Wales.



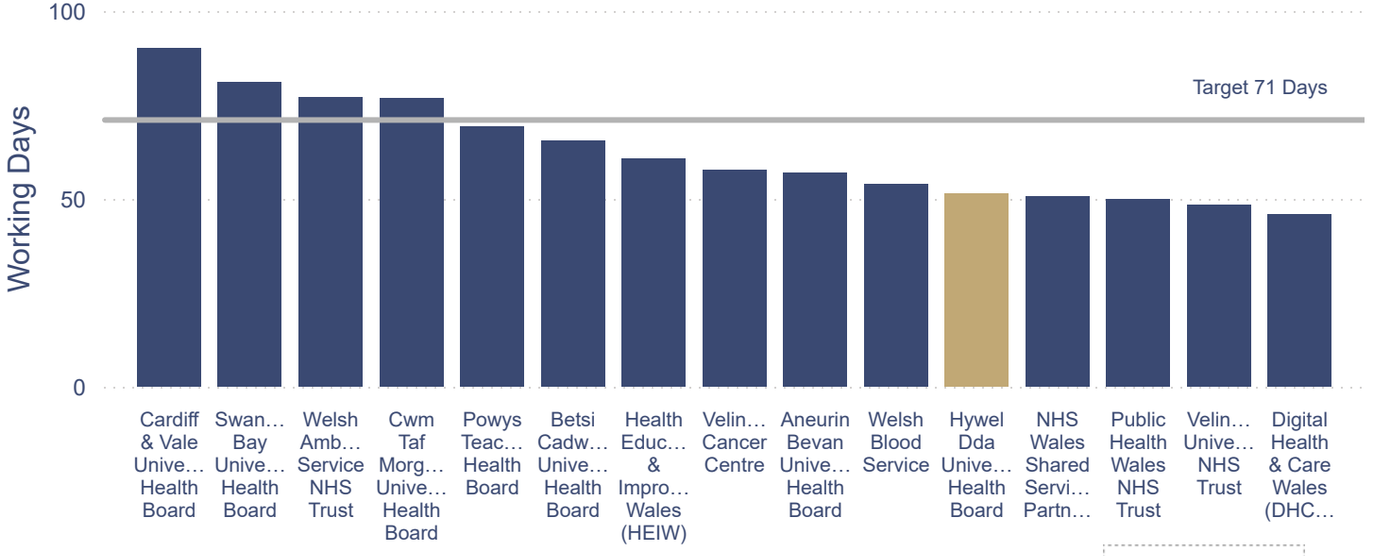


Recruitment Activity as at December 2025

Vacancy Creation to offer letter issued compared to other Orgs and Target of 44 days



Vacancy Creation to ready for Start Date compared to other Orgs and Target of 71 days



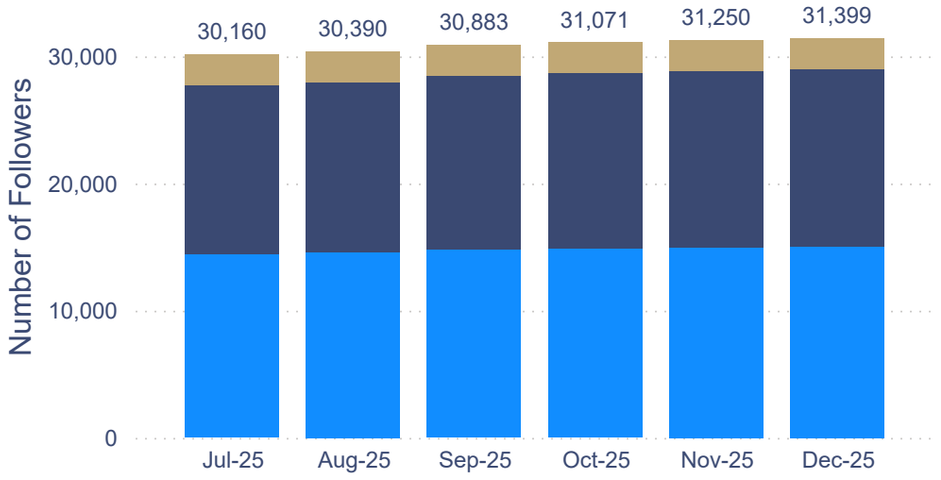
DBS Checks Processed

Month	Adult Barred Lists	Child Barred Lists	New Starters - Overseas	% Compliance
Aug-24	168	167	2	100.0%
Sep-24	236	229	3	100.0%
Oct-24	146	141	9	100.0%
Nov-24	123	122	1	100.0%
Dec-24	95	94	4	100.0%
Jan-25	164	156	5	100.0%
Feb-25	125	125	6	100.0%
Mar-25	137	125	2	100.0%
Apr-25	93	90	7	100.0%
May-25	111	112	2	100.0%
Jun-25	137	130	2	100.0%
Jul-25	80	75	4	100.0%
Aug-25	116	114	7	100.0%
Sep-25	196	191	4	100.0%
Oct-25	171	162	3	100.0%
Nov-25	118	110	4	100.0%
Dec-25	103	100	2	100.0%

Time to Hire by Staff Group

Staff Group	Hywel Dda University Health Board	Cardiff & Vale University Health Board	Swansea Bay University Health Board	Betsi Cadwaladr University Health Board
ACS	43.1	92.5	88.9	67.5
A&C	44.5	85.5	58.6	53.4
APST	47.3	134.0	35.0	65.4
NMR	49.1	90.7	82.6	67.3
AHP	56.0	130.1	71.5	77.3
HS	57.2	92.0	94.1	85.3
EA	72.4	60.5	114.3	65.0

Followers on Social Media



Recruitment Checks by Health Board

Org	Time to approve vacancy request	Time to advertise	Duration of advertising	Time to move to shortlisting	Time to Shortlist	Time to update interview outcomes
Velindre University NHS Trust	0.3	1.5	1.2	0.8	14.0	5.6
Betsi Cadwaladr University Health Board	2.6	1.6	8.4	1.0	5.0	2.3
Cardiff & Vale University Health Board	24.4	1.6	8.7	1.0	5.0	2.4
Cwm Taf Morgannwg University Health Board	19.6	1.5	7.7	1.0	8.7	3.7
Digital Health & Care Wales (DHCW)	0.3	1.6	8.6	1.0	12.3	6.6
Health Education & Improvement Wales (HEIW)	5.0	1.7	11.7	1.0	5.8	3.3
Powys Teaching Health Board	2.6	1.8	9.8	1.0	9.8	3.9
Public Health Wales NHS Trust	3.4	1.7	8.9	1.0	9.3	3.8
Swansea Bay University Health Board	27.3	1.5	9.1	1.0	6.4	7.0
Velindre Cancer Centre	1.2	1.2	8.1	1.0	7.7	1.8
Welsh Ambulance Service NHS Trust	11.7	1.8	9.3	1.0	3.6	5.5
Welsh Blood Service	0.8	1.2	6.2	1.0	3.9	1.7
Hywel Dda University Health Board	7.8	1.8	6.7	1.1	1.4	2.0
NHS Wales Shared Services Partnership	5.1	1.3	7.0	1.1	7.7	5.6
Aneurin Bevan University Health Board	7.1	1.5	7.7	1.2	8.4	3.5
Target	10.0	2.0	10.0	2.0	3.0	3.0

Month on Month Recruitment Volumes Medical & Dental

Month	Number of FTE advertised	Number of posts advertised
Oct-25	43.46	39.00
Nov-25	41.40	32.00
Dec-25	37.40	34.00

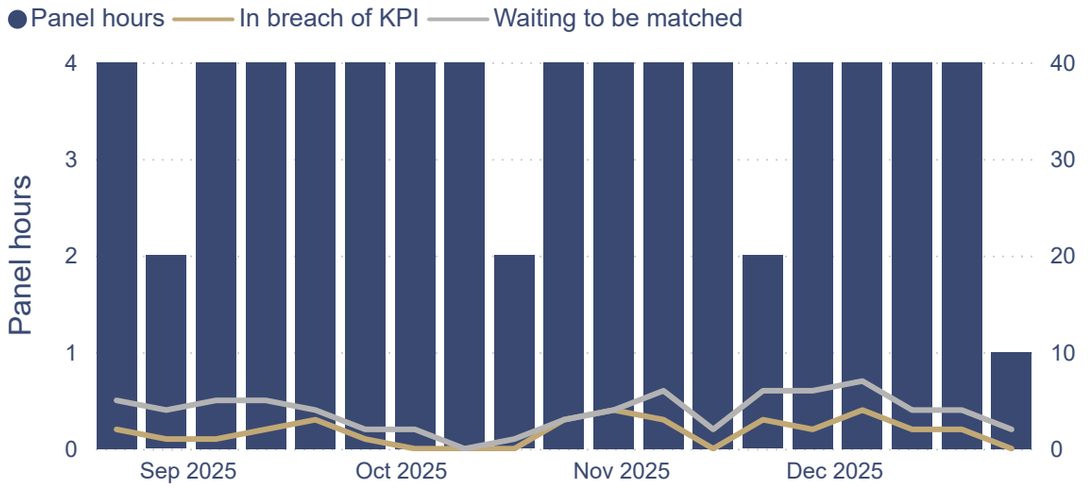
Medical Recruitment December 2025

Trac Recruitment Health Check	Target	Dec-25	Time to Target
Time from Notice to Authorisation Start Date	5	227.00	222.0
Time to Approve Vacancies	10	4.80	-5.2
Time to notify Recruitment of Interview Outcome	3	1.91	-1.1
Time to Send Interview invites	2	1.80	-0.2
Time to Shortlist	3	6.75	3.8

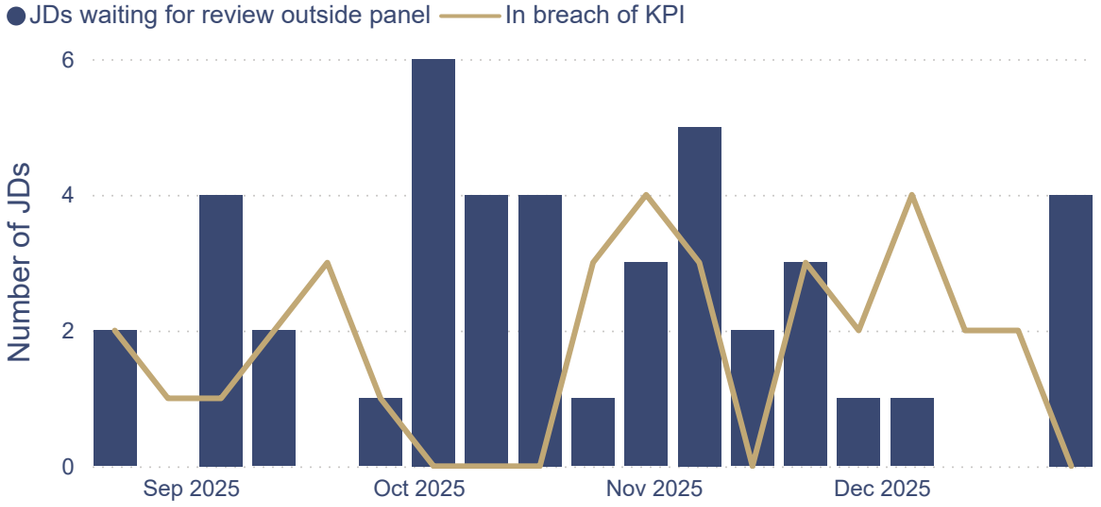
Month on Month Recruitment Volumes (Excluding M&D)

Month	Number of FTE advertised	Number of posts advertised
Oct-25	195.5	159
Nov-25	134.1	130
Dec-25	133.6	128

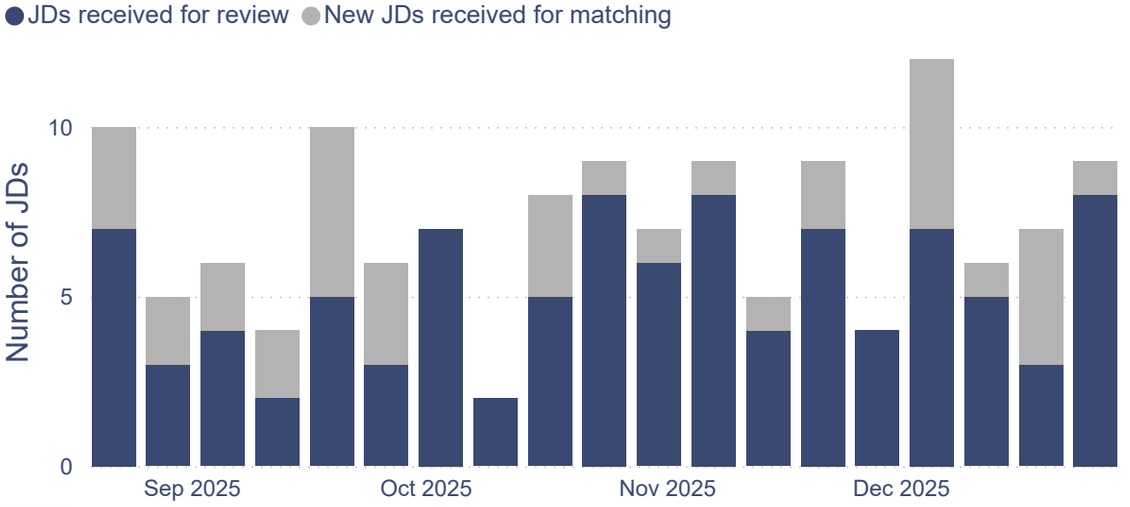
Activity - Waiting to be Matched and KPI breaches by Week



Activity - for Review Outside Panel and KPI breaches by Week



Volume - New and for Review by Week



PADR, Staff Engagement & Consultant/SAS Job Planning Activity as at December 2025

Staff Engagement Year on Year / Month on Month

Year Of Survey	Sent to	Number completed	Response Rate	Engagement Score
2025 Sample in February	888	188	21.2%	70.0%
2025 Sample in March	886	166	18.7%	72.0%
2025 Sample in April	901	184	20.4%	73.0%
2025 Sample in May	877	195	22.2%	74.0%
2025 Sample in June	897	147	16.4%	73.0%
2025 Sample in July	870	185	21.3%	72.0%
2025 Sample in August	855	189	22.1%	72.0%
2025 Sample in September	872	195	22.4%	73.0%

Percentage of Staff from the engagement survey who strongly agree or agree that their PADR helps improve how they do their job.

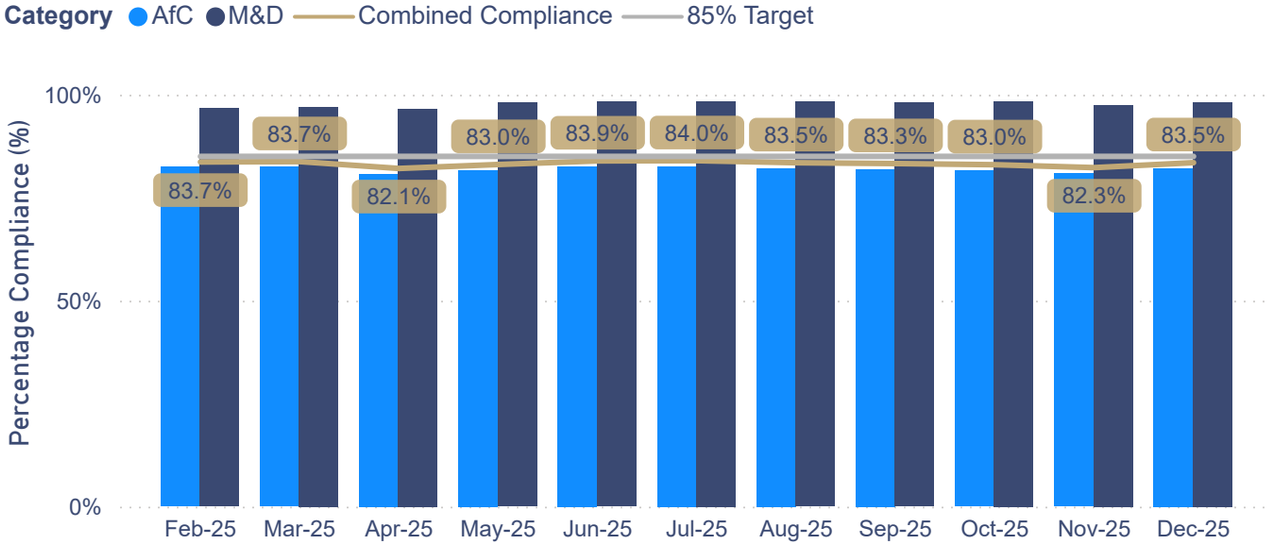
Jul-25
76.2%

Aug-25
78.8%

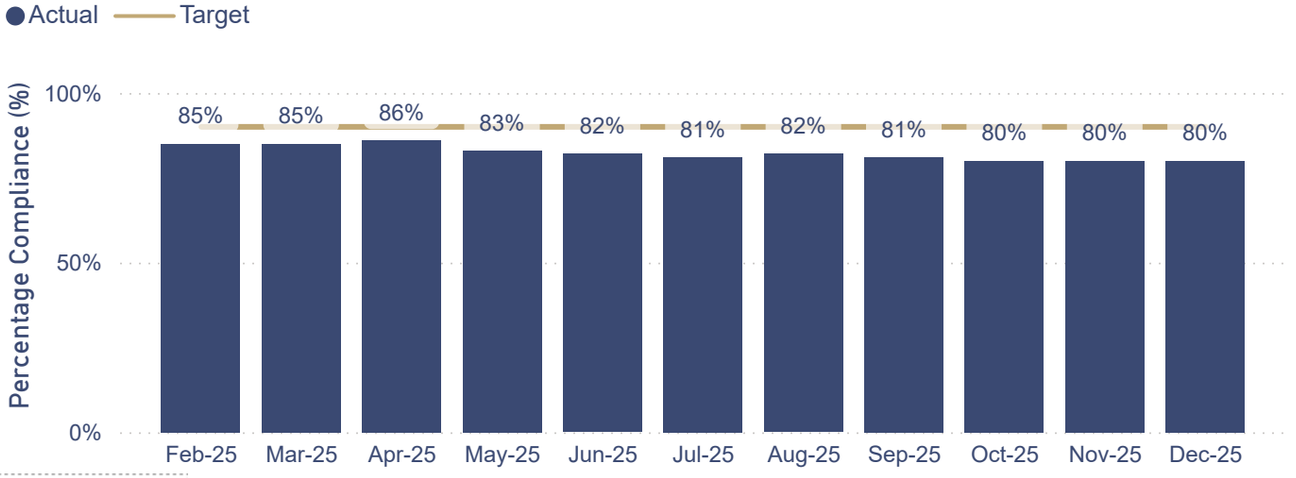
Sep-25
76.4%

Please note due to the national staff survey no local surveys between Oct 25 – Dec 25 were undertaken. This was agreed nationally.

PADR & Medical Appraisal Compliance to NHS Wales Performance and 85% Target



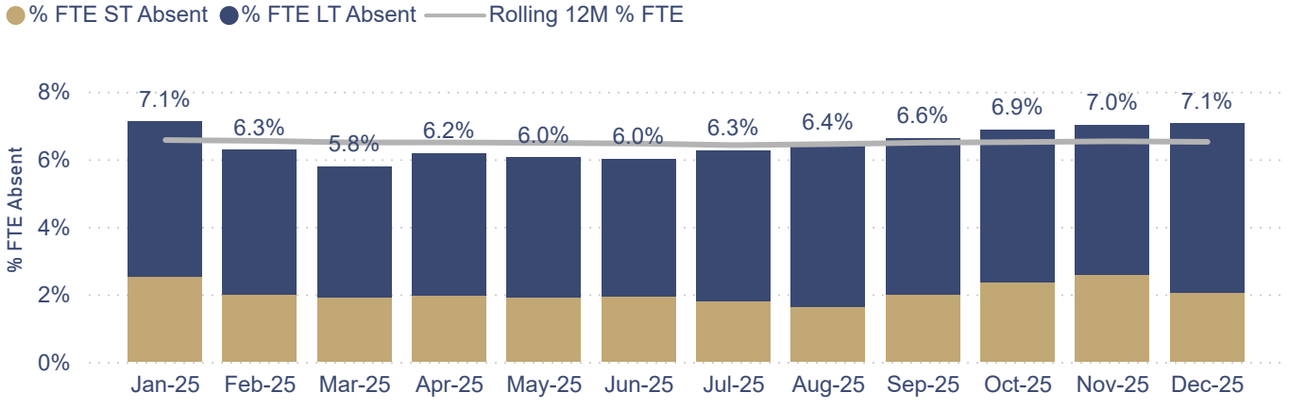
Consultant/SAS doctors with a current Job Plan (Current is within 12 Months) against 90% Target



Sickness levels as at December 2025

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

% FTE Absent In month & Rolling 12M



Absence Reason where Absent FTE % > 0.45%

Absence Reason	Oct-25	Nov-25	Dec-25
S10 Anxiety/stress/depression/other psychiatric illnesses	2.4%	2.4%	2.4%
S13 Cold, Cough, Flu - Influenza	0.8%	0.7%	0.8%
S25 Gastrointestinal problems	0.5%	0.5%	0.6%
S12 Other musculoskeletal problems	0.5%	0.5%	0.5%
S28 Injury, fracture	0.4%	0.4%	0.5%

In Month Absence FTE % by Staff Group

Staff Group	Oct-25	Nov-25	Dec-25
Nursing and Midwifery Registered	2.3%	2.5%	2.5%
Additional Clinical Services	2.0%	2.0%	1.9%
Administrative and Clerical	1.0%	1.0%	1.0%
Estates and Ancillary	0.7%	0.8%	0.9%
Allied Health Professionals	0.5%	0.4%	0.4%
Medical and Dental	0.1%	0.2%	0.2%
Add Prof Scientific and Technic	0.2%	0.2%	0.1%
Healthcare Scientists	0.1%	0.1%	0.1%
Total	**6.9%**	**7.0%**	**7.1%**

Absence Reason	% FTE ST Absent	% FTE LT Absent	% FTE Absent
S10 Anxiety/stress/depression/other psychiatric illnesses	0.28%	2.16%	2.4%
S13 Cold, Cough, Flu - Influenza	0.63%	0.15%	0.8%
S25 Gastrointestinal problems	0.32%	0.29%	0.6%

% FTE Absent in Month compared to previous month and the same period last year

% FTE Absent	Increase/Decrease from Prior Month	Increase/Decrease from Same Period Last Year
7.1%	0.05% ↑	-0.19% ↓

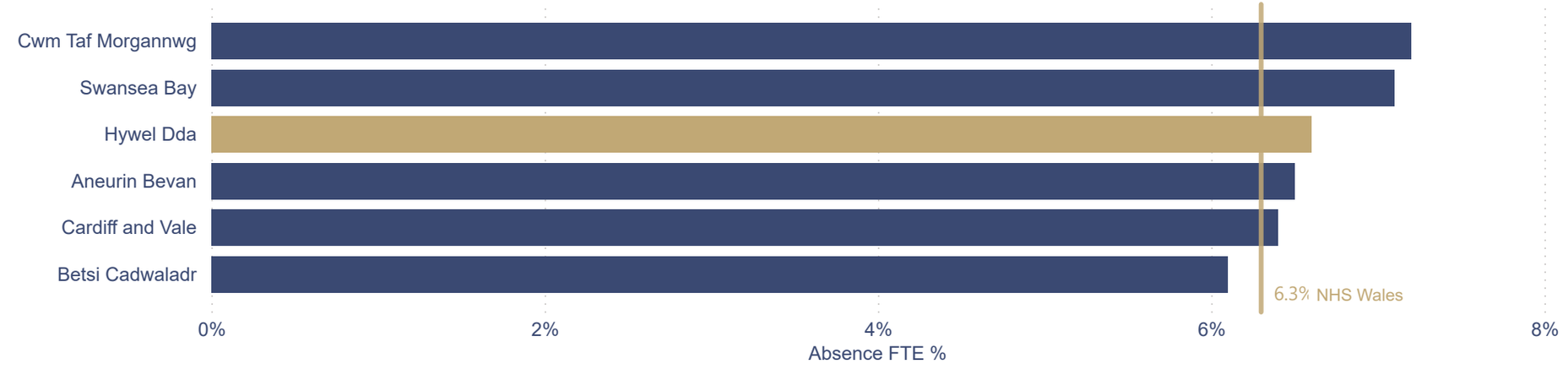
Directorates with Absent FTE % > 6.6%

Directorate	Dec-25 % FTE ST Absent	% FTE LT Absent	% FTE Absent	Rolling 12M % FTE
Estates and Facilities	2.99%	8.70%	11.7%	9.3%
Community and Integrated Medicine	2.51%	5.64%	8.2%	7.4%
Public Health	1.29%	5.83%	7.1%	7.2%

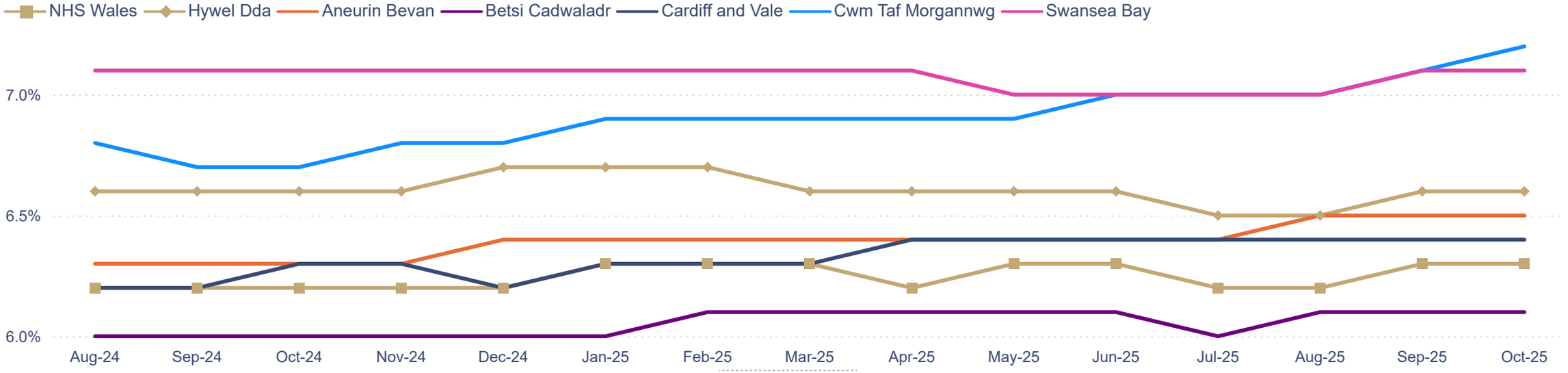
Sickness benchmarking as at October 2025

Please note that NHS Wales Benchmarking figures are currently only up to October 2024 as such the Hywel Dda figures on this page are also as at October 2024

Sickness absence FTE % October 2025 performance compared to other Health Boards and NHS Wales



Rolling 12M sickness absence rates Jul '23 - Oct '24



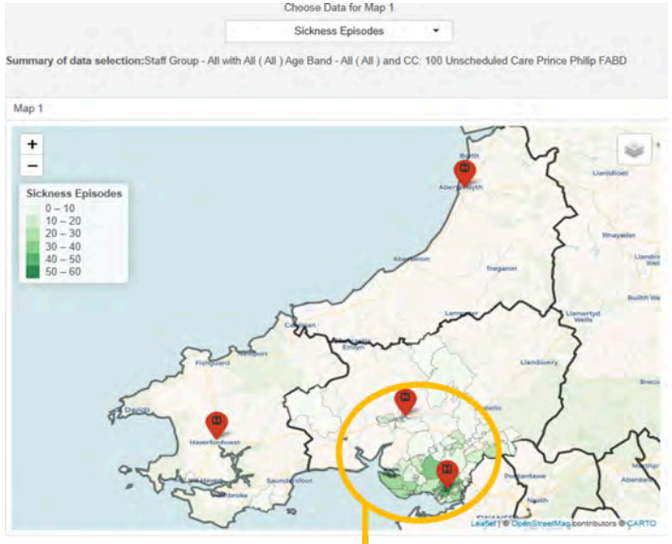
Workforce & Health Population - Development

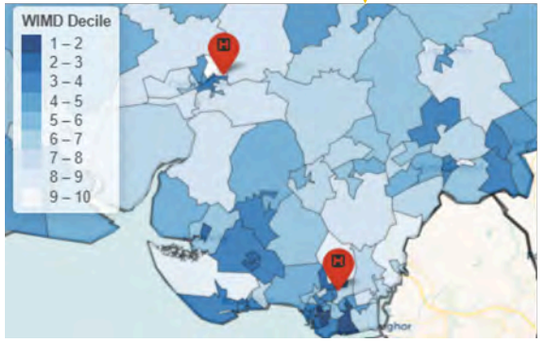
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

A collaboration between Workforce Intelligence and Data Science teams has produced an overlay of population health data from Office of national statistic (ONS) as at 2019 with the 12 month absence 2024/25. It maps our workforce and the area in which they live with absence data to allow visual analysis and 'deep dive' scenarios to be investigated.

'How do we use Population Health data to help inform prevention strategies and guide placements of services within the Health Board to take account of socioeconomical factors?'

Unscheduled Care PPH



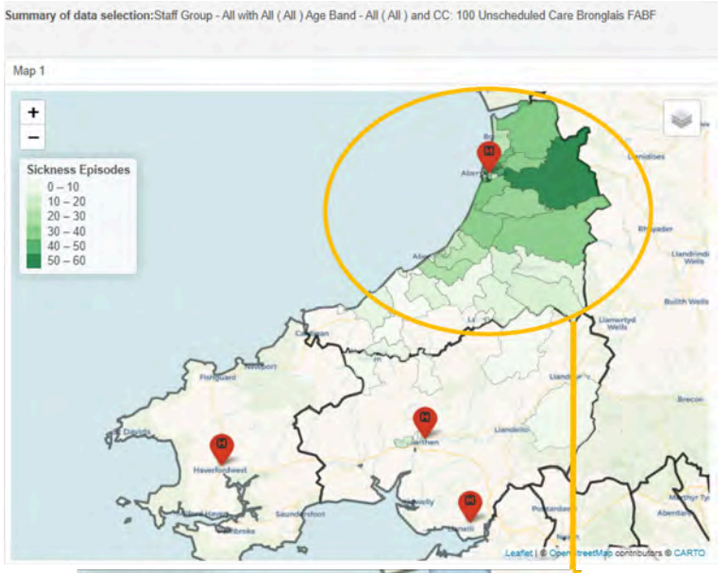


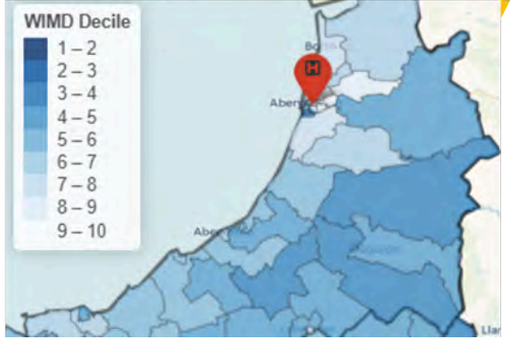
ESR L6	Nov-25	Dec-25	Jan-26
100 Unscheduled Care Bronglais FABF	5.5%	5.5%	5.6%
100 Unscheduled Care Prince Philip FABD	7.8%	7.8%	7.6%

Where USC PPH absence areas had a wide fluctuation of deprivation including many classified within the most deprived.

Conversely Ceredigion is more consistent and is generally falls under the mid – least deprived

Unscheduled Care BGH





Workforce & Health Population - Development

A collaboration between Workforce Intelligence and Data Science teams has produced an overlay of population health data from Office of national statistic (ONS) as at 2019 with the 12 month absence 2024/25. It maps our workforce and the area in which they live with absence data to allow visual analysis and 'deep dive' scenarios to be investigated.

A Roadmap based on Nursing and Midwifery Staff living and working in Carmarthenshire and the documented Healthy Life Expectancy in this County

Healthy Life Expectancy - Carmarthenshire

Female -Birth	57.9 Years
Male -Birth	59.2 Years
Average	58.6 Years

Average Retirement Age - Nursing and Midwifery

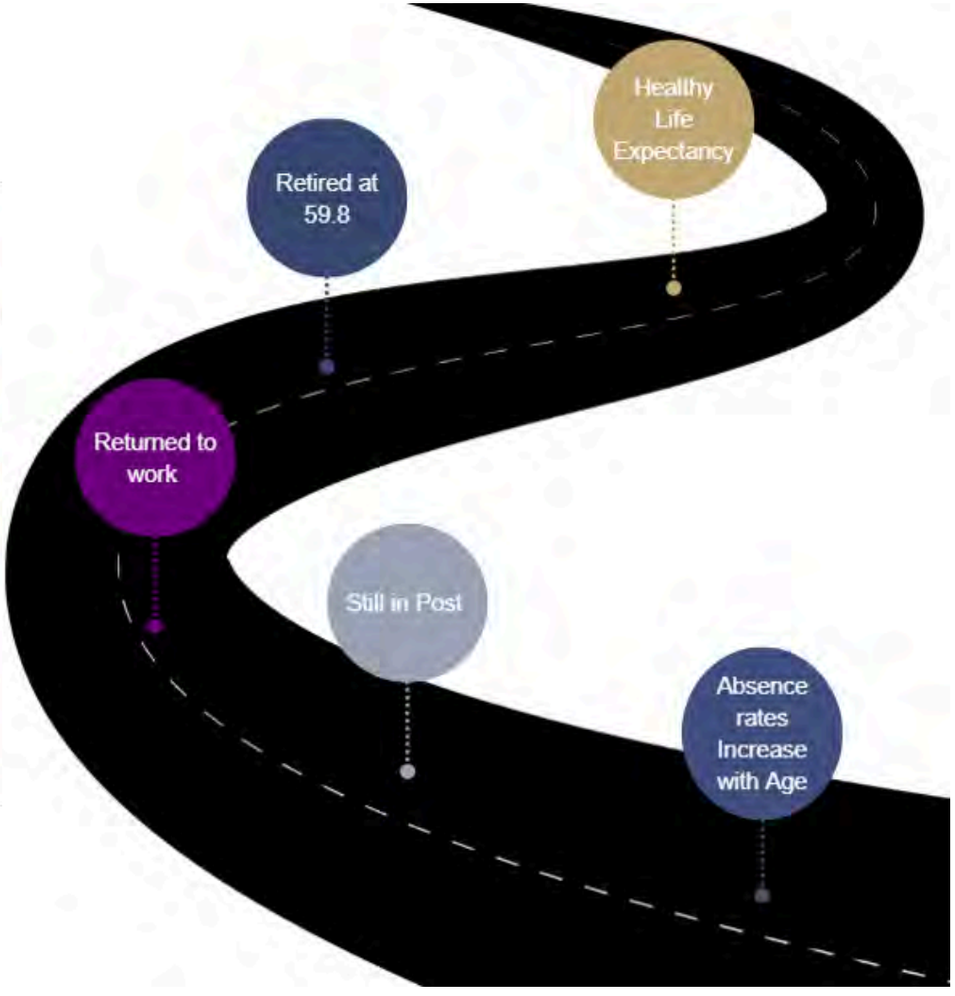
Average Retirement Age for Nursing and Midwifery is 59.8

Returned to Work

63.8% of Nursing retirees return to work
On Average they Return reducing their hours by -0.35WTE

Still In Post

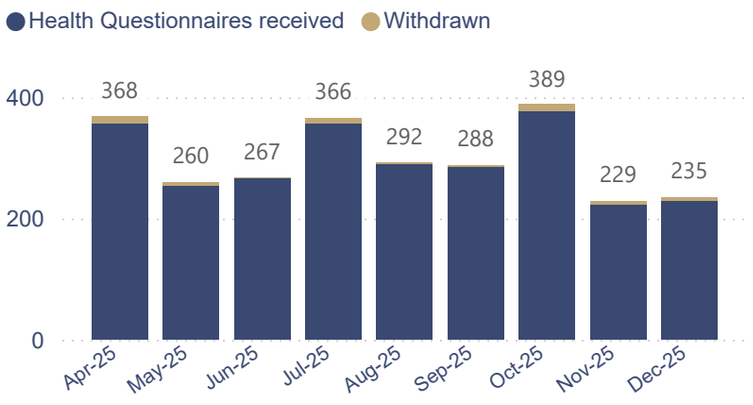
81% of Nurses who Retire & Return are still in Post after 3 Years



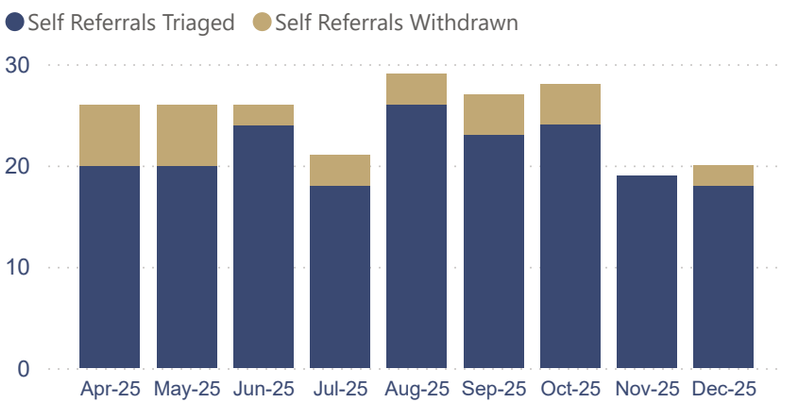
Occupation Health Activity

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

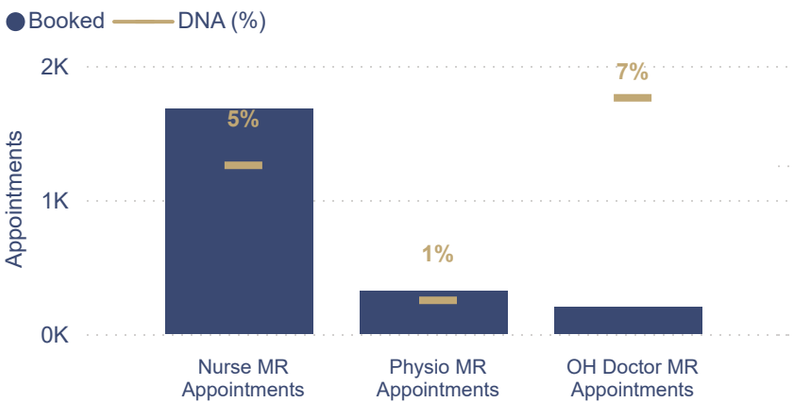
Health Questionnaires



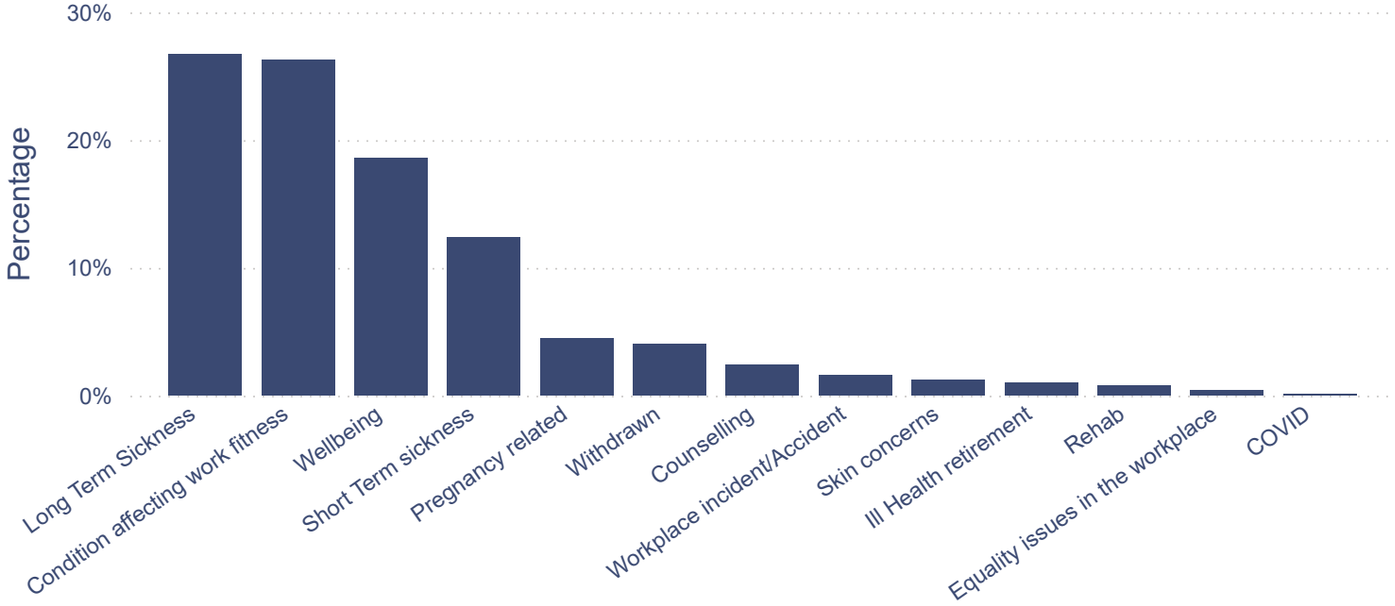
Self Referrals



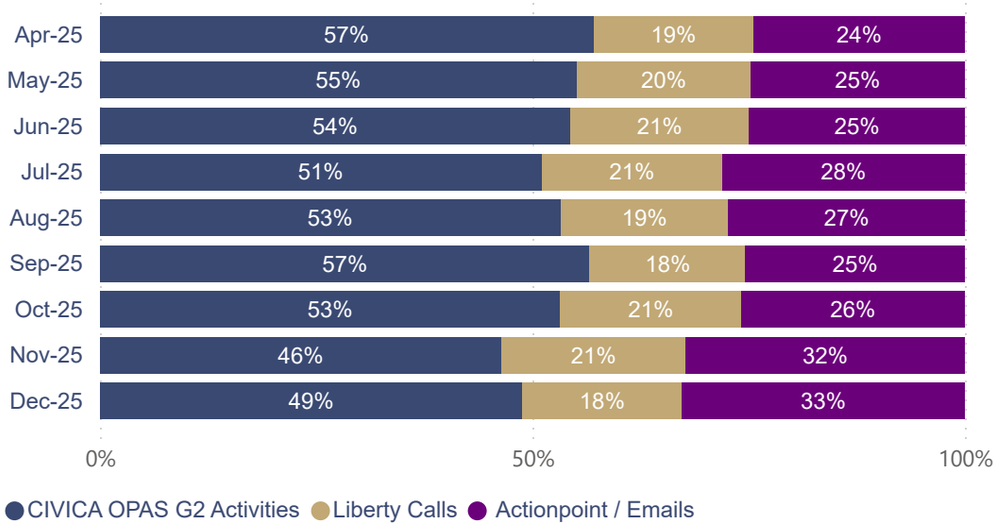
MR Appointments Booked & DNA %



Proportion of Manager Referrals by reason (including withdrawn)



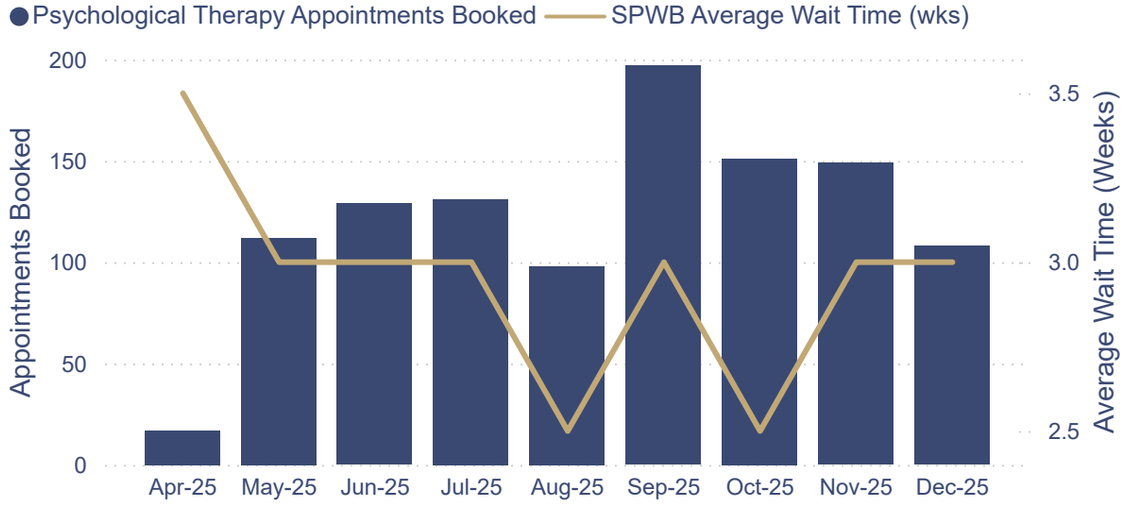
Call Activity by Type



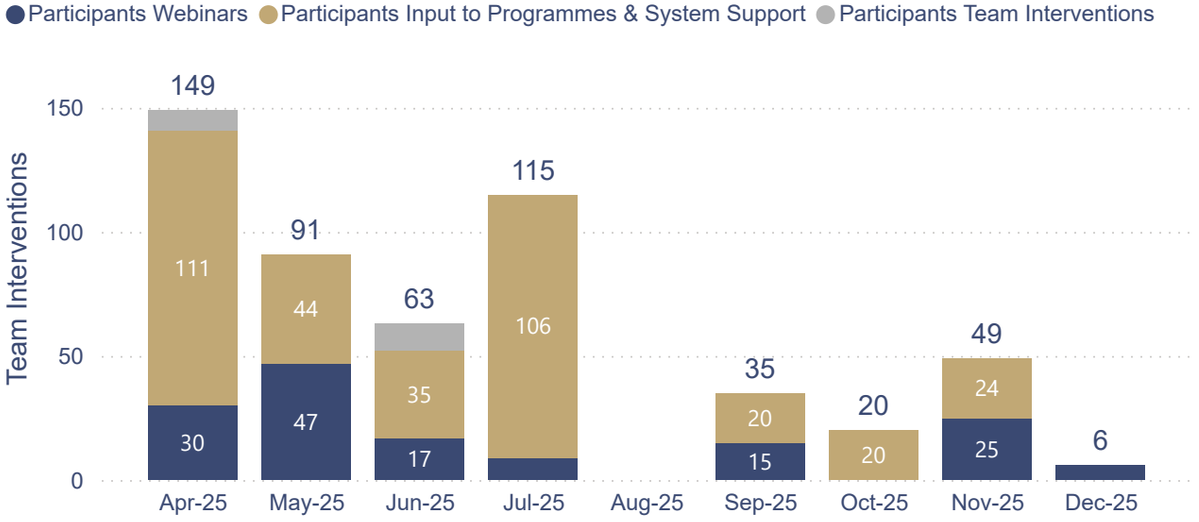
Staff Psychological Wellbeing Activity
Preventative Interventions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

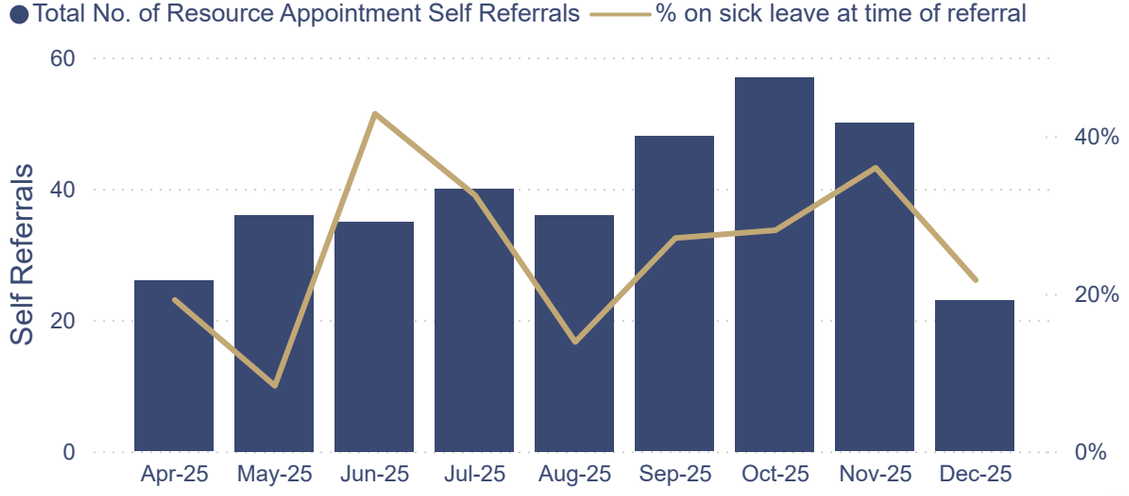
Psychological Therapy Appointments Booked



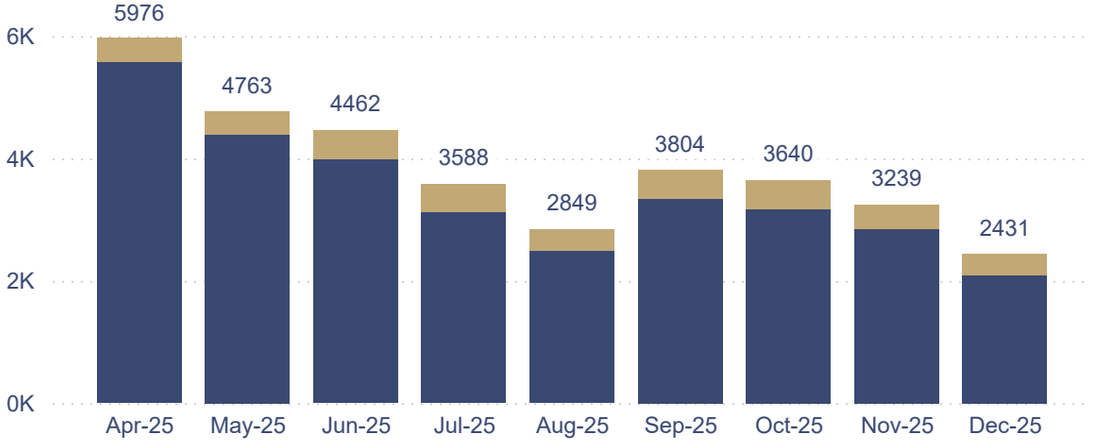
Participation of Preventative Activities



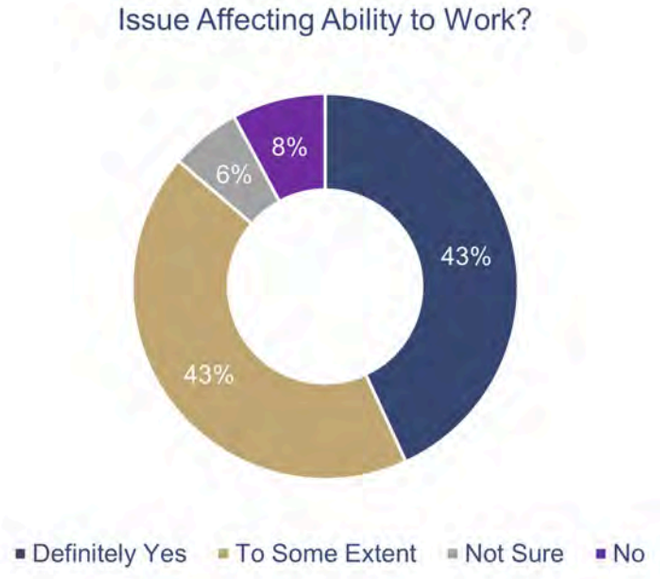
Number of Self Referrals and % absent due to sickness at the time of referral



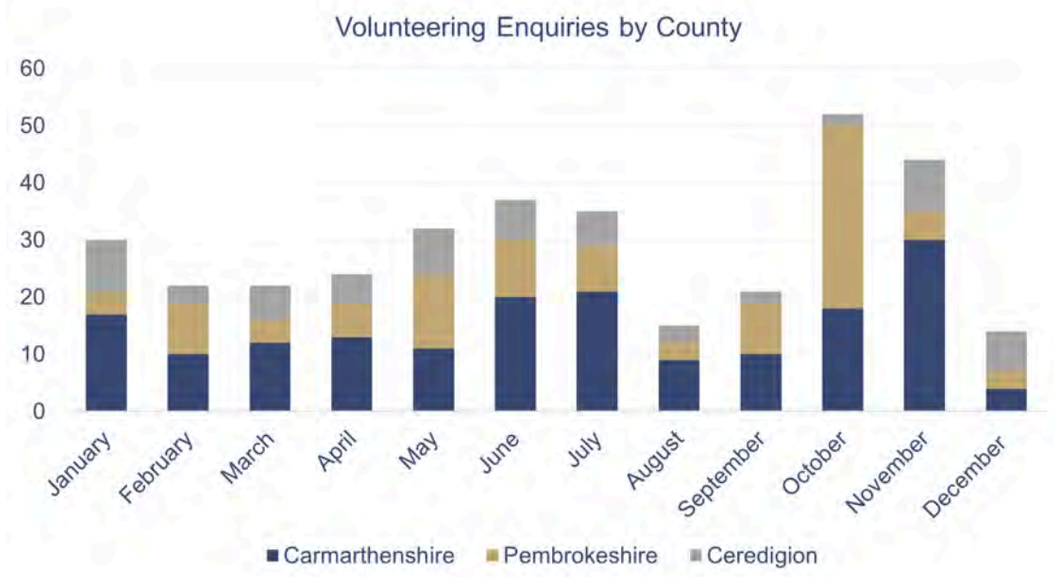
SharePoint & Gateway Visits

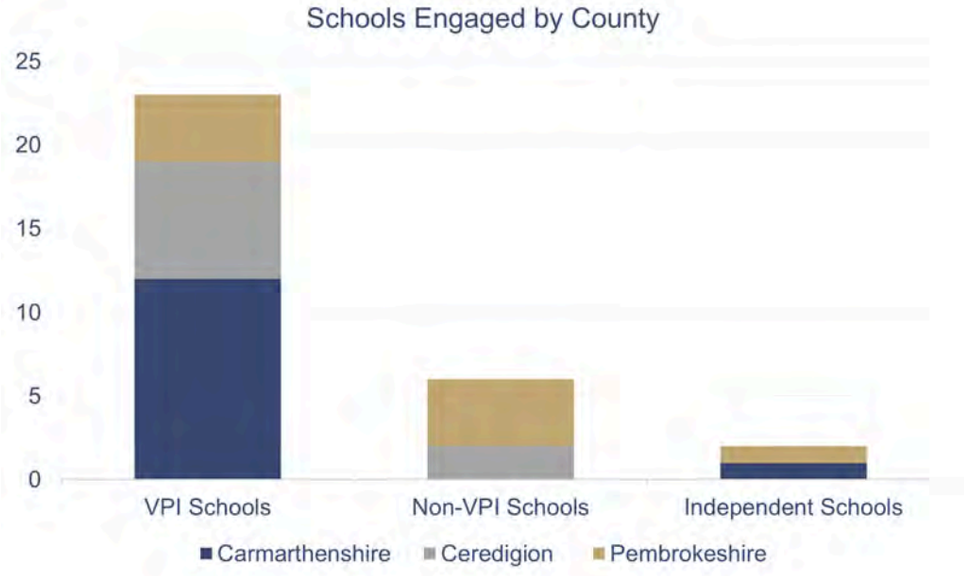


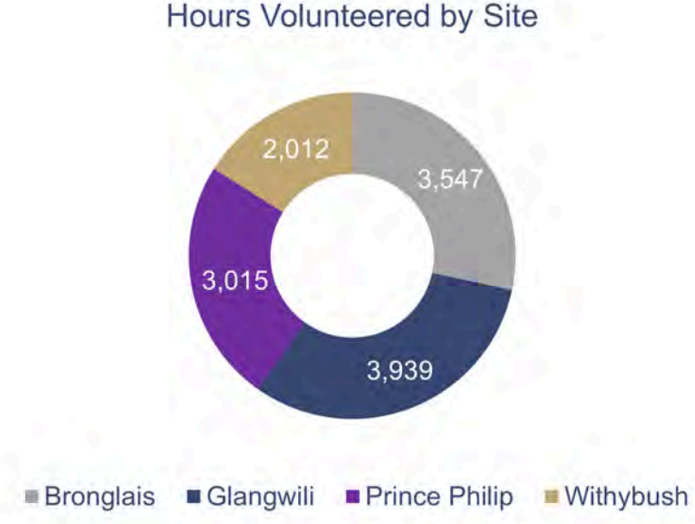
Client Satisfaction Questionnaires - Responses

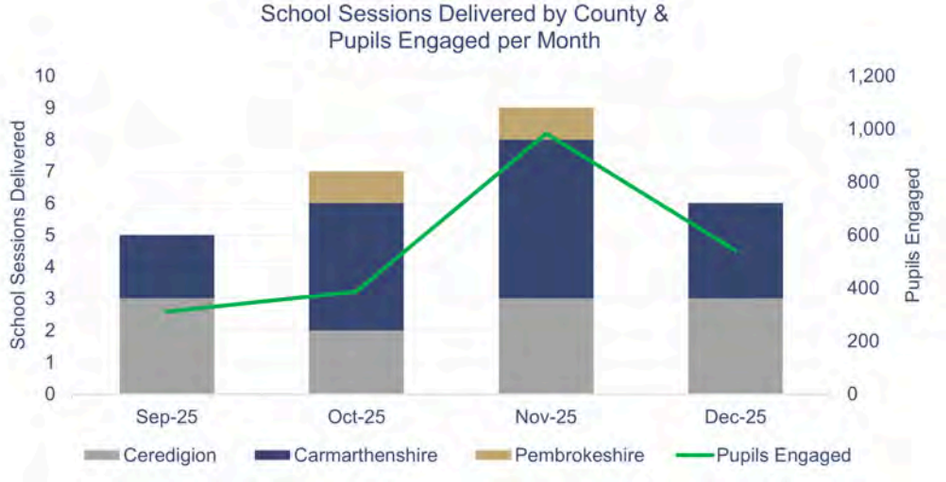


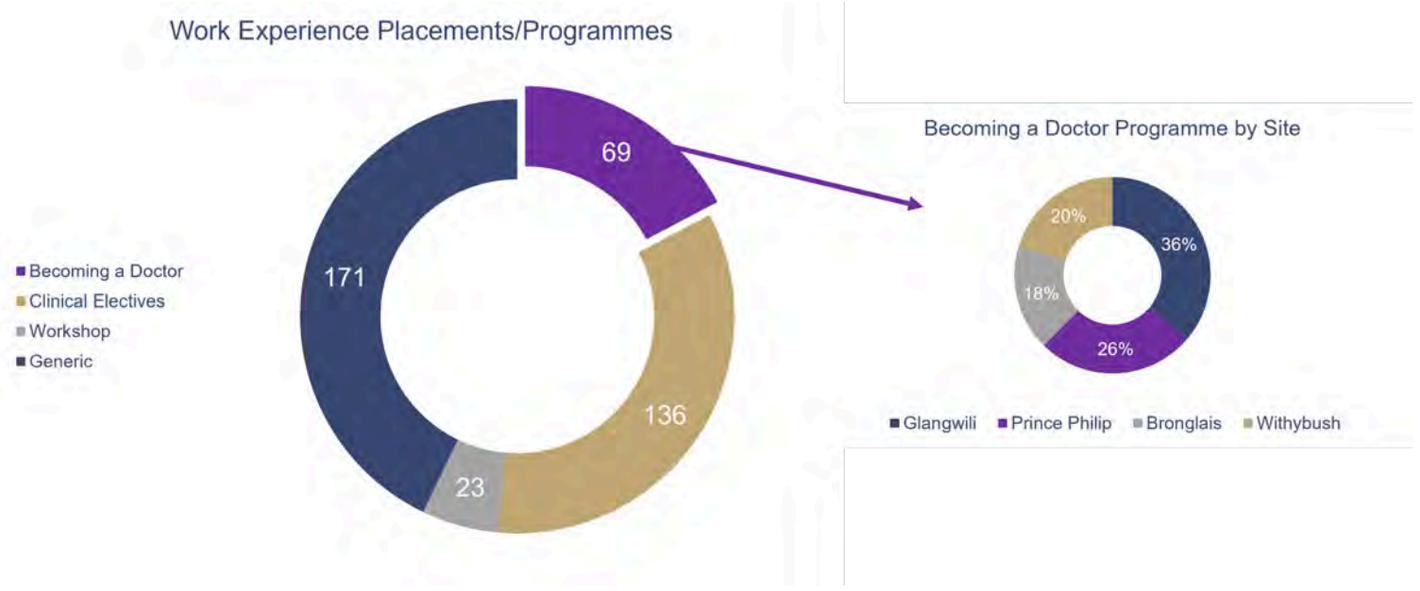
Recovery in Nature Days	Total no. of applications	Ecotherapy Retreats	Total no. of applications
2023: 7 Days	56	2023: 4 Retreats	55
2024: 6 days	104	2024: 3 Retreats	32
2025: 6 days	89	2025: 3 Retreats	36


Volunteering Enquiries by County
60
50
40
30
20
10
0
January
February
March
April
May
June
July
August
September
October
November
December
Carmarthenshire
Pembrokeshire
Ceredigion


Schools Engaged by County
25
20
15
10
5
0
VPI Schools
Non-VPI Schools
Independent Schools
Carmarthenshire
Ceredigion
Pembrokeshire

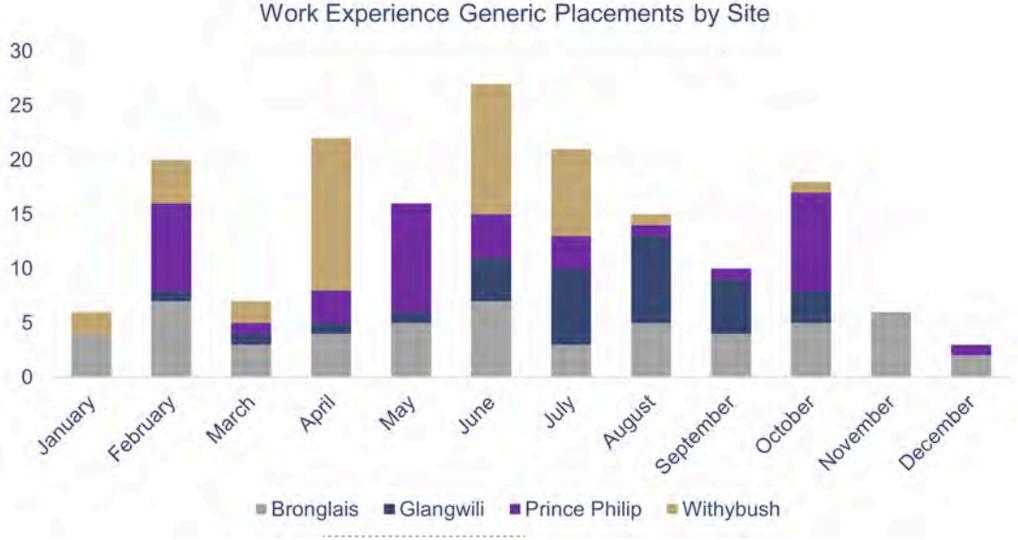

Hours Volunteered by Site
2,012
3,547
3,015
3,939
Bronglais
Glangwili
Prince Philip
Withybush


School Sessions Delivered by County &
Pupils Engaged per Month
School Sessions Delivered
10
9
8
7
6
5
4
3
2
1
0
1,200
1,000
800
600
400
200
0
Pupils Engaged
Sep-25
Oct-25
Nov-25
Dec-25
Ceredigion
Carmarthenshire
Pembrokeshire
Pupils Engaged



Clinical Placements

Nursing
Medical Research Team
Physiotherapy
Radiology
Labs
Play Therapy
Pharmacy
Clinical Engineering
Medical Photography
Occupational Therapy
Audiology
Dietetics Nutrition

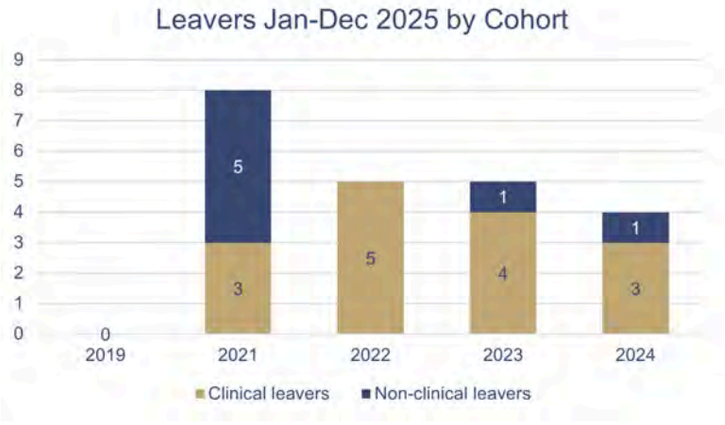


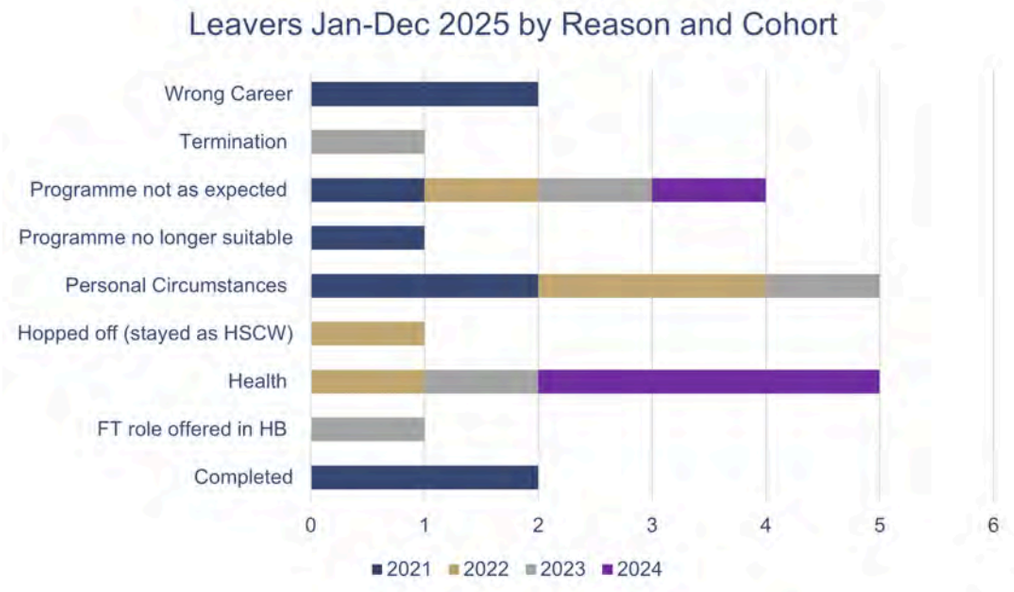
Non Clinical Placements

Medical Records
I T
Creche
HR
Admin
Legal Services

Apprenticeships

Finance
Healthcare
Engineering (Plumbing)
Patient Experience
Engineering (Electrical)
Physiotherapy
Corporate Governance
Engineering (Mechanical)
Health & Social Care
Business Administration
Digital Services
Workforce Development





Apprentice Retention Rate

Cohort	Number started	Active	Completed	Retention Rate	Moved into a different HB role mid-pathway	Health Board Retention rate
Healthcare 2019	50	17		34%	14	62%
Physio Apprentice 2019	1		1	100%		100%
Healthcare 2021	55	24		44%	4	51%
Healthcare 2022	75	39		52%	10	65%
Healthcare 2023	34	17		50%		50%
Healthcare 2024	40	33		83%		83%
Health and Social Care Joint 2022	10	4		40%		40%
Patient Experience 2019	4	0	3	75%		75%
Patient Experience 2021	5	1	1	40%		40%
Workforce Development 2021	1	0		0%		0%
Digital Services 2021	2	0	1	50%	1	100%
Digital Services 2022	1	1		100%		100%
Digital Services 2023	3	2		67%	1	100%
Electrical Engineering 2021	3	0	1	33%		33%
Electrical Engineering 2022	3	2		67%		67%
Mechanical Engineering 2021	3	0	3	100%		100%
Plumbing 2021	1	1		100%		100%
Finance 2024	2	1		50%		50%
Corporate Governance 2021	2	0		0%	1	50%
Finance 2025	2	2		100%		100%
Total Number	**297**	**144**	**10**	52%	**31**	**62%**

IEN's requiring increased pastoral support by OLN's		
Opportunistic	**Intermediate**	**Formal Concerns**
12	13	6

Reasons for Increased Pastoral Support

IEN Retention					
IEN's Recruited	**Leavers 24-25**	**Leavers 25-26**	**Still Active in Post**	**Turnover Rate**	**Retention Rate**
296	6	5	285	3.7%	96.3%

Reasons for Leaving

Feedback from IENs

- It helped us become less anxious of the things to process
- It is a privilege for you to have thought of this workshop and anticipated our struggles
- The session was filled with knowledge and facts
- I really enjoy the interactive session, makes me happy when I walked into the room
- I thoroughly understand the revalidation process now

Themes from Workshop Evaluations

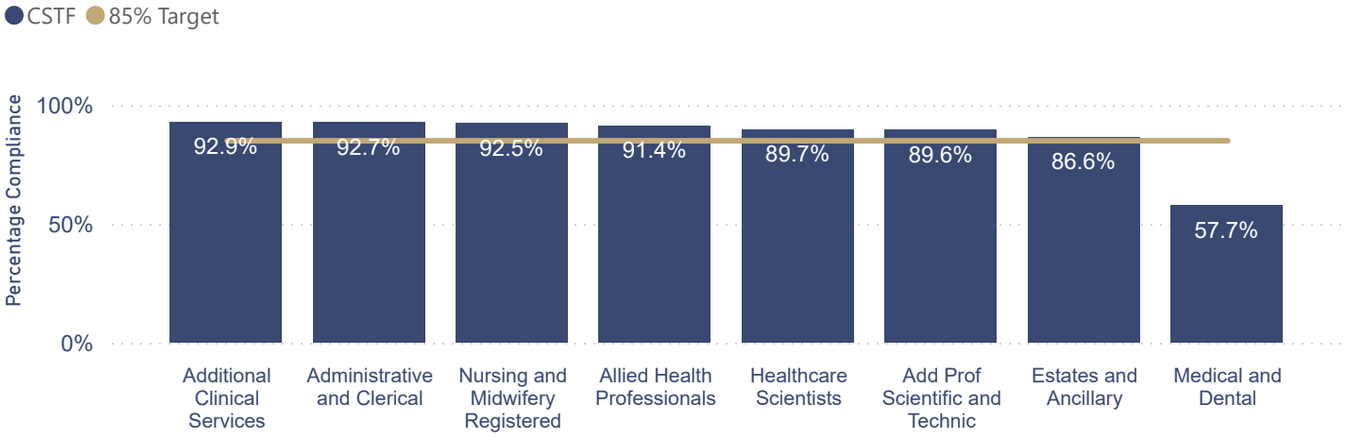
Core Skill Training Framework as at December 2025

12 Core Skill Training Framework Competencies

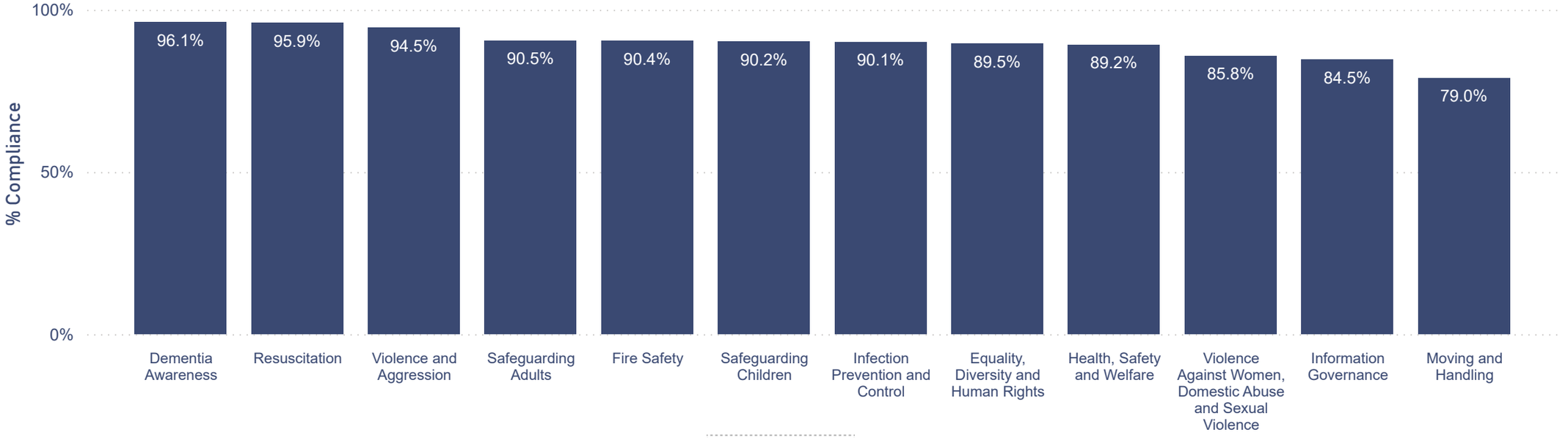
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Compliance Name	Nov-25	Dec-25
Dementia Awareness	95.9%	96.1%
Equality, Diversity and Human Rights	89.2%	89.5%
Fire Safety	90.1%	90.4%
Health, Safety and Welfare	88.6%	89.2%
Infection Prevention and Control	90.0%	90.1%
Information Governance	84.6%	84.5%
Moving and Handling	78.8%	79.0%
Resuscitation	95.6%	95.9%
Safeguarding Adults	89.8%	90.5%
Safeguarding Children	89.6%	90.2%
Violence Against Women, Domestic Abuse and Sexual Violence	85.2%	85.8%
Violence and Aggression	94.1%	94.5%
Total	**89.3%**	**89.6%**

CSTF compliance by Staff Group compared to 85% Target



CSTF compliance by competency name



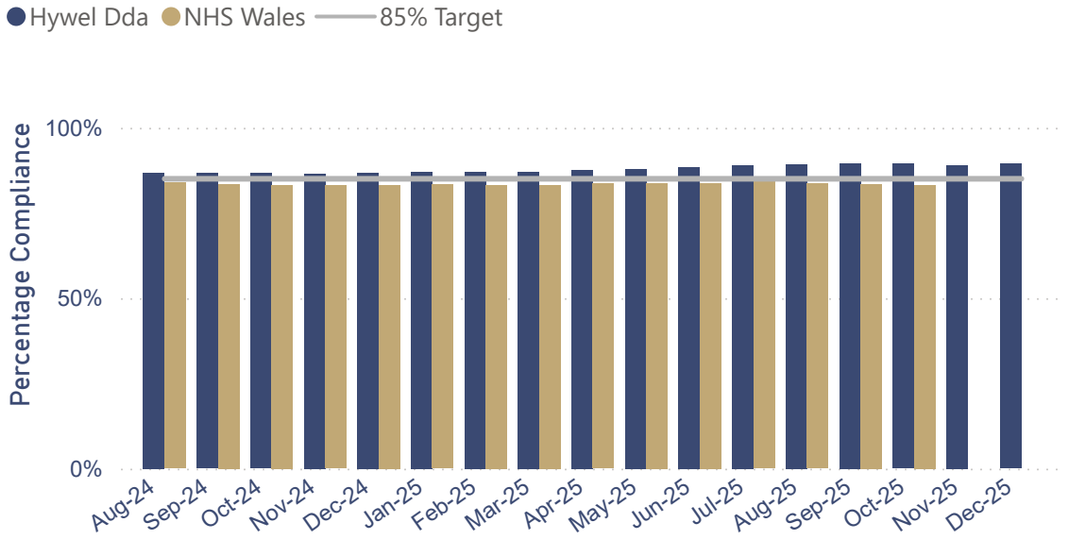
Core Skills Training benchmarking as at October 2025

Please note that NHS Wales Benchmarking figures are currently only up to October 2025 as such the Hywel Dda figures on this page are also as at October 2024.

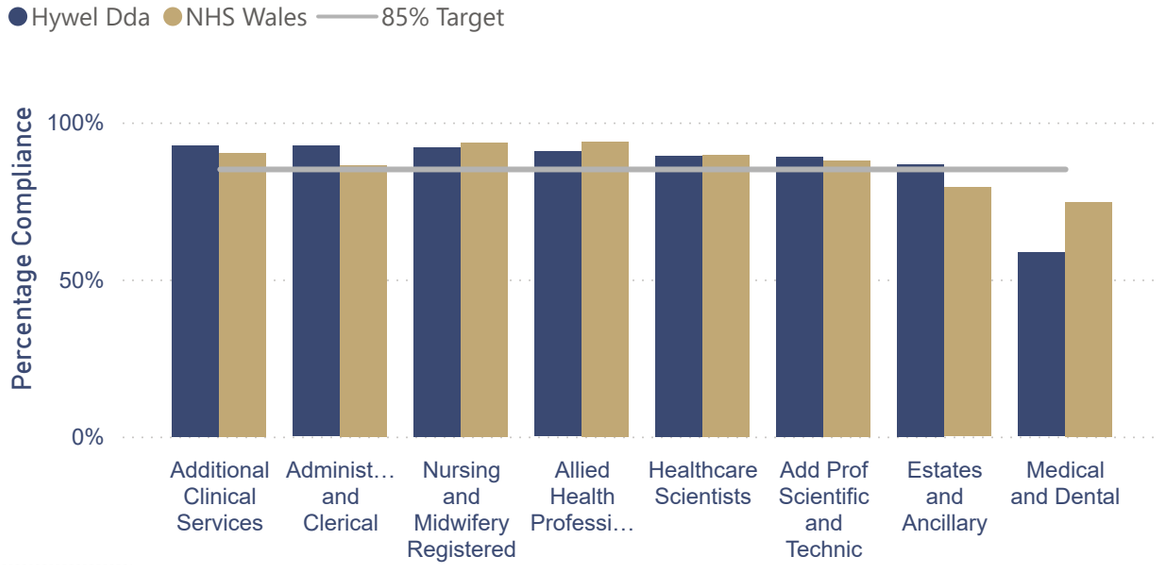
Competencies reported under Core Skills and Training Framework (CSTF) for benchmarking are:

- Equality, Diversity & Human Rights (Treat me Fairly)
- Fire Safety
- Health, Safety & Welfare
- Infection Prevention & Control
- Information Governance (Wales)
- Moving and Handling
- Resuscitation
- Safeguarding Adults
- Safeguarding Children
- Violence & Aggression (Wales)

CSTF compliance month on month compared to NHS Wales and 85% Target



CSTF compliance by Staff Group compared to NHS Wales and 85% Target



Mandatory Training December 2025

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Competencies Mandated to All Staff in the Health Board - 25

12 Are reported as part of Core Skills Training Framework.
10 of these 12 are also reported nationally to allow benchmarking across Wales.
91.9% Compliant over all 25 competencies.

Reported as Part of	Competency Assigned to All Staff	% Compliance
⊟	Anti Racism - 3 Years	88.3%
	Autism Awareness - Level 1 - No Renewal	93.6%
	Carer Awareness	91.0%
	Foundations in Improvement (Wales) - No Specified Renewal	91.4%
	Fraud Awareness - No Renewal	91.4%
	Listening/Speaking Welsh	98.0%
	Mental Capacity Act - 3 Years	85.5%
	Paul Ridd Learning Disability Awareness - No Specified Renewal	93.8%
	Reading Welsh	97.8%
	Safeguarding Children - Level 2 - 3 Years	88.3%
	Violence and Aggression (Wales) - Module B - No Specified Renewal	95.1%
	Welsh Language Awareness - 3 Years	88.9%
	Writing Welsh	97.7%
⊟ Benchmark 10 & CSTF 12	Equality, Diversity and Human Rights - 3 Years	89.5%
	Fire Safety - 2 Years	90.4%
	Health, Safety and Welfare - 3 Years	89.2%
	Infection Prevention and Control - Level 1 - 3 Years	90.1%
	Information Governance (Wales) - 2 Years	84.5%
	Moving and Handling - Level 1 - 2 Years	79.0%
	Resuscitation - Level 1 - No Specified Renewal	95.9%
	Safeguarding Adults - Level 1 - 3 Years	90.5%
	Safeguarding Children - Level 1 - 3 Years	90.2%
	Violence and Aggression (Wales) - Module A - No Specified Renewal	94.5%
⊟ CSTF 12	Dementia Awareness - No Renewal	96.1%
	Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	85.8%

Competencies Mandated to Staff based on:

- Staff Group & Job Role
- Organisation (Cost Centre)
- Position

Competency Assigned via Other Routes	% Compliance	Number of Assignments Assigned to
All Wales Career Framework Compliance - Level 2	55.0%	1023
All Wales Career Framework Compliance - Level 3	49.4%	693
All Wales Career Framework Compliance - Level 4	33.6%	268
Aseptic Non Touch Technique - 3 Years	84.3%	6962
Ask and Act VAWDASV Group 2	61.2%	6309
Blood Transfusion - 3 Years	72.3%	1457
Consent - 3 Years	87.7%	8124
Display Screen Equipment - No Renewal	96.6%	2525
Fire Safety Level 2 - 1 Year	76.7%	6257
Fire Safety Level 3 - 1 Year	89.1%	137
Healthy Start (Wales) - 3 Years	72.6%	864
Infection Prevention and Control - Level 2 - 1 Year	74.0%	9462
Moving and Handling - Level 2 - 2 Years	58.1%	7651
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	51.6%	6969
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	61.5%	257
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	58.2%	574
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	55.7%	1728
Resuscitation - Level 3 - Newborn Immediate Life Support - 1 Year	73.4%	278
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	51.1%	421
Safeguarding Adults - Level 2 - 3 Years	88.7%	9566
Safeguarding Adults Level 3 - 3 Years	63.0%	3475
Safeguarding Children - Level 3 - 3 Years	67.6%	2296

Mandatory Training December 2025

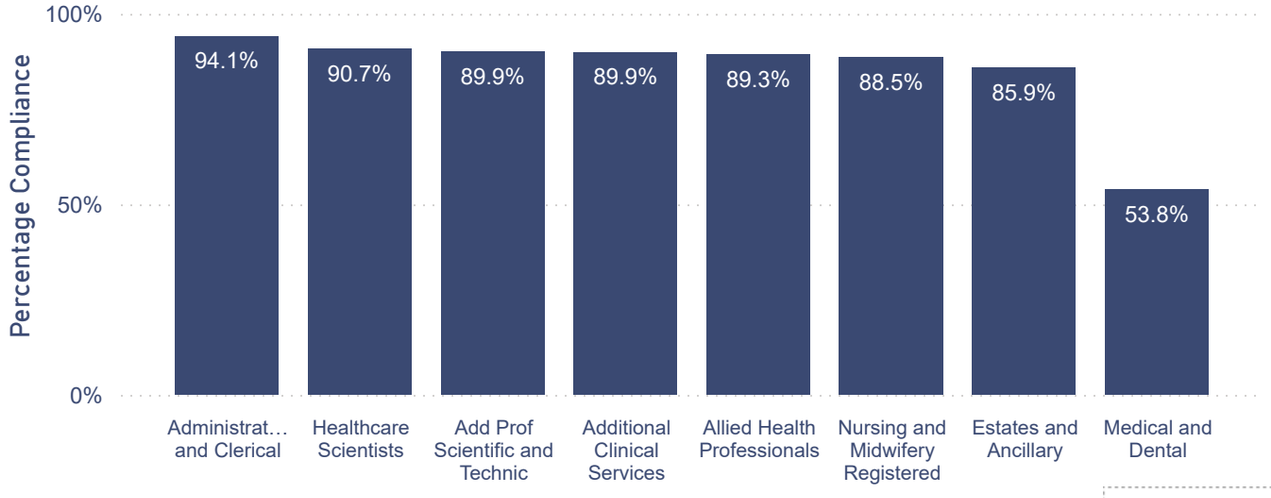
Overall Compliance Rates (All Mandated Training)

Directorate	Compliance
Planned and Specialist Care	83.2%
Community and Integrated Medicine	86.0%
Estates and Facilities	86.4%
Chief Executive	88.2%
Primary Care, Community Strategy and Long Term Care	89.3%
Operational Allied Health and Health Sciences	89.8%
Mental Health and Learning Disabilities	90.7%
Public Health	90.9%
Nursing, Quality and Patient Experience	90.9%
Strategy and Planning	91.2%
Medical	93.3%
Chief Operating Officer Management	94.9%
Digital	95.3%
Executive Allied Health Professions and Health Sciences	96.3%
Workforce and Organisational Development	97.2%
Finance	98.1%

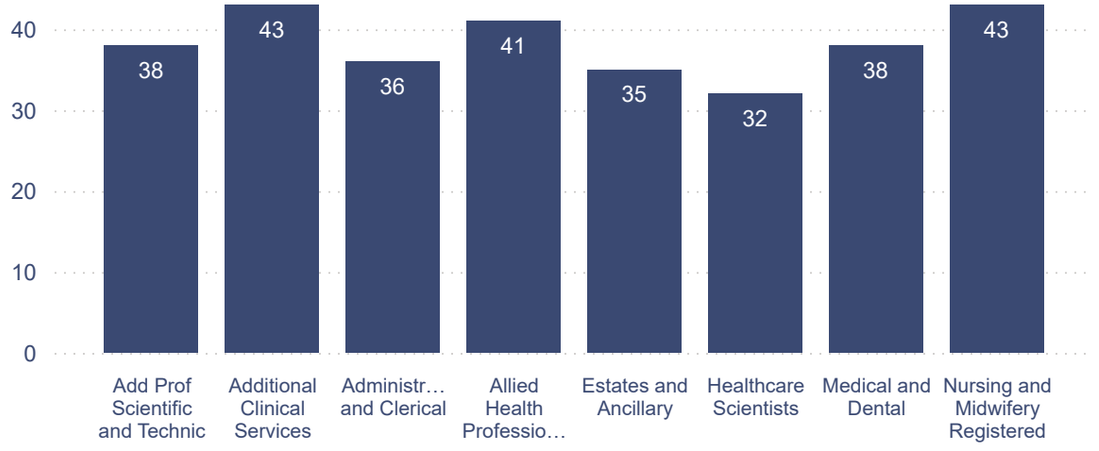
Number of Competencies Mandated to Staff Groups

Staff Group	All Staff	Variable
Add Prof Scientific and Technic	25	13
Additional Clinical Services	25	18
Administrative and Clerical	25	11
Allied Health Professionals	25	16
Estates and Ancillary	25	10
Healthcare Scientists	25	7
Medical and Dental	25	13
Nursing and Midwifery Registered	25	18

Mandatory Training Compliance by Staff Group



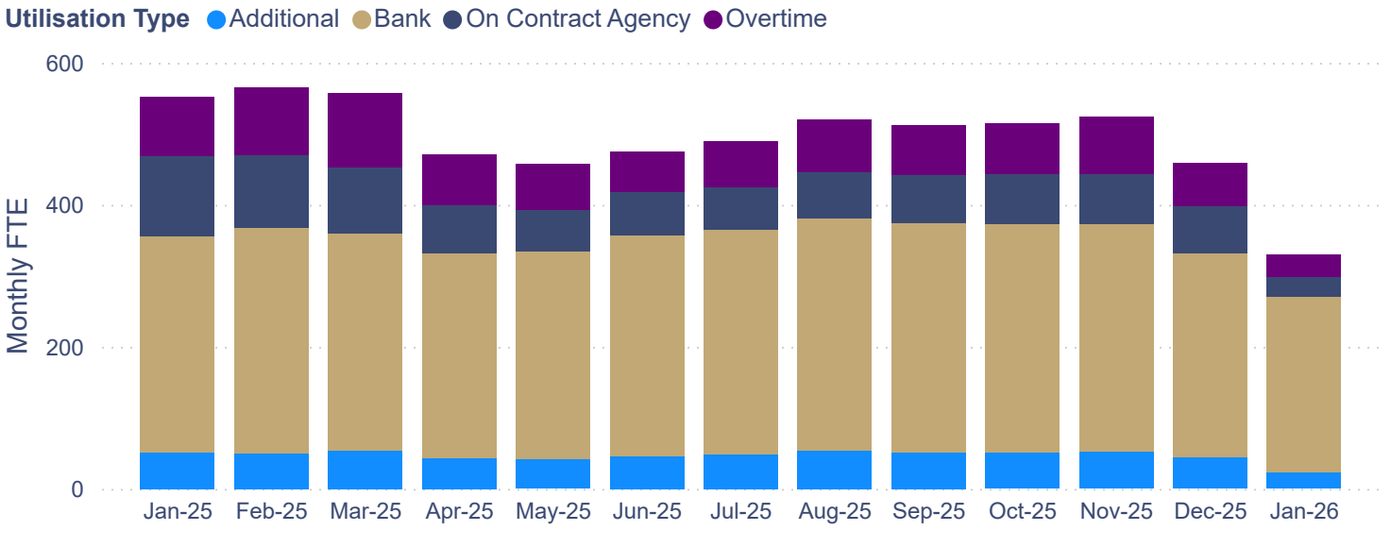
Number Of Competencies to Complete



Temporary Workforce Usage & Spend Month on Month

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Temporary Workforce Utilisation - AfC Allocate Areas



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

Month Name	2025/2026
April	0.95%
May	1.59%
June	1.11%
July	1.34%
August	1.37%
September	1.45%
October	1.63%
November	1.43%
December	1.98%

In Month Nurse Agency Utilisation by Site

Clinical Care Group	31 October 2025	30 November 2025	31 December 2025
Community and Integrated Medicine	60.98	57.55	53.41
Planned and Specialist Care	7.15	11.39	10.82
Mental Health and Learning Disabilities	0.14	0.12	
Total	**68.27**	**69.06**	**64.23**

Variable Pay Month on Month (All Variable Pay)

Stream

66% Track

32% Adoption Rate

£2.2m Deposited into Savings

43% enrolled users Save

204 Loans Issued

Average Loan Value £3k

What Our Employees Say...

I am more aware

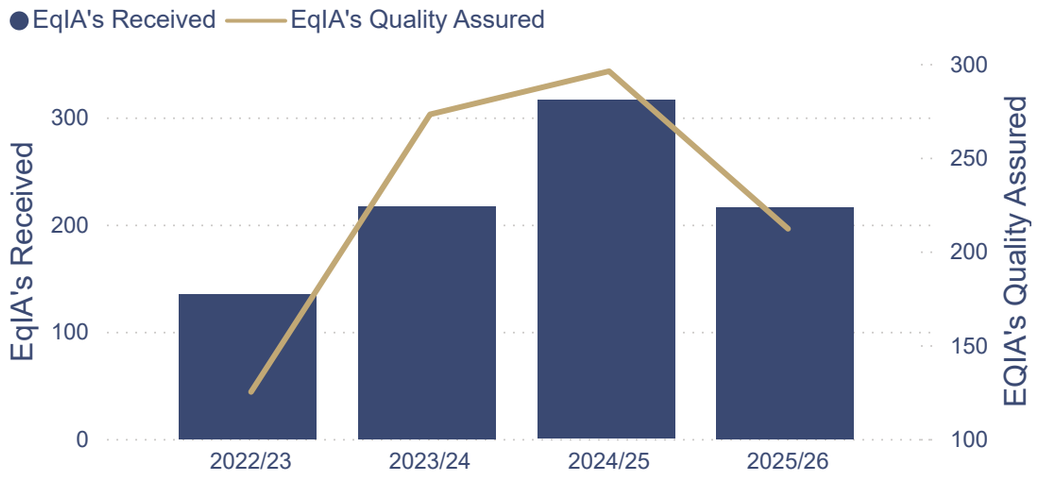
My Life is Better

I Sleep Better and Worry Less

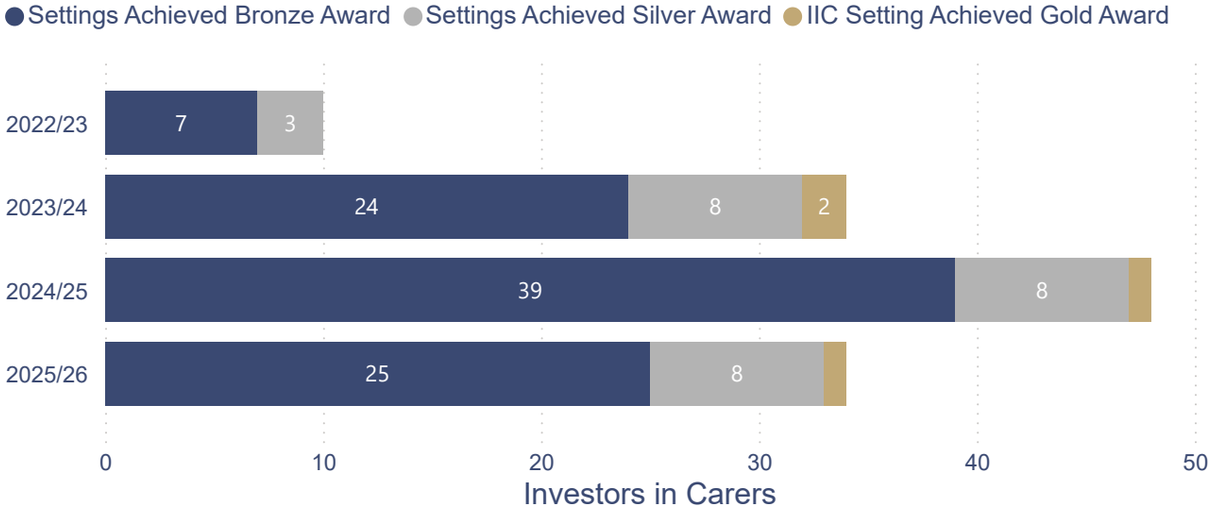
I No Longer Stress About What Could Happen Money Wise.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

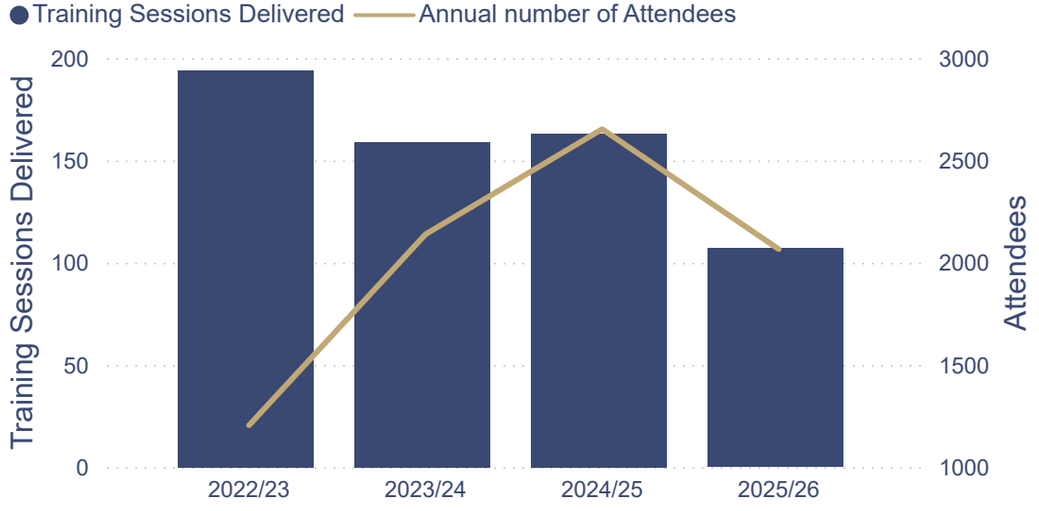
EQIA's



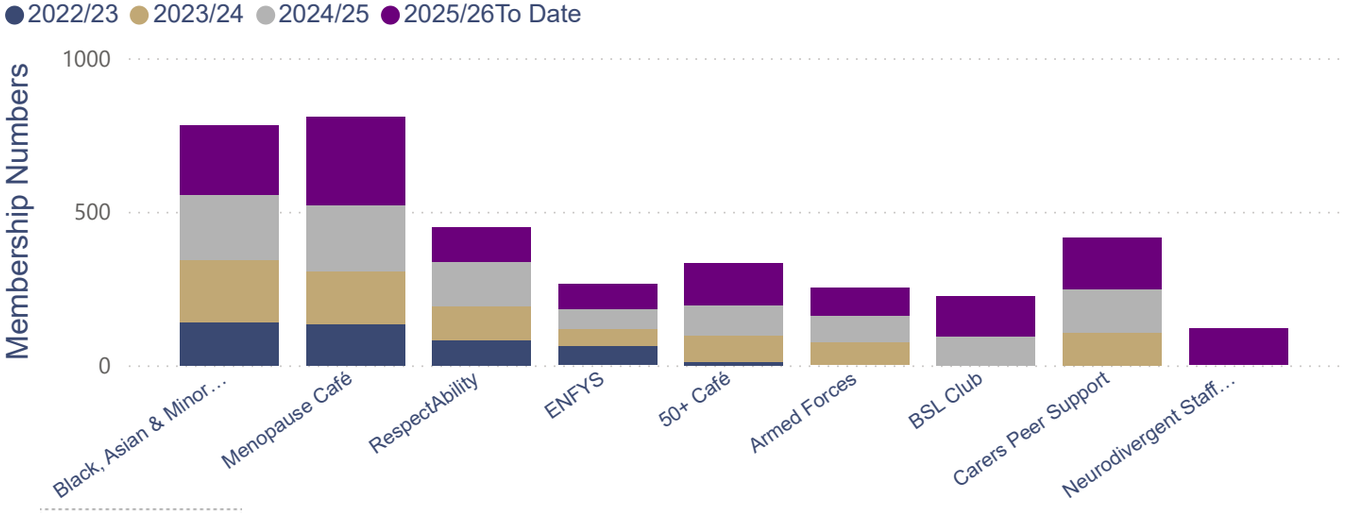
Investors in Carers



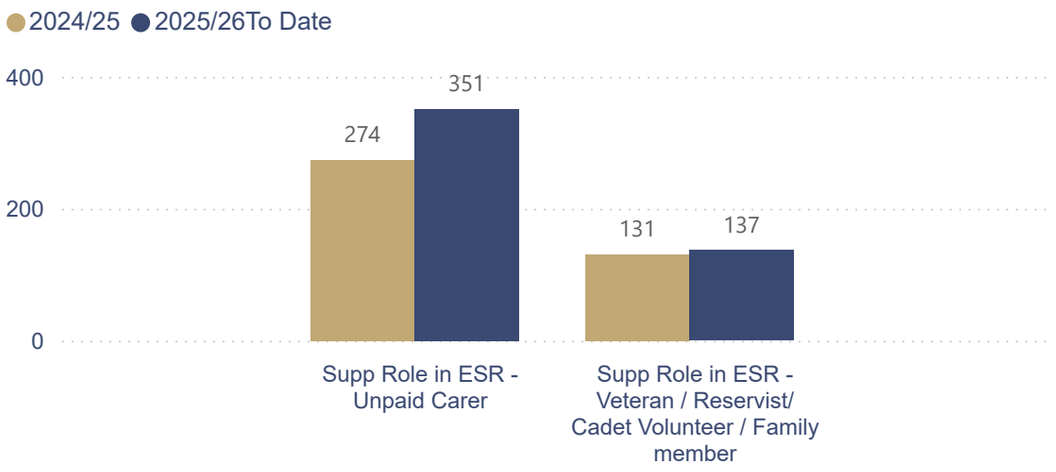
Training



Staff Network Membership



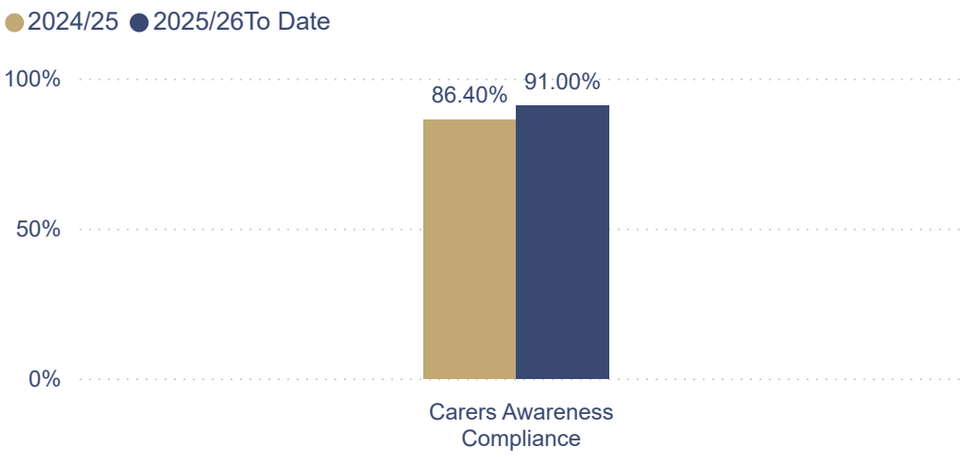
Supplementary Roles (Recorded in ESR)



Year	WPAS Armed Forces Veterans	GP Registrations Armed Forces Community
2023/24		7022
2024/25	234	8754
2025/26	345	9874

Garanteed Interview Scheme	2024/25	2025/26 (Q1-3)
Number of Applicants under the scheme	217	259
Applicants invited to interview	102	105
Applicants who were offered the role	28	25

Carers Awareness Compliance



Sensory Loss Awareness Completed

Workforce & Health Population (Development)

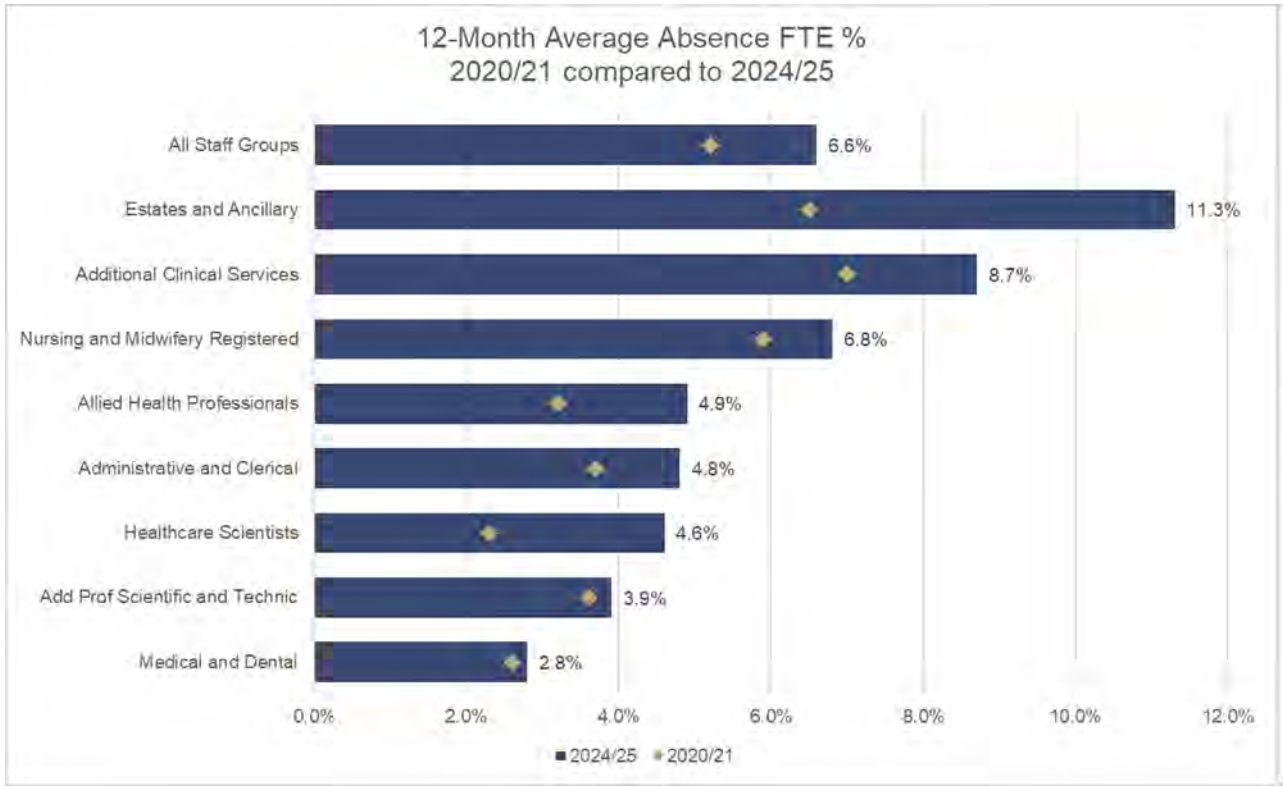
Collaboration between Data Science and Workforce Intelligence utilising

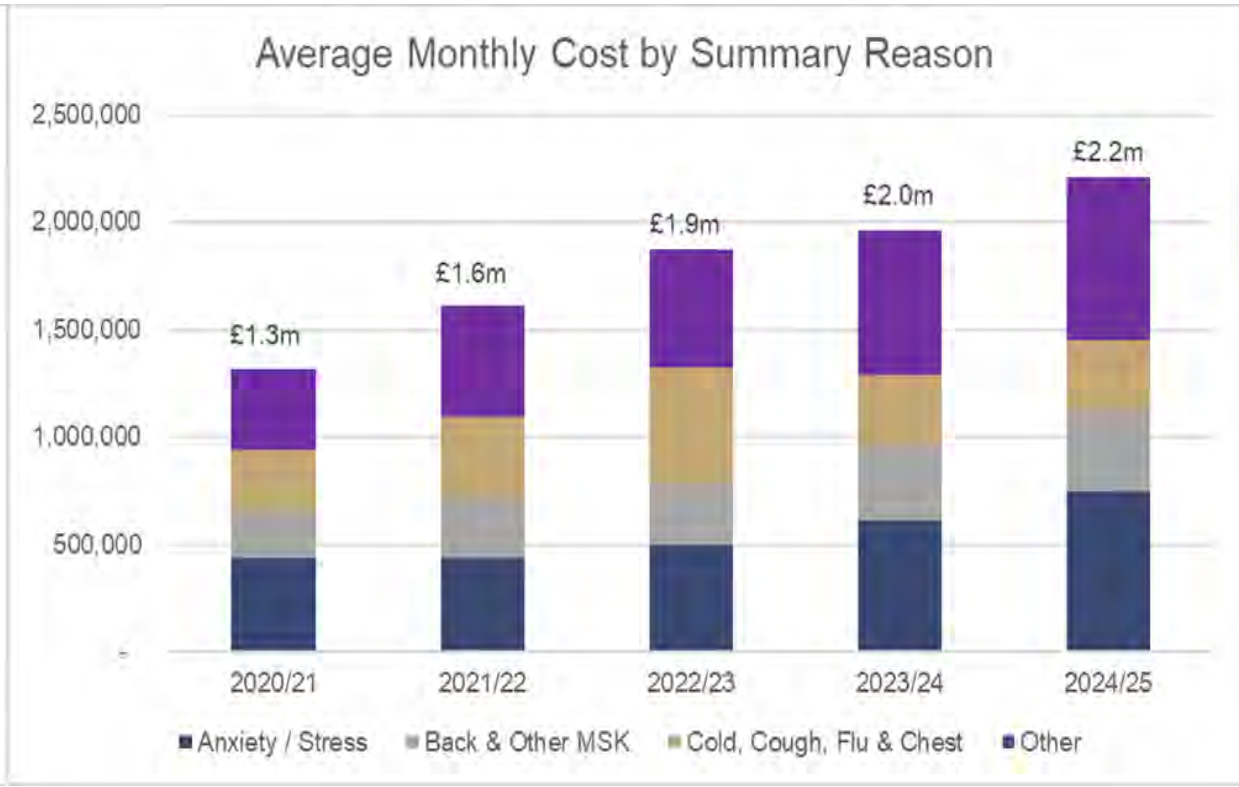
- Absence Data from April 2024 to March 2025.
- Workforce Data as at May 2025.
- Welsh Index of Multiple Deprivation (WIMD) and Lower Super Output Area (LSOA) Dataset, based on 2019 WIMD data from Welsh Government.
- Healthy Life Expectancy by County, based on data from Office of National Statistics (ONS)

Collaborators
Workforce Intelligence – Michelle James and Sarah Barnes
Data Science – Isobel Sutcliffe and Emma Crawford

Absence is increasing along with its cost.

How do we use Population Health data to help inform prevention strategies and guide placements of services within the Health Board to take account of socioeconomical factors?





Healthy Life Expectancy (HLE)

- In the 2021 to 2023 period, the majority of the three counties had lower HLE at birth than in the pre-pandemic period, 2017 to 2019.
- Around two-thirds of local areas (15 of 22) had lower male HLE at birth in 2021 to 2023, compared with 2017 to 2019.
- Almost all local areas in Wales (20 of 22) saw a decrease in female HLE at birth, compared with 2017 to 2019.
- Workforce Dataset: 88% of our workforce live within the Hywel Dda Counties of Carmarthenshire, Ceredigion, and Pembrokeshire.
- 12% of these staff are aged over the average life expectancy for their county and gender.

Increase/Decrease from 2017/19 to 2021/23			
Category	Carmarthenshire	Ceredigion	Pembrokeshire
Male - Birth	-0.59	0.38	0.49
Female - Birth	-2.45	-1.25	-0.34
Male - 65	-0.27	0.02	0.18
Female - 65	-0.47	-0.35	0.12

Percentage of Workforce in the County over HLE			
Category	Carmarthenshire	Ceredigion	Pembrokeshire
Male - Over HLE	16%	8%	10%
Female - Over HLE	17%	6%	8%

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25		Rolling 12m
100 Unscheduled Care Prince Philip FABD	9.4%	9.6%	7.2%	6.3%	7.2%	6.7%	7.1%	7.9%	7.6%	8.1%	8.3%	8.4%		**7.8%**
100 Unscheduled Care Bronglais FABF	6.7%	5.1%	5.0%	4.3%	5.2%	6.2%	5.8%	5.3%	5.4%	4.9%	6.1%	6.7%		**5.6%**

2.3% lower absence overall in Unscheduled Care (USC) Bronglais Hospital (BGH) compared USC Prince Phillip Hospital (PPH)
Sickness is disproportionately distributed across the older age in PPH
Circa 50% of our retirees return to work with only 16% leaving again within 2 years.

Deprivation levels in Carmarthenshire & Ceredigion Summary

	Carmarthenshire	Ceredigion
1-2 (most deprived)	11%	4%
9-10 (least deprived)	4%	11%

	Carmarthenshire		Ceredigion	
	%	Number	%	Number
1-2 (most deprived)	11%	12	4%	2
9-10 (least deprived)	4%	5	11%	5

Healthy life expectancy from birth:

In Ceredigion is 63.6 for females and 63.9 for males.

In Carmarthenshire it is 57.9 for females and 59.2 for males.

Workforce Levels (November 2025) USC PPH vs USC BGH

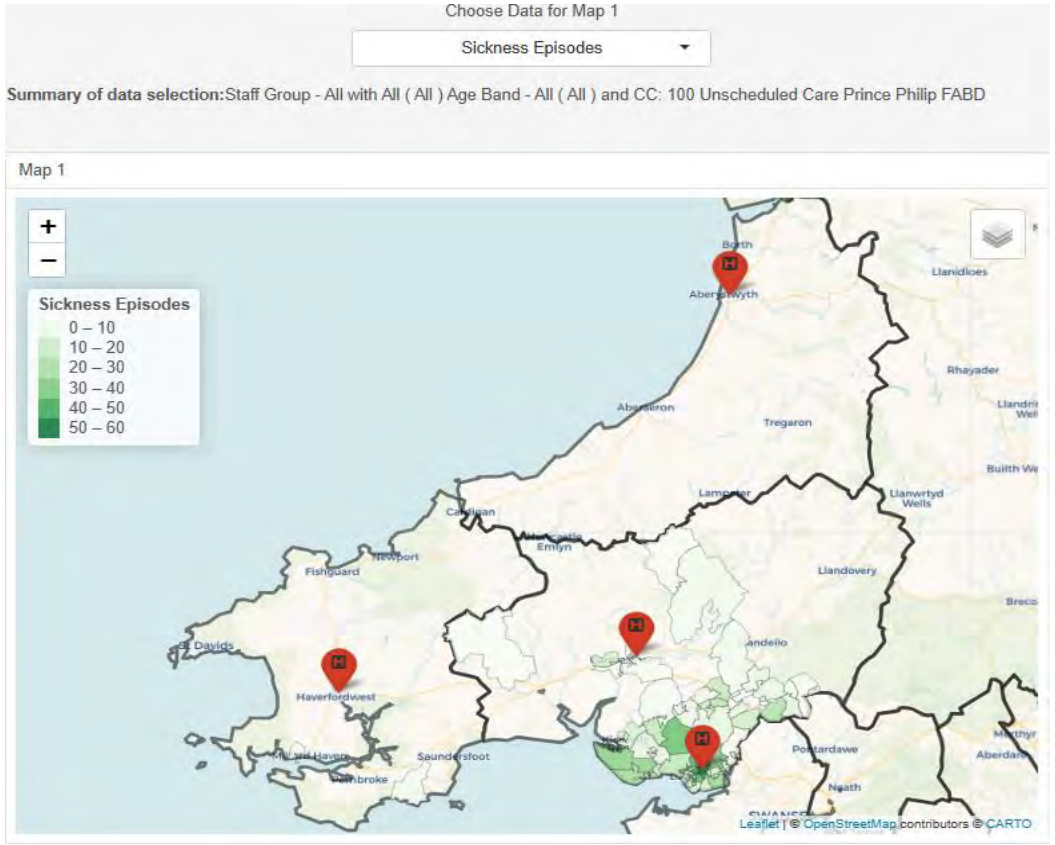
	USC PPH	USC BGH	Variance
Vacancies	41.3	33.2	8.1
Maternity	13.2	9.1	4.1
WF Gap	54.5	42.3	12.2
Agency	3.4	21.7	-18.3
Bank	41.2	35.0	6.3
OT/Add	6.4	7.4	-1.0
Gap remaining after TW filled	3.4	-21.8	25.2

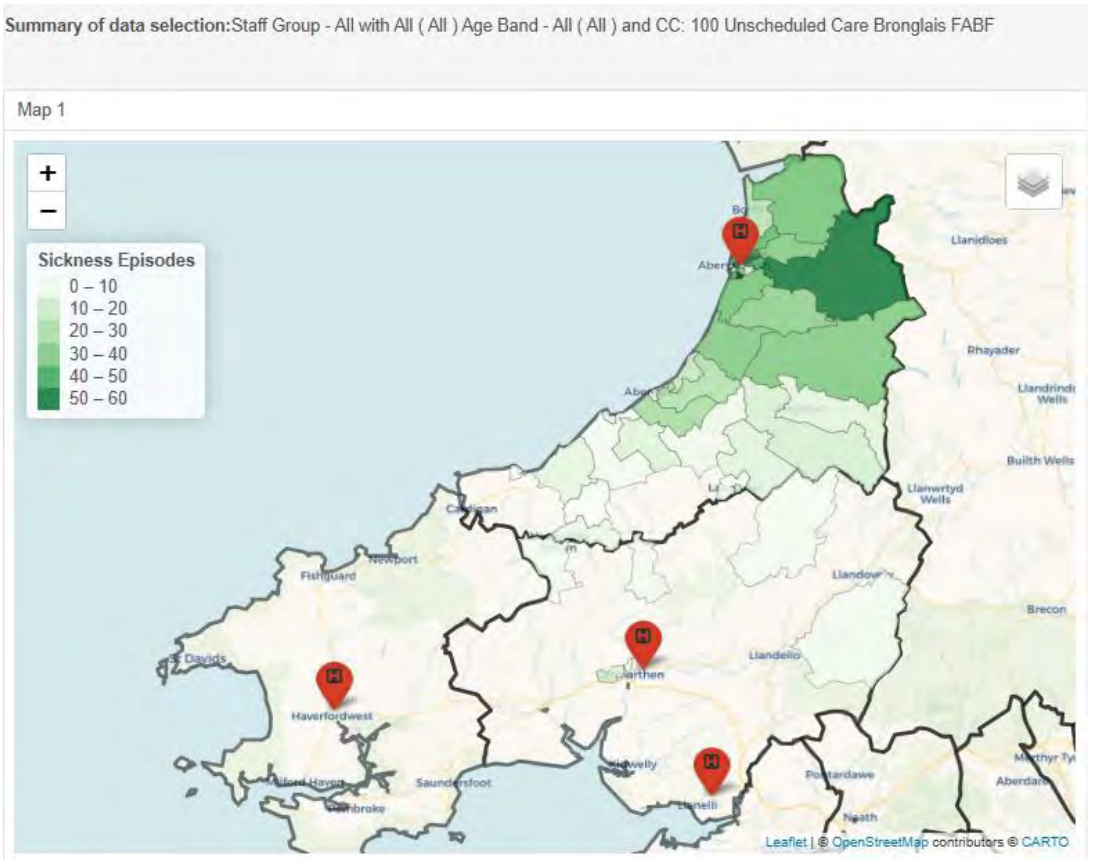
BGH has a younger workforce profile in comparison to the Health Board. PPH is in line with the Health Board profile.

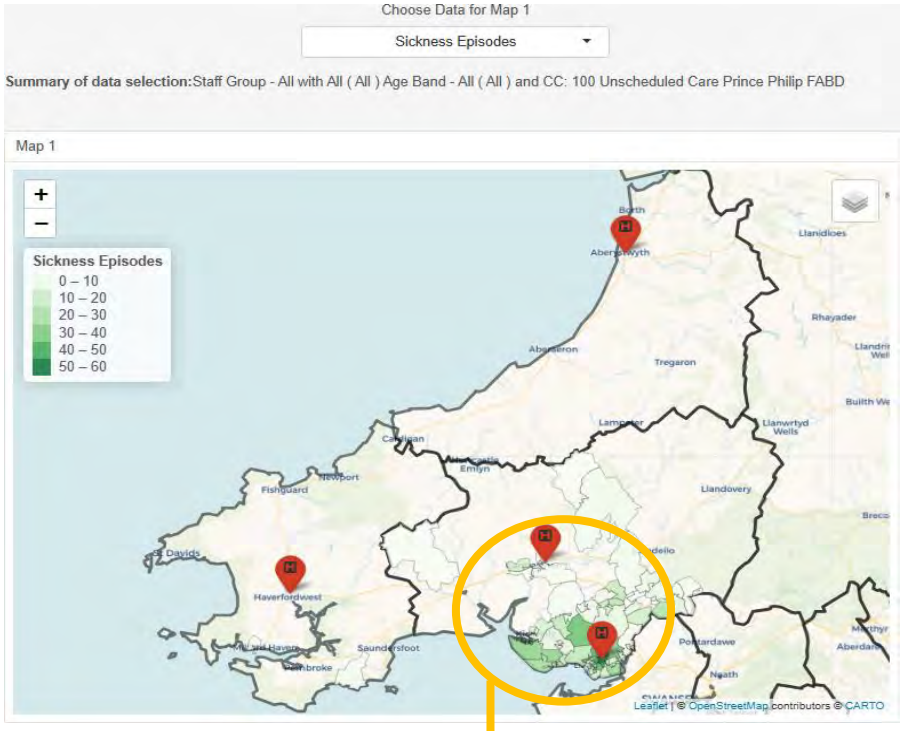
The majority of Agency workers in BGH are long standing regular workers.

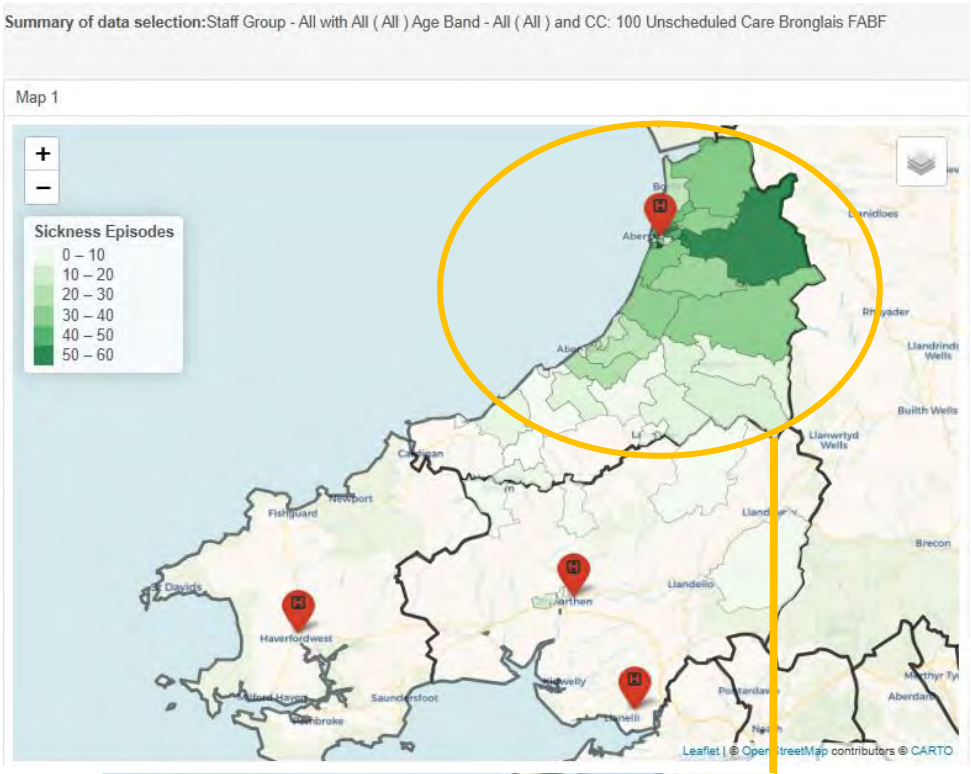
Most of the absences for staff working in USC PPH are around the Prince Philip site.

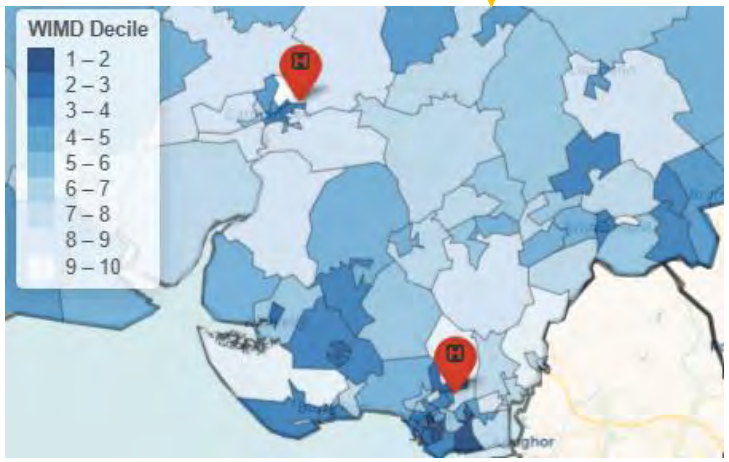
Whilst this is similar USC BGH the workforce is spread over a larger geographical area.

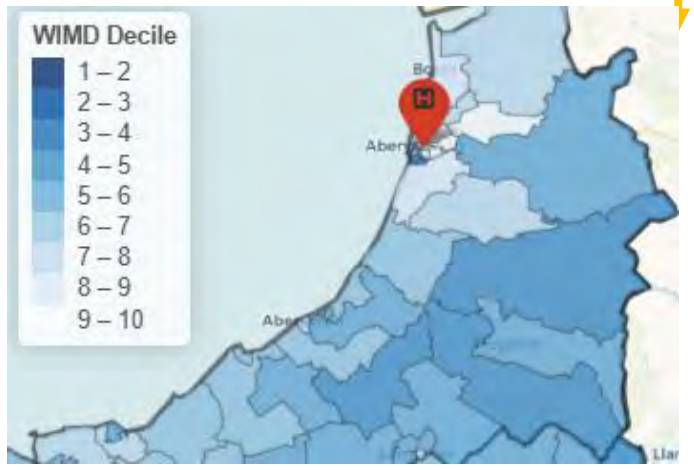








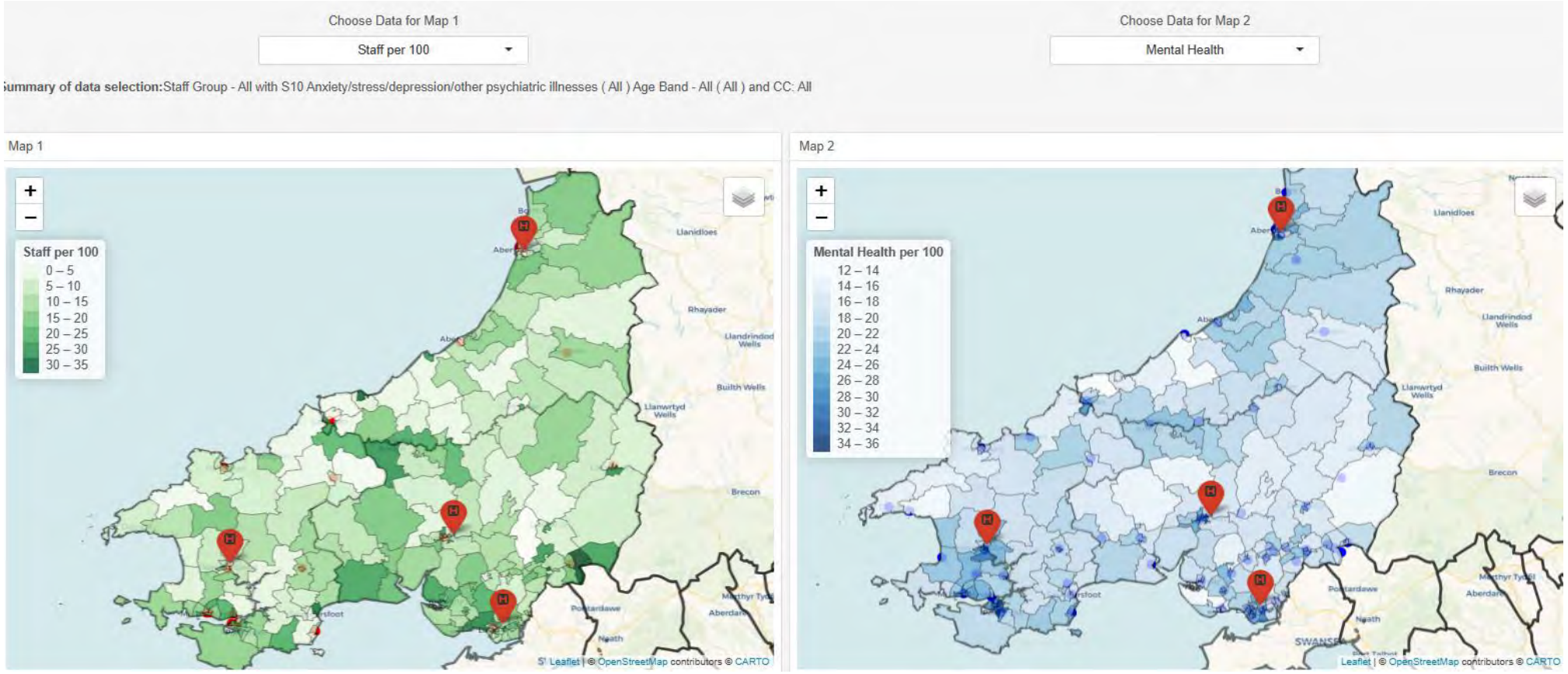




Where USC PPH absence areas had a wide fluctuation of deprivation including many classified within the most deprived; conversely Ceredigion is more consistent and is generally falls under the mid – least deprived

50% of staff groups are over 2% absence rate with the reason S10. Only M&D is less than 1%.

Additional Clinical Service (ACS) is highest (3%) and Nursing and Midwifery (N&M) second (2.5%).
FTE days lost average 65.7 FTE for ACS per day and 81.6 FTE for N&M



Left is Number of Staff Absent (S10) & Hospital /other HB sites. Right is Mental Health Instances with GP Surgeries

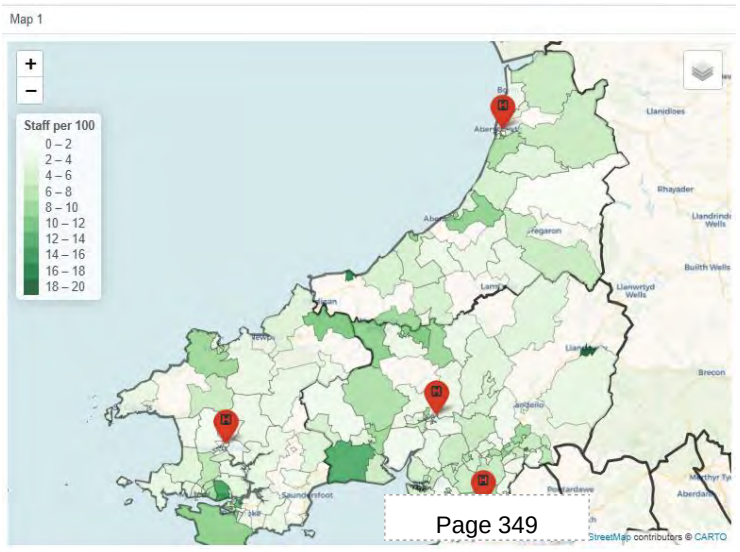
Overall, S10 accounts for a third of all absence Full Time Equivalent (FTE) days, of which 88% are long term absences

There are three staff groups that have a higher proportion of FTE days lost to S10 than their proportion of available FTE days these are Additional Clinical Service, Nursing and Midwifery and Estates and Ancillary

	% FTE Days Lost to S10	% Avilable FTE Days
Additional Clinical Services	28.4%	21.1%
Nursing and Midwifery Registered	35.4%	31.8%
Estates and Ancillary	7.7%	7.6%
Allied Health Professionals	7.0%	7.0%
Healthcare Scientists	1.0%	1.9%
Add Prof Scientific and Technic	2.4%	3.5%
Administrative and Clerical	16.0%	20.4%
Medical and Dental	2.1%	6.6%

Staff Group - Estates and Ancillary

Staff Group – Additional Clinical Services

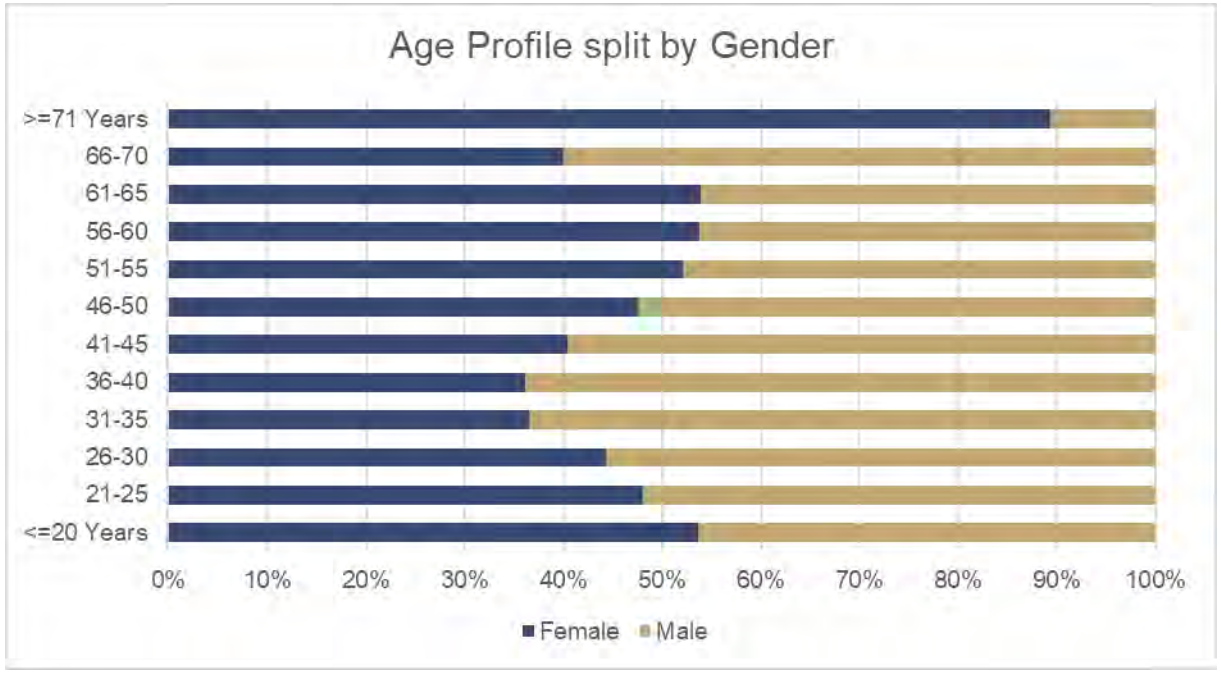


Staff Group – Nursing and Midwifery

Estates & facilities - Gender split 48% female & 52% Male.

The profile is made up of a mix of age bands; 29% of which are under 40 and 66% are aged between 41 and 65.

There is no female representation above band 4 in this staff group.



Band	Female	Male	Overall
Band 1	0.5%	0.2%	0.7%
Band 2	39.0%	32.0%	71.0%
Band 3	7.2%	9.6%	16.9%
Band 4	0.8%	3.3%	4.0%
Band 5	0.0%	5.2%	5.2%
Band 6	0.0%	1.0%	1.0%
Band 7	0.0%	0.9%	0.9%
Other	0.2%	0.1%	0.2%

** Other Pay band are cleaners in managed practices on TUPE Band 2*

Absence Highlights:

- 75% of the absence is Long-Term
- 4% higher rate in the female workforce
- Highest reasons in both gender are S10 Stress Anxiety and S28 injury/fracture
  - Stress is 2% higher amount females
- Female Staff living in Pembrokeshire have the most concentrated absence rates whereas male absence rates are spread evenly across counties.

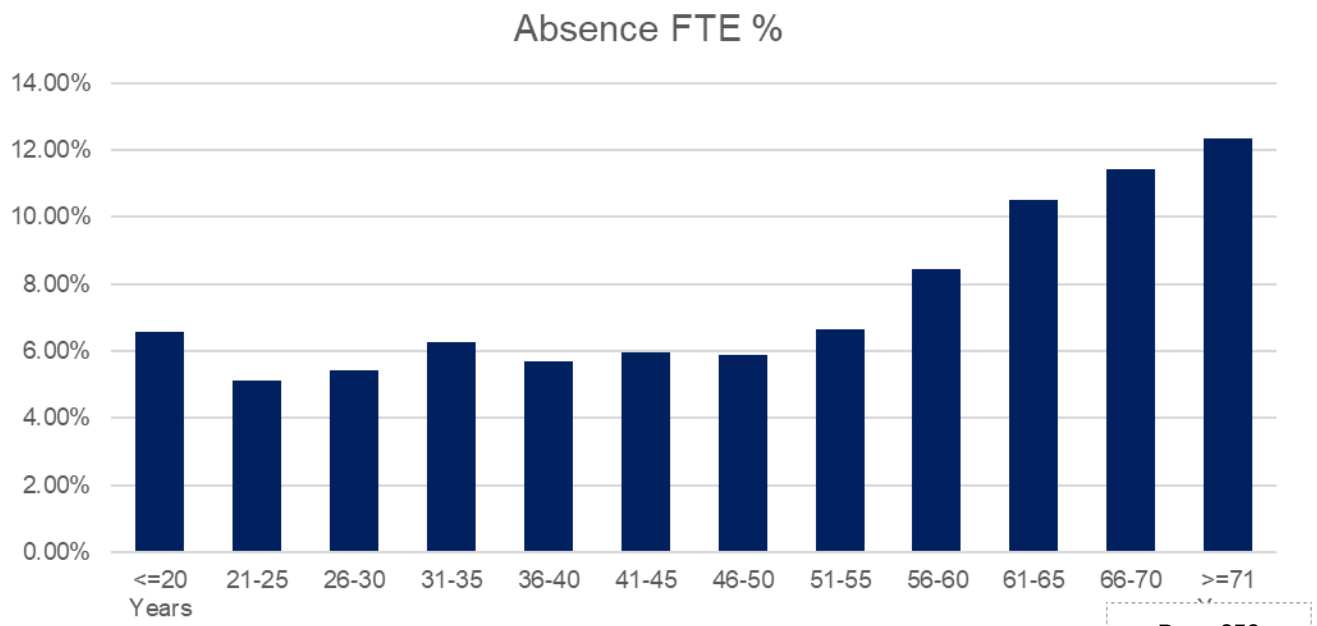
Female Absence Rates – E&A

Male Absence Rates – E&A

Summary of Findings

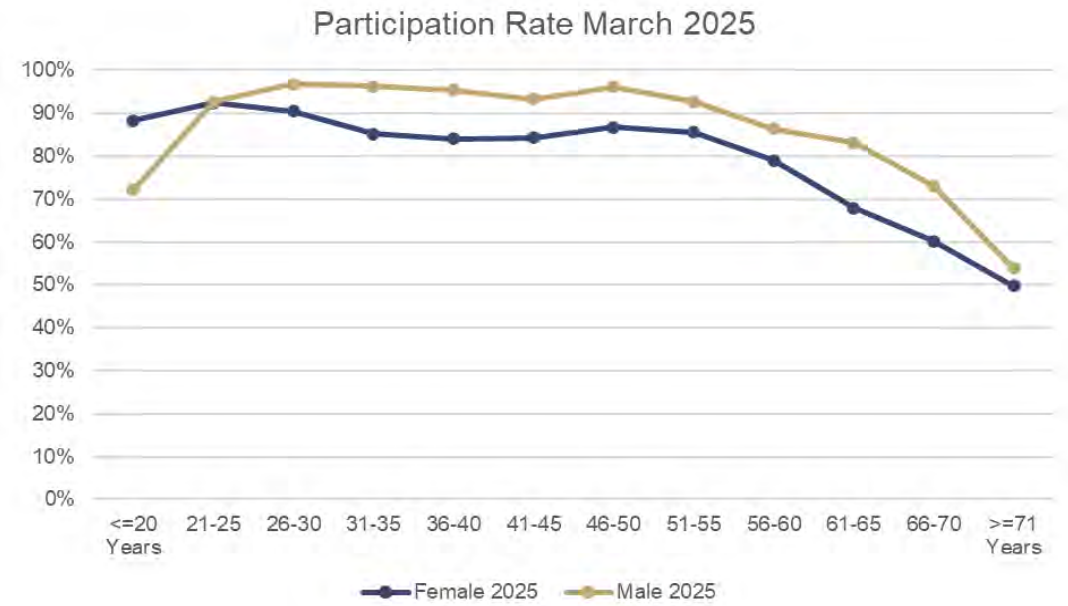
Community & Integrated Medicine by County	Average HLE by County	Average Retirement Age	Proportion of these that returned (within 3 months)	Reduction of FTE on Return	Percentage of returners still in post after 3 Years
100 Carmarthenshire Integrated System	58.58	60.94	61.1%	-0.33	86.2%
100 Ceredigion Integrated System	63.75	62.13	60.9%	-0.28	82.1%
100 Pembrokeshire Integrated System	63.06	61.79	54.7%	-0.27	79.3%

Sickness Rates by Age band



Participation Rate by Age band

Participation rate is a percentage of part time working



Healthy Life Expectancy - Carmarthenshire

Female -Birth	57.9 Years
Male -Birth	59.2 Years
Average	58.6 Years

Average Retirement Age - Nursing and Midwifery

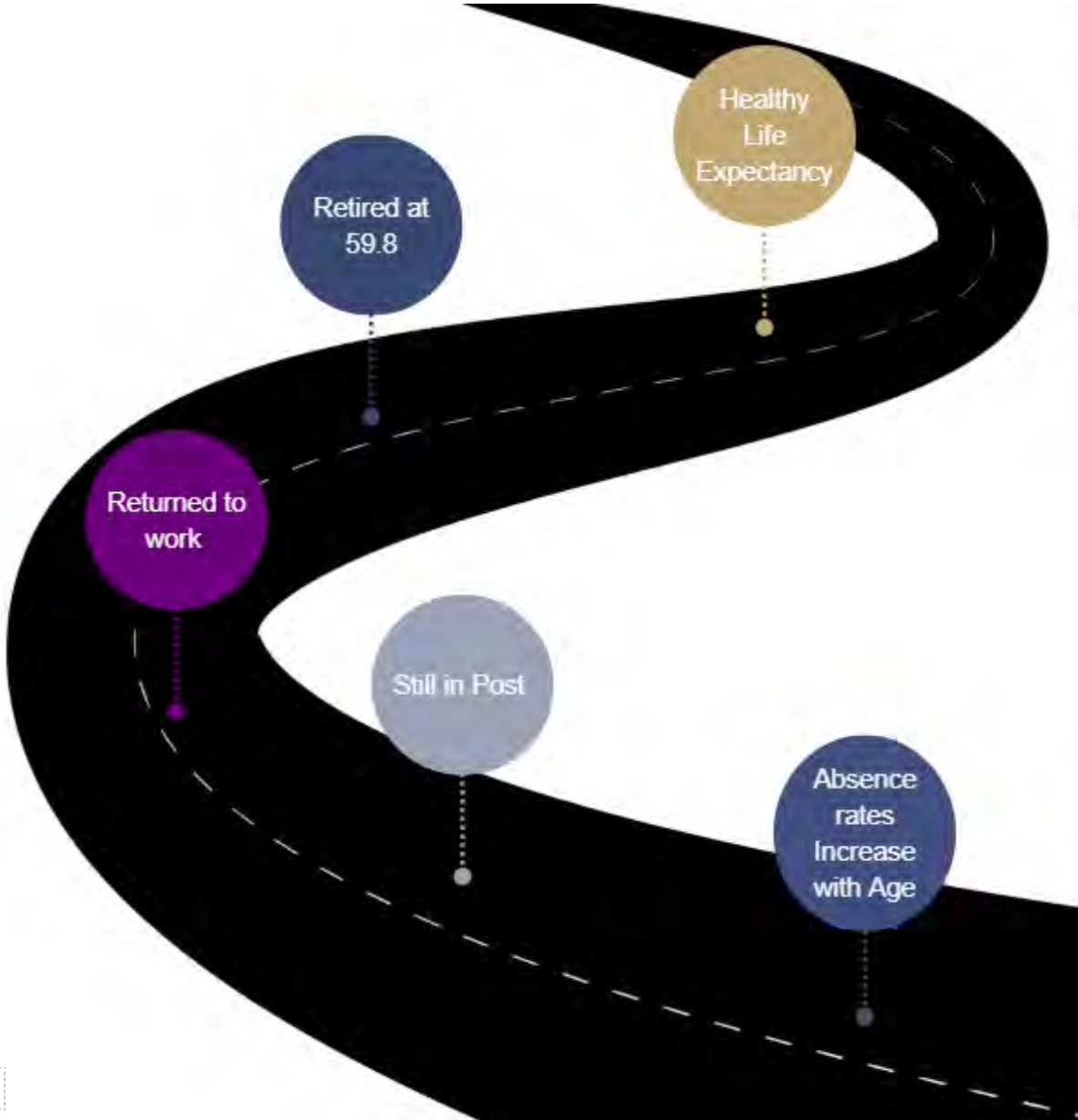
Average Retirement Age for Nursing and Midwifery is 59.8

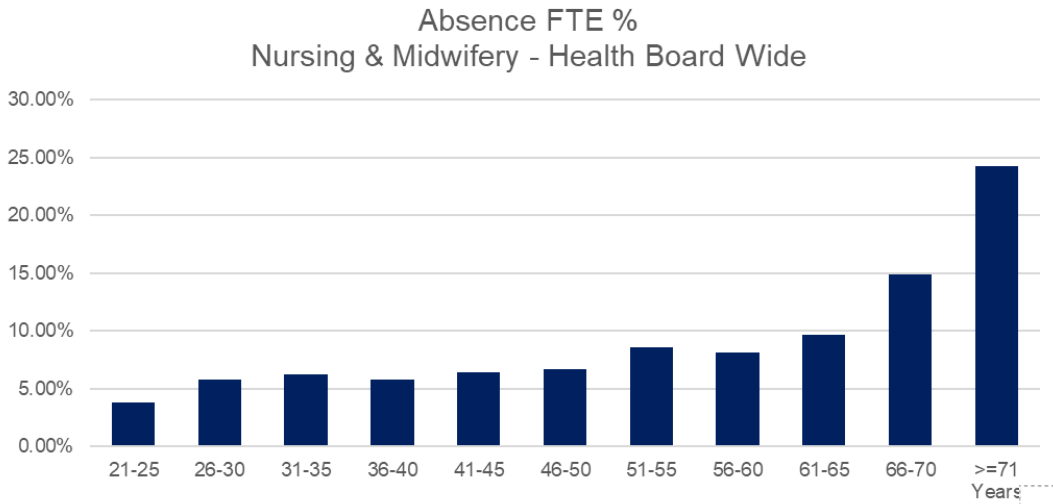
Returned to Work

63.8% of Nursing retirees return to work
On Average they Return reducing their hours by -0.35WTE

Still In Post

81% of Nurses who Retire & Return are still in Post after 3 Years





DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

6

10 Mins

6 - SUB-COMMITTEE UPDATE REPORTS

6.1

6.1 - Strategic People Planning and Education Group (SPPEG)

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

Attachments

6.1 Strategic People Planning Education Committee 3As Feb 26.pdf

6.1 Appendix 1 - Draft SPPEG Minutes 29.07.25.pdf

STRATEGIC PEOPLE PLANNING & EDUCATION SUB -COMMITTEE UPDATE REPORT

Date of last meeting: 3 December 2025

Quoracy: Met

Report by: Professor John Gammon, Chair, Strategic Adviser & Tracy Walmsley, Vice Chair, Assistant Director of People Planning (acting Assistant Director for People Development)

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

Alert[1] (may require discussion)

Strategic People Planning & Education Sub-Committee had no matters of which to **alert** members of the People, Organisation Development and Culture Committee.

Advise[2] (to monitor)

Strategic People Planning & Education Sub-Committee wishes to **advise** members of the People, Organisation Development and Culture Committee that:

- A review of governance arrangements aligned to the Strategic People Planning & Education Sub Committee and associated groups is in progress
    - To note that several groups and committees within the Health Board have responsibilities relating to education and workforce planning,
    - The review will seek to understand relationships, communication channels, and interdependencies,
    - Assessing duplication of effort, whether these structures added value, and how they contributed to organisational objectives.

- The Statutory & Mandatory Training issue raised previously as an alert will fall under the governance review (covering Capacity Burden, Quality & Safety & Financial Impact) The working group on Continuing Professional Development CPD NON-Pay Deal is actively reviewing the definitions, process and mechanisms for assigning this work. A duplication of effort had been identified with the Statutory & Mandatory Training Group, and therefore the group will stand down until complete and rationalisation has taken place as agreed with Partnership colleagues and Professional leads. An update on this work will be presented to the next SPPEG meeting as part of the Governance Review work being undertaken.

- Draft education commissioning has been submitted to Health Education and Improvement Wales (HEIW) which although out of alignment with timings for

[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*.

SPPEG and PODCC , updates are contained in paper “Deep Dive Education & Training Plan” and will be reviewed at the next SPPEG meeting before the end of the financial year for the final submission to HEIW.

- Resource for Interprofessional education was highlighted as a concern; reviewing with colleagues at Swansea University linked to the Simulation programme of work to re-align resource. This is also liked to our focus on Statutory & Mandatory Training. Challenges do exist however linked to a revised operating model and structure going forward we are confident that resource can be realigned.

Assure[3] (to note)

Strategic People Planning & Education Sub-Committee wishes to **assure** members of the People & Organisation Development Group that:

- HEIW funding for Bands 2-4 has been profiled with a potential underspent of £10,000.

Review of Risks

Operational risk: misalignment of timings of SPPEG and it’s sub groups to PODDC reporting.

No strategic and operational workforce risks to report directly on at this juncture.

A revised plan is in progress for 2026/27 to ensure alignment with PODCC requirements.

Sharing of learning

The recognition and importance of multidisciplinary working has been cited many times in SPPEG and reporting groups; and how we build this into all our approaches and structures to governance to ensure equity across professional groups.

Recommendation

The Committee is asked to:

- **Note** the items that the Sub-Committee is advising them of.
- **Take assurance** from the items that the Sub-Committee is providing assurance on.

Minutes of the meeting are attached at Appendix 1 for reference.

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

COFNODION HEB EU CYMERADWYO GRŴP STRATEGOL CYNLLUNIO AC ADDYSG POBL
UNAPPROVED MINUTES OF STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP (SPPEG)

Date and Time of Meeting:	10.30am - 12.30pm, 29 July 2025
Venue:	Board Room, Glien House, Glien Road, Johnstown, Carmarthen, SA31 3RB

Present:	Professor John Gammon (JG), Special Adviser, (Workforce, Education & Training) (SPPEG Chair) Tracy Walmsley (TW), Head of Strategic Workforce Planning & Transformation James Severs (JS), Executive Director of Allied Health Professions and Health Science Samantha Hughes (SH), Primary Care & Community Services Academy Manager Claire Steel (CS), Future Workforce Programme Manager Shayne Phillips-Edwards (SPE), Learning and Development Manager Rachel Williams (RW), Head of Assurance and Risk Anthony Tracey (AT), Digital Director Helen Sullivan (HS), Head of Partnerships, Diversity and Inclusion Michelle James (MJ), Head of Resource & Utilisation Ruth Bowman (RB), Clinical Education Manager Sally Hore (SHo), Head of Research and Development Bethan Lewis (BL), Interim Assistant Director of Public Health Janice Cole-Williams (JCW), Assistant Director of Nursing
In Attendance:	Gareth Cottrell (GC), Deputy Chief Operating Officer Robin Benton (RBe), Educational and Training Lead Pharmacist Elizabeth Tooby (LT), Clinical Programmes Manager Scott Thomas (ST), Learning and Development Operational Manager Rachel Perry (RP), Clinical Induction coordinator Helen Humphrys (HH), Head of Nursing for Professional Standards and Regulation Indeg Jones (IJ), Secretariat

Agenda Item	GOVERNANCE AND RISK	Action
1.1	**Welcome, Introductions and Apologies**	
	Professor John Gammon welcomed everyone to the meeting. Apologies for absence were received from: Mrs Amanda Glanville (AG), Assistant Director of People Development (Vice Chair) Anand Ganesan (AGa), Associate Medical Director for Medical Education & Training Charlotte Wilmshurst (CW), Assistant Director of Assurance & Risk Helen Thomas (HT), Head of Medical Education & Professional Standards Huw Thomas (HT), Director of Finance Jo Bradburn (IB), Deputy Director of Allied Health Professions Rhian Bond (RBo), Assistant Director of Primary Care Simon Chiffi (SC), Head of Operations, Facilities Martin Riley (MR), HEIW Representative	

	Jonathan Arthur (JA), Deputy Director of Health Science William Mackintosh, General Practitioner, Clinical Lead Primary Care Academy Mary Owens (MO), Head of Dental and Optometry Catherine Rees (CR), Head of Organisation Leadership Development Helen Morgan Howard (HMH), Head of Engagement and Transformation Programme Office Simon Day (SD), Head of Maintenance & Engineering Stuart Rees (SR), Clinical Director of Pharmacy & Medicine Management Leon Popham (LP), Senior Finance Business Partner Lesley Hewer (LH), Head of Nursing Ceri Griffiths (CG), Assistant Director of Nursing Acute Services Sara Quarrie (SQ), Service Director for Allied Health Professions and Health Sciences Carly Hill (CH), Assistant Director Leighton Pillips (LP), Director Research, Innovation and Value	
1.2	**Declarations of Interest**	
	Declarations of interest noted were: **JG** declared he is a Board Member with HEIW in relation to agenda item 3.1	
1.3	**Minutes and Table of Actions**	
	The minutes of the meeting held on 03 March 2025 were approved as an accurate record, subject to the amendment of James Severs' job title to Executive Director of Allied Health Professions and Health Science. See Table of Actions for updates	
1.4	**SPPEG Workplan**	
	JG noted that a further review of the work plan was needed due to evolving strategic priorities and the group's development over the past year. **JG** highlighted that due to the volume of agenda items, some had been deferred, underlining the need to streamline and ensure balanced representation across the Health Board—including non-clinical and Primary and Community Care areas. Executive input, including **AG's** one-to-one meetings with key stakeholders as helping shape this direction. **JG** advised that a reassessment of both the scope and focus of the work plan was necessary to ensure it remained relevant, manageable, and aligned with the group's purpose.	
1.5	**Risk Approach**	
	TW apologised to the group for the late distribution of the paper, explaining that the item was originally intended to be presented verbally. **TW** provided an overview of the paper, noting that the summary had been regularly reported to PODCC over the past 12–18 months. It outlined workforce-themed risks across the organisation by professional group and service area. Due to the Datix system refresh and the alignment with new clinical care groups, this version was the most current available. The report highlighted a total of 198 workforce-related risks, ranging from manual handling and training issues to broader workforce themes linked to strategic pillars.	

	TW asked the group to reflect on whether this approach of identifying critical risks by service and profession and receiving targeted action plans, should be adopted within SPPEG to better address workforce risk. **JG** emphasised two key points regarding the Group's approach to risk: 1. **Action-Oriented Risk Management**: Members should not only identify risks within their portfolios but also propose solutions and actions to address them. 2. **Synergy with PODCC**: There must be alignment between SPPEG's approach to risk and that of PODCC. The paper aimed to ensure both committees adopt a consistent and coordinated strategy for identifying and managing workforce-related risks. **TW** also highlighted the importance of aligning workforce-related risks discussed within SPPEG, such as statutory and mandatory training, with broader organisational risks across professional groups. This alignment supported a more integrated approach to risk management. **TW** encouraged members to consider not only the risks already identified but also to reflect on potential gaps or risks that may be missing from the current framework and should be explored in future discussions. **JG** requested that any comments related to the paper be sent to **IJ** by 12 August.	**All**

2.0	**EDUCATION AND WORKFORCE PLANNING**	
2.1	**Digital Update – Digital Skills Development Pathways**	
	AT thanked the Chair for delaying his paper as his previous meeting had over run. **AT** summarised the paper highlighting some key points: • A digital capability pathway had been developed by the Digital Inclusion Team in collaboration with Workforce and Organisation Development (WF&OD). • The pathway aimed to address digital capability and confidence gaps among staff • It would be tiered and phased, modelled loosely on the former ECDL approach, ranging from beginner to expert/system admin levels. • The team planned to integrate this into PADRs and explore CPD accreditation for digital training. **AT** asked if the group would consider endorsing the approach, allowing formal proposals to be developed with WF&OD. **SPE** asked whether the Wales Essential Skills Digital Toolkit, which allowed for benchmarking digital skills, had been considered as part of the work. **AT** confirmed the team were using the Wales Essential Skills Digital Toolkit alongside the HEIW framework in a hybrid approach. **AT** also noted	

that establishing a baseline was key, and would confirm details with his team, asking them to follow up if needed.

SHo asked how would the basic skills be assessed and how the effectiveness of the training package would be measured?

AT explained that the team currently used basic questionnaires during one-to-one and team sessions to assess digital skills but recognised the need to formalise this process to better establish a baseline. Targeted conversations had provided richer insights than self-assessments alone, which could be unreliable.**AT** also noted the team planned to use this data in their annual digital inclusion report, focusing on whether staff felt their skills had improved, rather than just tracking course completion.

TW thanked **AT** and highlighted the need to ensure meaningful access to learning provision and identifying any gaps. **TW** welcomed the focus on establishing a baseline.

AT agreed with **TW** and emphasised the need to establish a clear baseline to guide digital training. While current efforts focussed on staff involved in systems like Flow, OPS, and EPMA, **AT** stressed the importance of expanding to other groups such as facilities and estates to ensure inclusive access. **AT** also highlighted that adoption, not system quality, was the key challenge, and successful uptake would be essential to realise the intended benefits and efficiencies.

SH asked about the scope to extend the offer to independent contractors in primary care.

AT confirmed independent contractors had not been previously considered in this context but would now be taken into account in future planning.

JS expressed support in principle but advised that a baseline assessment should be completed before endorsing the pathway. **JS** also asked if there were any limitations which could affect the ambition to deliver the pathway effectively.

AT acknowledged that resources may be a factor and agreed the importance of first understanding the baseline and committed to bringing timelines to the group for when the baseline assessment would take place, which would help clarify resource requirements.

HS raised the importance of ensuring accessibility for staff with communication and learning needs, particularly those in roles that had not previously been digitised. As digital systems were introduced, additional support may be required to meet those emerging needs.

AT agreed noting that understanding staff learning and communication needs would support digital adoption across the Health Board. **AT** also highlighted that this insight would help inform device procurement.
CS highlighted study leave allocation as a potential challenge, noting the importance of ensuring staff had time to complete training and the impact this may have on operational pressures being experienced across the Health Board.

	JG welcomed and endorsed the proposed approach, reflecting the group's overall support. **JG** summarised the key points raised, including: • the need for clear mechanisms for evaluation and monitoring to better understand baseline data and impact. • The importance of linking the pathway to other systems and frameworks along with consideration for primary care and the independent sector. • Risks such as accessibility, study leave, and resource implications were noted, with a request for clearer identification of these risks in future documentation to enable the group to support mitigation efforts. **JG** proposed that once the baseline assessment and monitoring mechanisms were in place, a follow-up paper be brought back to the group outlining implementation plans and timelines.	
2.2	**Maturity Matrix for Workforce Planning - Progress Report**	
	TW provided a progress update on the development of the Workforce Planning Maturity Matrix. A paper had recently been submitted to the Strategic Workforce Planning Forum within HEIW to update members on the work to date and to gauge readiness and interest in continuing development. **TW** advised that feedback from the Forum indicated support for the small working group to continue its development work and to explore future opportunities which included Strategic Workforce Planners from across Wales. While the ambition outlined in the accompanying slides was not discussed in detail, **TW** confirmed that the next steps will include a stocktake, followed by further reflection with the group.	
2.3	**Radiology Workforce Plan & Risk Mitigation**	
	TW gave a position update and advised of the £3.4 million investment made into the Radiology team. **TW** also noted the recent appointment of Sara Quarrie **(SQ)** as the new Service Director, who was currently undertaking a review of all risks within the service area, providing an opportunity to pause, reflect, and reset the workforce planning approach for Radiology. **TW** confirmed that a revised workforce plan would be brought back to SPPEG for further consideration, building on work that had already been progressed through the Executive Team.	
2.4	**Medical Associated professionals - Action Plan Update**	
	TW provided an update on the MAPs group, noting that work had continued with a focus on stabilisation. Helen Thomas **(HT**) and Carly Hill **(CH)** had taken ownership of the action plan and were progressing on a number of actions. **TW** advised a fuller report would be presented at the next meeting.	

	JS asked if there were any updates on Physician Associate regulation in England and how this might impact Hywel Dda or Wales, in light of some organisations restricting PA practice due to patient safety concerns. **TW** clarified that the Leng Review did not cover Wales, and that the Welsh Government was reviewing its implications. Feedback would be provided through the Medical Associate Professional Oversight Group and then into the MAPs Group. **TW** also noted that there was an assurance process in place regarding scope of practice, which was being followed to ensure safe and appropriate practice within Wales.	
2.5	**Healthcare Science (HCS) in Hywel Dda University Health Board**	
	JA sent apologies and requested that the update be deferred to the next meeting **JG** emphasised the need to progress the workstream and noted he had facilitated meetings to support this area of education. **JG** requested an email update from **JA** on current progress.	
2.6	**University Partnership Arrangements Update Report**	
	SHo summarised the current status of arrangements with key university partners, noting that two refreshed Memoranda of Understanding (MOUs) have been completed, with the third scheduled for early September. **SHo** also advised that Governance arrangements have been revised, moving from biannual individual meetings to annual meetings with each university and one combined meeting with all three, an approach supported by the universities and Swansea University had taken up representation on the R&I Subcommittee. **SHo** noted a further update paper would be brought to the group once all three MOUs were finalised. **JG** queried how the Health Board captured the impact of its university partnerships status on service delivery and outcomes for the population. **SHo** welcomed further discussion on the evolving university partnership arrangements, noting the need to clarify how feedback and reporting would be structured under the new governance model. **JG** added that as the group reviewed its scope and work plan, the importance to align with other education-related committees across the Health Board and the need to apply consistent governance principles to the University Partnership Board and consider how it integrated with groups such as the Faculty of Education.	
2.7	**Support Worker Induction Programme Review**	
	LT provided an update on the revised clinical induction programme for Bands 2 to 4, which had been aligned with similar programmes across other health boards. **LT** noted the updated induction now formed part of a broader educational journey, encouraging engagement with a new development programme tailored to staff roles and the revised programme	

had been shared for consultation with various clinical and staff groups prior to presentation at SPPEG.

TW thanked Liz, Ruth, and Rachel for their work on the paper and queried what infrastructure was in place to support the implementation and delivery of the proposed programme?

LT confirmed that following consultation with clinical areas, subject matter experts had been contacted to refine the clinical induction programme and noted that the new programme would better support the revised Band 2 to 3 nursing roles. **LT** also noted collaboration with HEIW and other health boards to revise the Agored qualification in line with the changes.

JG welcomed the paper, noting its ambition and the inclusion of benchmarking, particularly around simulation. **JG** raised concerns about the potential impact on team capacity and emphasised the importance of clearly identifying associated risks to ensure successful delivery. Additionally, **JG** queried whether discussions had taken place with Swansea University regarding potential access to simulation mannequins located at St David's Park.

LT outlined that the six-day induction programme will be reduced to five days, freeing staff to support the development programme and simulation would be phased in, supported initially by tools like educational board games, with trainers currently being upskilled. **LT** also advised the development programme, funded by HEIW, was already running and would be expanded. **LT** confirmed while there hadn't been discussions with Swansea University regarding mannequins, this could be explored although the greater need was in Pembrokeshire and Ceredigion to ensure consistent induction experiences across all counties.

JG highlighted the importance of monitoring the new programme's activities and evaluating its impact and requested that, at a later stage, the group be updated on how outcomes were being measured and tracked.

SHo raised the potential to explore access to high-fidelity simulation suites through university partners, particularly in Ceredigion where underutilised resources, such as mannequins, could be available to support consistent delivery of the induction programme across counties. **RB/SHo**

RB to explore with **SHo** outside of the meeting. **JCW/LT**

JCW confirmed that the programme supported future developments of the Band 3 and 4 staff particularly around the Registered Nursing Associate (RNA) role and welcomed further discussion around the logistics and access to ensure effective implementation.

JS welcomed and supported the paper, but raised several points for further discussion outside the meeting, regarding:

- Need for feedback from operational teams and the operational impact of shifting WNCR training to local delivery, especially on nursing teams and existing support workers.
- Clarification on the distinction between the induction and development programme.

	• Concerns about the programme's suitability for Allied Health Professional (AHP) support workers. • A challenge around the decision for face-to-face delivery considering the Health Board's digital leadership goals. **LT** explained the lack of practical WNCR training, noting it was limited to PowerPoint slides and did not offer hands-on experience and emphasised the programme's interprofessional approach. **LT** explained that Induction was for individuals without prior clinical experience or those changing roles and was mandatory for anyone delivering clinical care and the Development Programme offered ongoing, bite-sized CPD for Bands 2 to 4, acting as a central hub for accessible training. **LT** addressed AHP concerns by highlighting the programme's foundational content (e.g., pressure ulcers, nutrition, speech and language therapy), which provided a strong base for progression and noted positive feedback from radiologists who had attended some of the training. **LT** to meet with **JS**, **JB** and **JA** outside of the meeting to discuss in more depth. **BL** expressed support for the paper and raised a query regarding Band 3 and 4 roles within public health that may not fully align with clinical pathways in the development programme and suggested exploring how the programme could be adapted to ensure inclusivity for these roles. **JCW** suggested exploring the possibility of adding bespoke content to the programme to better support specific specialties, enhancing its relevance and effectiveness. **JCW** also offered support for implementing more interactive, workplace-based training as an alternative to the less effective classroom-based approach in relation to WNCR training. **LT** to follow up outside the meeting with **JCW** and **BL** to explore bespoke content for specific specialties and ensure inclusion of Band 3 and 4 roles in public health and related areas. **JG** noted the recommendations and expressed support for the programme, approving the content in part, emphasising the importance of ensuring the programme reflected the needs of the wider Health Board community and welcomed potential changes to achieve this. **JG** proposed that, once updates had been made, a progress report should be brought back to the group to reflect on implementation and the discussions held during the meeting.	**LT/ JS/ JB/ JA** **LT / JCW / BL**

3.0	**MONITORING AND COMPLIANCE**	
3.1	**Higher Awards Update**	
	ST provided an update on the Higher Awards application window for 2024 - 2025 and highlighted key points: • The successful transition to a digital system, which improved data quality and enabled more detailed analysis. • Challenges, included withdrawals due to course cancellations, personal reasons, or staff departures resulting in an underspend, particularly in HEIW-funded areas and a 5% over-allocation was proposed for the next application window to mitigate underspend.	

- Concerns about equity of access, citing a significant funding disparity between clinical and non-clinical staff and confirmed ongoing discussions with HEIW and workforce planning to address these disparities.
- Assured the group that governance, transparency, and strategic alignment were improving and risks around equity, data, and funding utilisation were being actively managed.

SHo queried the £1,000 funding cap for PhD students, questioning whether it was a legacy arrangement and whether further support could be offered in line with ambitions to strengthen research pathways across all professions.

ST explained that the £1,000 cap for PhD funding was put in place as historically, the Health Board funded 75% of course fees, but this changed around two years ago to cover 100% of fees, with the cap introduced due to the extended duration of PhD programmes. The cap was currently outlined in the Learning and Development Policy, which was due for review, and ST suggested this could be an opportunity to revisit the funding limit.

ST explained that the £1,000 PhD funding cap was introduced when the Health Board shifted from covering 75% of course fees to fully funding them, with the cap introduced due to the extended duration of PhD programmes. **ST** suggested this could be reconsidered as part of the review of the Learning and Development Policy.

TW welcomed the paper and the opportunity to explore in more detail and highlighted the importance of thinking strategically about how this information could shape future direction and decision-making. **TW/ST**

JS raised a question regarding the inequitable use of the funding pot and asked what could be done to address it and emphasised the importance of engagement and encouraged any challenges to be raised so they could be addressed collaboratively.

ST explained that the disparity in funding was due to HEIW allocations being designated for advanced practice and only accessible to clinical staff and as a result, staff in Estates and Facilities were excluded. **ST** also noted uncertainty around whether these teams engage with workforce planning, which could help inform future funding decisions.

TW and **JS** to explore workforce planning for Estates and Facilities outside the meeting. **TW/ JS**

BL acknowledged the support received from ST and the team, particularly from a public health perspective, and noted that Public Health was not classed as a priority group for clinical funding support. **BL** also welcomed the paper's focus on equity, including service areas, headcount, and access, but highlighted ongoing challenges as Public Health teams, often aligned to admin and clerical roles, faced disparities in accessing Higher Awards funding.

	SH expressed appreciation for the support given to Primary Care, noting that the Primary Care Academy were now a part of the Higher Awards Panel. **SH** suggested that earlier engagement with the Primary Care Academy ahead of the next application window would help increase awareness and access, proposing the development of an engagement plan to support this. **ST** and **SH** to look at developing an engagement plan for Primary Care **HS** referred to the equality monitoring data mentioned in the paper and asked whether it had revealed any insights into opportunities for progression, citing findings from the Workforce Race Equality Standard report and staff survey which highlighted concerns from minority groups about limited access to development opportunities and asked whether training data reflected this disparity. **ST** acknowledged that while the Higher Awards data hadn't yet been specifically analysed in relation to equality, this was the first year the data had been available to do so. **ST** confirmed the data could be cross-referenced with ESR data and agreed to explore further and offered to provide further insight once the analysis was completed. **JG** highlighted ongoing concerns around equitable access to funding across staff groups and welcomed the improved data systems now supporting more informed decisions. **JG** encouraged consideration of how the budget could better support research-active staff and raised the need to review education commissioning practices to reduce reliance on a limited number of providers and mitigate associated risks. **JG** confirmed the group's assurance in the revised processes	**ST / SH**
3.2	**Annex 21: A Streamlined Process** **SPE** outlined progress in strengthening governance and consistency within the Annex 21 process and asked the group to acknowledge ongoing operational improvements and challenges, and to take assurance that the process was being effectively managed and refined. **JS** commended the progress made over the past year and raised a question regarding the relationship between CEGG and Annex 21 in the context of clinical roles and suggested reviewing this further and offered to take the discussion forward outside the meeting. **JG** welcomed the paper and noted that while key risks were identified, particularly around communication with departmental managers and monitoring individual competency, there was a need for clearer proposals on how these risks would be managed. **JG** confirmed that the group could take assurance from the Annex 21 paper and the newly proposed streamlined process.	**JS/ SPE**
3.3	**All Wales Career Framework Update** **CS** gave an update on the paper, highlighting some key points: • A significant increase in compliance had been observed, attributed to actions taken following the last meeting • The team also benchmarked against other Welsh health boards and identified that many were using clinical induction as the starting point	

	for the framework, an approach now adopted following discussions with HEIW.
	• Continued collaboration with HEIW was planned, including:
	  • Addressing career roles that don't align neatly with the framework.
	  • Supporting HEIW's review process and nominating staff to contribute.
	• Discussions were ongoing around the lack of an equivalency framework for experienced staff without formal qualifications. HEIW was reviewing this as part of their broader process.
	
	JS raised two queries:
	• Whether there were national discussions underway regarding the potential expansion of the All Wales Career Framework to include non-clinical professions, alongside clinical roles.
	• Whether this framework aligned with the Advanced Enhanced Consultant Practice Framework.
	
	CS responded that while the first question had not yet been raised directly, they would follow it up. The team was working closely with HEIW and had begun identifying anomalies within the framework, such as the nursery nurse role, which did not align well. These issues were being fed back to HEIW on an ongoing basis. **CS** confirmed that HEIW was planning a full review of the framework. Regarding the second point, **CS** was unsure and would seek clarification.
	
	JG expressed thanks and appreciation was given for the work involved, particularly the positive actions taken which led to improved compliance and noted that the paper provided assurance.
		CS

3.4	**Statutory & Mandatory Training Organisational Compliance Update** **SPE** summarised the paper, noting that it outlined the current position, challenges, and improvement actions relating to mandatory training compliance across the Health Board. The group was asked to: • Note the compliance data; • Endorse the proposed review of non-core skills training framework modules; • Take assurance that actions were in place to improve compliance, streamline reporting, and align training with workforce needs. **GC** expressed concern over low compliance rates in key training areas, noting the risks this posed to the Health Board. He emphasised the need for regular access to compliance data and suggested a breakdown by staff group to identify specific challenges. **GC** committed to raising the issue at an operational level to drive improvements, highlighting the importance of ensuring staff have the core skills required to maintain patient safety. **JS** advised that the issues raised should be flagged as an alerted item to the IQFPD forum and requested that **GC** take the conversation forward. **JS** emphasised that the concerns related to clinical and quality risk, making IQFPD the appropriate forum for escalation. **JS** also requested that compliance reports be presented monthly at Health Board level to IQFPD for monitoring, and that a report be shared with CCG Directors for their business plan performance meetings. Additionally, **JS** asked for the data to	**GC**

	be broken down by profession and made accessible to Deputy Directors and Executives to support targeted action. **SPE** noted that ongoing strategies were in place to improve compliance across the Health Board, with targeted support for areas showing low compliance though challenges remained around digital access, email availability, and time within the working day to complete training. **SPE** confirmed several meetings had taken place to address these issues and acknowledged the points raised during the discussion. **GC** made an observation regarding the volume of mandated training modules, noting that there were over 25 currently required. **GC** highlighted the time involved in completing these modules and acknowledged that while some modules were mandated by Welsh Government, questioned whether all 17 locally mandated modules were essential for safe organisational operation. **JG** acknowledged that the volume of mandated training had been previously discussed and agreed it contributed to lower compliance. **JG** suggested revisiting the scope of locally mandated modules in light of the current discussion and confirmed that further conversations may be needed to reassess staff training requirements. **JCW** noted that a mandatory training review was currently underway, which considered mandatory and CPD requirements by professional group, and suggested that the concerns raised be fed into that group for further discussion. **TW** to raise with **AG.** **TW** also to raise as an alert for PODCC through the 3a paper update **JG** summarised that, although assurance had been provided, there was a need to agree how compliance data was distributed, to whom, and when. **JG** confirmed that **IJ** would liaise with **GC** and **JS** to identify the appropriate forums for circulation, ensuring **SPE** had the necessary details. **JG** also noted that the paper should place greater emphasis on risk management, and that a follow-up paper should include deeper analysis by professional group to support targeted action.	**TW/AG** **TW** **IJ/ GC / JS**

4.0	**POLICIES**	
4.1	*Not applicable for current meeting*	

5.0	**INNOVATION AND COLLABORATION**	
5.1	*Not applicable for current meeting*	

6.0	**UPDATE POSITION PAPERS/ SUBGROUP UPDATE**	
6.1	**Future Workforce Governance Group**	
	Update noted by group	
6.2	**Statutory and Mandatory Training Group**	
	Update noted by group	
6.3	**Clinical Education Governance Group (CEGG)**	

	Update noted by group	
6.4	**Interprofessional Education Governance Group (IPEGG)**	
	Update noted by group	
6.5	**Medical and Dental Oversight Group**	
	Update noted by group	

7.0	**OTHER BUSINESS**	
7.1	**Any other business**	
	7.1.1 Primary Care Education Transformation **SH** noted the intention to bring forward two papers to the SPPEG: • The first paper would explore collaborative working with the People Planning team to prepare for the shift of services into the community. **SH** acknowledged that this aligned with developing the Primary Care Strategy and highlighted the importance of aligning workforce planning with available funding. • The second paper to be brought forward, would focus on ensuring equity and parity in the educational offer for all primary care staff, including independent contractors. **SH** highlighted ongoing efforts to build inclusivity through the Primary Care Academy and stressed the importance of equitable access to funding from HEIW and other sources. The paper would explore how resources could be fairly allocated across primary care to support education and development. **IJ** to note as actions for future meetings **JG** emphasised the need for the committee to consider its strategic role in supporting the Health Board's shift from acute to community-based services and highlighted the importance of preparing and developing the workforce to deliver care in line with this direction of travel, noting that the current focus had largely remained within secondary care. **JG** clarified that the intention behind raising this as an AOB was to broaden the focus and consider the wider context of primary and community care.	**IJ**
7.2	**Date & Time of Next Meeting**	
	JG thanked all who attended and contributed to the meeting. Details of next meeting: 24 September: 9.30am Board Room, Glien House	

7

10 Mins

7 - FOR APPROVAL

7.1

7.1 - Outcome of Advisory Appointments Committee (AAC)

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

For approval

Attachments

7.1 PODCC SBAR AAC - Feb 2026.pdf

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Advisory Appointments Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Executive Director of Workforce & OD (Organisational Development) and 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 13 October 2025 to 20 January 2026, 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 Elderly Care (Frailty) / General Medicine
- Consultant in Emergency Medicine
- Consultant Radiologist with Interest in Urology and Women's Imaging
- Consultant Radiologist with Special Interest in Head and Neck
- Consultant in Anaesthetics

Asesiad / Assessment

Consultant in Acute General Medicine

The AAC, comprising of Chantal Patel, Independent Board Member of Hywel Dda University Health Board (HDdUHB) representing the Chair; Lisa Gostling, Executive Director of Workforce and OD / Deputy Chief Executive Officer representing the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Dr Raheel Qureshi representing the Royal College and Dr Clive Weston and Dr Jirina Stepanek representing the department met on the 31 October 2025 to interview one candidate for the Consultant in Acute General Medicine based at Glangwili General Hospital. This is a replacement post.

No appointment made.

Community Consultant Paediatrician
The AAC, comprising of Eleanor Marks, Vice Chair of HDdUHB representing the Chair; Huw Thomas, Director of Finance representing the Chief Executive Officer; Dr June Picton, Associate Medical Director for Professional Standards representing the Medical Director; Dr Joanne Beckmann representing the Royal College and Dr Simon Fountain-Polley and Dr Suparna Jayasinghe representing the department met on the 13 November 2025 to interview one candidate for the Community Consultant Paediatrician based at Bronglais General Hospital. This is a replacement post.

No appointment made.

Consultant Rheumatologist

The AAC, comprising of Sarah Harraway, Independent Board Member of HDdUHB representing the Chair; Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Dr Sharon Jones representing the Royal College and Dr Jayne Evans and Prof Karim Raza representing the department did not meet on the 14 November 2025 to interview the one candidate for the Consultant Rheumatologist based at Prince Philip Hospital, due to the candidate's withdrawal. They withdrew due to a change in personal and family circumstances. This is a replacement post.

No appointment made.

Consultant in Elderly Care (Frailty) / General Medicine

The AAC, comprising of Michael Imperato, Independent Board Member of HDdUHB representing the Chair; Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Prof Subhamay Ghosh, Associate Medical Director for Quality & Safety representing the Medical Director; Dr Claire Dinsdale representing the Royal College and Dr Nicholas Coles and Dr Robin Ghosal representing the department met on the 24 November 2025 to interview one candidate for the Consultant in Elderly Care (Frailty) / General Medicine based at Glangwili General Hospital. This is a replacement post.

Dr Elizabeth Davies (External) was appointed to the post of Consultant in Elderly Care (Frailty) / General Medicine. Start date within 3 months.

Consultant in Emergency Medicine

The AAC, comprising of Dr Neil Wooding, Chair of HDdUHB; Lisa Gostling, Executive Director of Workforce and OD / Deputy Chief Executive Officer representing the Chief Executive Officer; Dr June Picton, Associate Medical Director for Professional Standards representing the Medical Director; Dr Andrew Mortimer representing the Royal College and Dr Vicky Hughes and Dr Alwyn Jones representing the department met on the 18 December 2025 to interview four candidates for the Consultant in Emergency Medicine however 3 candidates withdrew one, due to severe illness, one unable to attend interview due to family emergency and the other having received another job offer. 1 post based at Bronglais General hospital which is a is a replacement post and the other post based at Glangwili General Hospital which is a newly created post.

Dr Mohamed Abdalrahman (External) was appointed to the post of Consultant in Emergency Medicine based at Bronglais General Hospital. Start date given of March 2026.

Consultant Radiologist with Interest in Urology and Women's Imaging and Consultant Radiologist with Special Interest in Head and Neck

The AAC, comprising of Chantal Patel, Independent Board Member of HDdUHB representing the Chair; Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Mr Mark Henwood, Medical Director; Dr Ashim Lahiri representing the Royal College and Dr Liaquat Khan and Dr Juergen Brand representing the department met on the 19 December 2025 to interview two candidates, one for the Consultant Radiologist with Interest in Urology and Women's Imaging based at Glangwili General Hospital and one for the Consultant Radiologist with Special Interest in Head and Neck post based at Prince Philp Hospital. Both vacancies are newly created posts.

Dr Richard Dagnan (External) was appointed to the post of Consultant Radiologist with Interest in Urology and Women's Imaging. Start date as soon as they are on the Specialist Register - anticipated January 2026.

Dr Anandapadmanabhan Jayajothi (Internal) was appointed to the post of Consultant Radiologist with Special Interest in Head and Neck post. Started on 12 January 2026.

Consultant in General Paediatrics & Neonates with Neurology Interest

The AAC, comprising of Michael Imperato, Independent Board Member of HDdUHB representing the Chair; Prof Phil Kloer, Chief Executive; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Dr Srini Bandi representing the Royal College and Dr Prem Pitchaikani and Dr Simon Fountain-Polley representing the department met on the 15 January 2026 to interview one candidate for the Consultant in General Paediatrics & Neonates with Neurology Interest based at Glangwili General Hospital. This is replacement post.

Candidate withdrew and did not want to disclose the reason, therefore this event was cancelled.

Consultant in Anaesthetics

The AAC, comprising of Chantal Patel, Independent Board Member of HDdUHB representing the Chair; Prof Phil Kloer, Chief Executive; Dr Catherine Burrell Clinical Director/Deputy Associate Medical Director – Primary Care and Community representing the Medical Director; Dr Suman Mitra representing the Royal College and Dr Jacek Zeber and Dr Gabor Dudas representing the department met on the 19 January 2026 to interview the one candidate for the post of Consultant in Anaesthetics based at Bronglais General Hospital. This is a replacement post.

Dr Jolana Zlamalova (External) was appointed to the post of Consultant in Anaesthetics. Start date within 3 months.

Argymhelliad / Recommendation

The PODCC is requested to:

- **NOTE** withdrawals / no appointments made;
- **APPROVE** the AAC appointments on behalf of the Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.8 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
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Trac Recruitment System.
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:	AAC – Appointments Advisory 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

7.2 - Workforce Policies for Approval

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

For approval

Attachments

7.2 PODCC - SBAR - Policies - V3- Jan 26.pdf

7.2 Appendix 1 - 1428 Work Experience Policy - draft.pdf

7.2 Appendix 2 - 1428 - Equality impact assessment.pdf

7.2 Appendix 3 - 11 2025 NHS Wales Reserve Forces Training and Mobilisation~.pdf

7.2 Appendix 4 - Policy Review Quarterly Schedule.pdf

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development (W&OD) Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and 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

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 which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local policies for approval
- All Wales policies and updates
- Policies not yet presented for approval (extension requests)
- Local policies proposed for removal
- Documents for information

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. In addition, All Wales documents, which require adoption and/or action on the part of individual Health Boards are presented to the Committee for consideration and assurance.

Details regarding each policy (including the changes made) are outlined below:-

Local Policy - for approval
All of our policies have now been considered as part of a disrupted approach with the majority now meeting our aim to reduce to five pages or less. We continue to undertake desk top reviews where we can as the content has already been streamlined in a previous cycle.

1428 – Work Experience Policy (New)

- Policy developed to ensure that the Health Board provides safe, fair, and high-quality opportunities for individuals seeking insight into NHS careers.
- The policy guides candidates, hosting departments, learning providers and the Future Workforce team through a standardised approach that protects both candidates and staff, ensures equity of access, and helps the Health Board demonstrate its commitment to growing the future workforce through structured, meaningful experiences. It also aligns work experience activity with strategic priorities such as widening participation, developing local talent pipelines, and promoting careers within the NHS.
- Global consultation has been undertaken. During the consultation one minor change was made e.g. removal of Glien House as the address
- Policy signed off at the Future Workforce Governance Group (Appendix 1)
- An Equality Impact Assessment (EQIA) has been completed. (Appendix 2)

All Wales policy for adoption and latest update

The Committee is asked to adopt the following All Wales document: -

- 348 - All Wales Reserve Forces Training & Mobilisation Policy (Appendix 3)

This policy was received by the Health Board on 12 December 2025 having been agreed at the November 2025 Welsh Partnership Forum Meeting. Some minor changes to the policy have been made following discussions with the regional Armed Forces lead and engagement with 160 British Army (Welsh Brigade). No consultation was undertaken across Welsh Health Boards as a result of the minor amendments made. As the changes made are minimal, the EQIA was not updated on an All-Wales basis and therefore the local EQIA also remains unchanged

A copy of the updated All-Wales policy schedule from NHS Employers was received on 17 December 2025 and is attached as an Appendix for information.

Policies not yet presented for consideration

The 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 twelve local policies together with rationale is therefore outlined below: -

Policy Owner	Policy name and number	Rationale	Proposed Extension Date
Operational Workforce	109 – Time off in Lieu Procedure	Capacity issues in the team due to increased caseload.	31/05/2026
Operational Workforce	283 – Alcohol & Drugs Policy	Capacity issues in the team due to increased caseload.	31/05/2026
Operational Workforce	315 – Flexible Deployment of Staff Procedure	Capacity issues in the team due to increased caseload.	31/05/2026
Operational Workforce	001 – Adverse Conditions Policy	Staff Partnership Forum considered this policy on 20/01/26 and it was agreed to defer onward consideration	31/05/2026

		by Committee so that a broader consideration of adverse conditions could be considered in light of some recent examples.	
Operational Workforce	158 – Redeployment	Staff Partnership Forum considered this policy on 20/01/26 and it was agreed to defer onward consideration by Committee to afford the trade unions more time to consider the changes.	31/05/2026
Staff Psychological Wellbeing Services	340 - Staff Psychological Wellbeing Policy	Capacity issues in the team due to retirement of Head of Service.	31/05/2026
Recruitment in conjunction with All Wales Policy Review Group	121 - Relocation Expenses Policy	We are still waiting for the approved version of the All-Wales policy following the consultation on the final draft. Our trade union colleagues are supportive of an extension rather than a full review of our local policy. It is therefore more prudent to extend rather than review our local policy at this time.	31/05/2026
Recruitment	948 - Disclosure and Barring Service Policy/Referrals Procedure and Checks Procedure	Review complete. Minor changes made to one of the supporting documents (948B). Policy now issued to local partnership forums and Local Negotiating Committee (LNC) for comment.	31/05/2026
Safeguarding/Nursing	246 - Managing Allegations against Employees of Hywel Dda University Health Board of Harm/Abuse Involving Children or Adults Policy	Capacity issues in the team.	31/05/2026

Organisational Development	1103 - Performance Management Policy	Capacity issues in the team.	31/05/2026
People Development	100 – Organisational Induction Policy	Policy review is entering its final stages of consultation.	31/05/2026
People Development	113 – Learning & Development Policy	Policy review is entering its final stages of consultation.	31/05/2026

Local policy proposed for removal

Medicines Management	558 - Medication Errors	This policy is proposed for retirement as a new clinical policy (787 Multi-Disciplinary Medication Errors Policy) has been agreed by the Clinical Written Control Documentation Group which supersedes this policy.

Documents for Information

- 245 - All Wales Employment Break Scheme
- 573 - All Wales Organisational Change Policy

At the request of the Welsh Partnership Forum, NHS employers are in the process of updating the review dates on the suite of All-Wales W&OD policies to make them extant, even when they have not been subject to review and or change. NHS Employers are doing this to support organisations and to ensure that the policies appear extant to staff on organisation intranet sites. Our Corporate Governance Team had already undertaken a piece of work to remove review dates internally.

We have also been advised that NHS Employers will be doing this update in batches over the next few months. As the policies themselves have not changed, there is no requirement for them to be taken through our organisational governance mechanisms. Copies have however been forwarded on to the Corporate Governance Team for upload as they have a different version control identity.

- New - All Wales Protocol for Recognising Continuous Service

The Agenda for Change (AfC) Handbook was being updated with the protocol to recognise continuous service for the purposes of annual leave calculations from 1 October 2024. As the Handbook has not been updated, we propose to add this document to our SharePoint pages.

- 863 - Interpretation and Translation Policy

The Corporate Governance Team has slightly updated this policy on pages 4 and 9 as per an email from the Equality, Diversity & Inclusion Team with regard to the **Accessible communication and information standards in healthcare** which is referred to within the

policy. This change has been amended directly to SharePoint to reflect the change of title in the revised All Wales document.

The Policy Review Quarterly Schedule is also attached at Appendix 4, for information.

Asesiad / Assessment

The local policy has been shared with the Local Partnership Forums and documents that apply to Medical and Dental colleagues have been shared with the LNC for information. Staff Partnership Forum met on 20 January 2026 to consider the revised policies.

A screening EqIA has been developed or updated as required on advice from the Corporate Governance Team.

Twelve policies require extension due to their review dates or stage of consultation, one policy requires removal and a number of documents have been provided for information.

Following approval of the recommendations contained below, all documents will be uploaded and updated or removed from the intranet site.

Argymhelliad / Recommendation

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

- **RECEIVE ASSURANCE** that the above local policies have been developed and reviewed in line with Policy 190.
- **APPROVE** the new local policy 1428 – Work Experience Policy
- **APPROVE** the removal of 558 - Medication Errors
- **EXTEND** twelve local policies in accordance with the dates provided.
- **ADOPT** the updated 348 – All Wales Reserve Forces Training & Mobilisation Policy and note the All-Wales policy schedule update provided.
- **NOTE** the documents provided for information.

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)	2. Timely 3. Effective 4. Efficient 6. Person-Centred
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	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:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	Included within 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:	Local and Staff Partnership Forum and LNC where appropriate

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 apply to all staff unless stated otherwise in each policy.
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. The charter will support the implementation of the Fatigue and Facilities Charter that is already ongoing (including its links to working time).
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	Updated or new EQIA are attached as appropriate for the revised local policies.

Work Experience Policy

DRAFT FOR CONSULTATION

Policy information

Policy number: 1428
Classification: Employment
Supersedes: NA
Version number: 1
Date of Equality impact assessment: 23.09.2025

Approval information

Approved by: PODCC Date of Approval:
Date Made Active:
Review Date:

To be read in conjunction with:
The Work Experience policy also links to other Hywel Dda policies to ensure that we deliver high standards of service delivery: 10 - Health and Safety Policy (opens in new tab)
133 - Equality and Diversity policy (opens in new tab)
748 - Data Protection Policy (opens in new tab)
995 - Respect and Resolution Policy (opens in a new tab)
1036 - Welsh Language Scheme (opens in new tab)
170 - Lone Working Policy (opens in new tab)
334 - Personal Relationships at Work Policy (opens in new tab)
182 - Staff Concerns/ Whistle blowing Policy (opens in new tab)
HDUHB Strategic Equality Plan and Objectives

Reviews and updates:

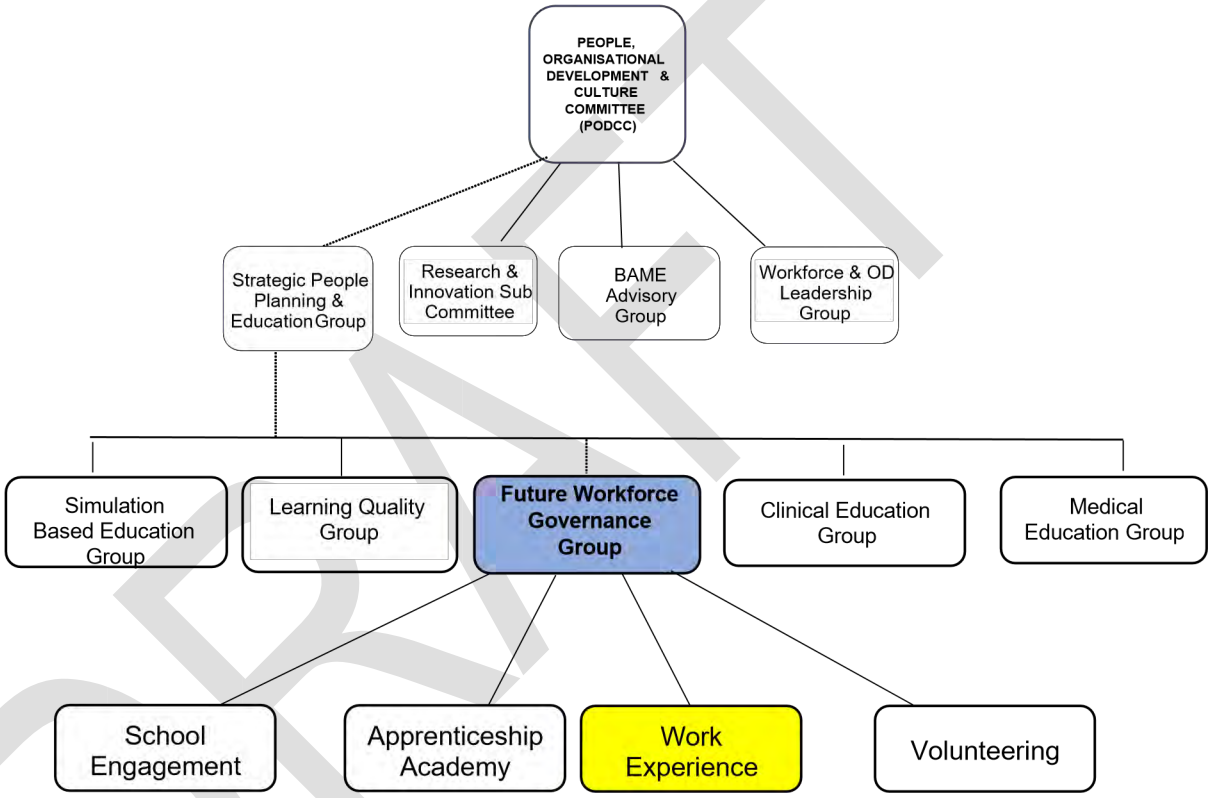
Version 1 - New Policy

Owning group: Future Workforce Governance Group

Executive Director job title: Director of Workforce & OD

FUTURE WORKFORCE WORK EXPERIENCE

Strategic Governance & Direction



- Executive accountability for work experience across Hywel Dda University Health Board rests with the Director of Workforce and Organisation Development.
- The Future Workforce Governance Group is responsible for providing strategic direction for the Future Workforce strands including work experience.
- The Future Workforce Manager, the Future Workforce Operational Manager and Future Workforce Coordinator are responsible for overseeing the effective delivery of work experience.
- The Future Workforce teams work in collaboration with work experience candidates, Hywel Dda host managers and colleagues, and external stakeholders such as learning providers.

Work Experience Policy 2025 – 2028

Introduction & Scope

Hywel Dda University Health Board (Health Board) is committed to fostering the next generation of healthcare professionals by providing meaningful and enriching work experience opportunities. Our Work Experience Policy is designed to offer students and aspiring professionals a comprehensive understanding of the healthcare environment, clinical and non-clinical, enhance their skills, and inspire a passion for healthcare. Through structured placements, participants will gain valuable insights into various roles within the Health Board, from clinical to administrative functions, and contribute to the delivery of high-quality care. This policy outlines the framework for work experience placements, ensuring they are beneficial, educational, and aligned with the Health Board's mission to improve community health and well-being.

Offering work experience can bring several benefits to the Health Board including:

- Identifying and nurturing future talent pipelines.
- Reduce recruitment costs by supporting the creation of a pool of trained candidates who have undertaken work experience in the Hywel Dda environment.
- Existing staff development through mentorship, leadership and imparting knowledge.
- Improved community engagement by providing a robust work experience offer to local people.
- Promote workforce diversity through widening access to opportunities within the Health Board.

Aims

This policy aims to:

- Raise awareness of the work experience offer in Hywel Dda University Health Board.
- To encourage widening access and participation in our work experience offer.
- Remove barriers, celebrate diversity and ensure everyone has a fair access to meaningful work experience that supports their career aspirations and personal growth.
- To outline the application and onboarding process**.** Detailing the steps for expressing an interest, applying, required documentation, and selection criteria.
- Outline the roles and responsibilities of interest stakeholders including the work experience candidate, the Future Workforce team and host departments.
- Describe the supervision and support arrangements in place to ensure a safe and productive experience for all work experience candidates.
- Explain the process for evaluating the work experience programme and gathering feedback from participants to continuously improve the quality of placements.

By adhering to this policy, Hywel Dda University Health Board aims to create a supportive and educational environment that benefits both the participants and the organisation, fostering a skilled and motivated future healthcare workforce.

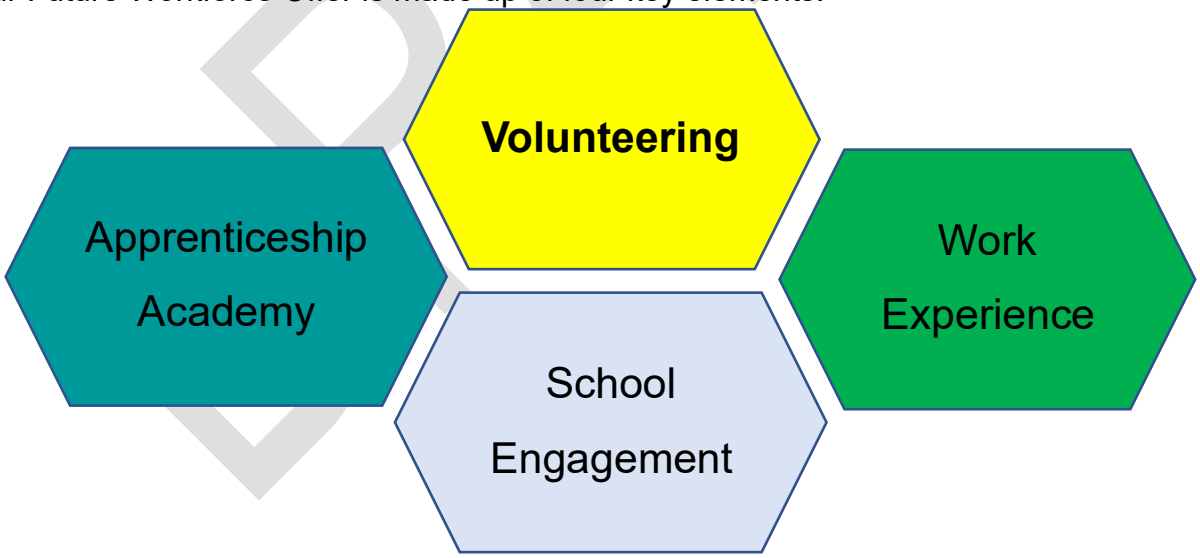
Objectives

The aims will be achieved by:

- Providing accessible and engaging information and guidance to Hywel Dda staff and key stakeholders.
- Highlighting the roles and responsibilities of all participants and the support available from the Future Workforce Team.
- Promoting Equality, Diversity and Inclusion through the provision of accessible work experience opportunities for under-represented groups and those with protected characteristics; including neurodiverse candidates, those with learning difficulties and disabilities.
- Implementing evaluation and impact measurement systems to celebrate success and identify areas for development.
- Proactive engagement to improve links with Health Board services, stakeholders and the wider community.

Hywel Dda UHB's Future Workforce Offer

Our Future Workforce Offer is made up of four key elements:



Work Experience Guides for Stakeholders

The Work Experience Policy has a broad reach and recognises the importance of engaging with key stakeholders and partners:

- Work experience candidates and potential candidates
- Hywel Dda colleagues and managers who host work experience candidates
- External stakeholders including learning providers

- The Future Workforce team who oversee collaboration with all stakeholders in the delivery of work experience.

Copies of this policy and any guides can be made available in other formats. Please contact the Future Workforce Team for more information.

Click on the links below for our work experience guides…

Work Experience Candidate Guide

Work%20Experience%20Candidate%20Gu

Department Guide

Work%20Experience%20Department%20S

Future Workforce Guide

Future%20Workforce%20Team%20guidanc

Learning Provider Guide

Learning Provider Guide .docx

To raise awareness of the Future Workforce Work Experience Policy amongst stakeholders, we will take a proactive approach to publicising the policy and guidelines. This will include:

- An engagement strategy to promote work experience to all stakeholder groups.
- The production of short videos and webinars highlighting work experience key messages.
- A school engagement strategy, promoting our work experience offer.
- Regular contact with external stakeholders such as learning providers, to make them aware of the learning provider guide.
- A comprehensive induction for all work experience candidates including signposting to the candidate guide.

- A relationship management approach with host departments.
- Posters to highlight the benefits of a work experience offer.
- Appreciative inquiry through celebrating success and sharing good practice.

Values & Behaviour Framework

Hywel Dda University Health Board operates to a set of organisational values which underpin all that we are and do as an organisation. Living our values supports us in our patient care and continued development as a health care provider.

All work experience candidates will be treated in accordance with Hywel Dda's Organisational Values and Behaviours Framework. Work experience candidates will be expected to embrace our values and exhibit as a minimum, the core standard of behaviours detailed in the *Organisational Values & Behaviours Framework Staff Handbook* (available on the Staff Intranet Values Page- opens in a new tab).

We would love to hear from you…

We would love to hear your feedback on this policy or wish to find out more about work experience or the Future Workforce offer.

Future Workforce Team
Telephone: 07790 978 576 Email: HDD.FutureworkforceTeam@wales.nhs.uk

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	Lisa Gostling – WOD
Service Area	People Development – Future Workforce

Title of Procedure, Project, Proposal, Policy being screened:	Work Experience Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Aims of the policy;

- To raise awareness of work experience and where it sits in the Future Workforce offer.
- To encourage participation in work experience, to create new opportunities for diverse and under-represented groups.
- To provide accessible information and guidelines for work experience, host managers and colleagues and learning providers.
- To foster collaboration amongst all stakeholders to deliver a quality and proactive Future Workforce offer.

The aims will be achieved by:

- Providing accessible and engaging information and guidance to Hywel Dda staff, work experience candidates, potential candidates and key stakeholders.
- Highlighting the roles and responsibilities of all participants and the support available from the Future Workforce Team.
- Promoting Equality, Diversity and Inclusion through the provision of accessible experience opportunities for under-represented groups and those with protected characteristics; including neurodiverse work experience candidates, those with learning difficulties and disabilities.
- Implementing evaluation and impact measurement systems to celebrate success and identify areas for development.
- Proactive engagement to improve links with Health Board services, stakeholders and the wider community.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The policy was written with the intention of providing opportunities for work experience candidates from a range of backgrounds and with the ethos that work experience should be open to all. The policy does not exclude anyone on the grounds of any protected characteristic from requesting to gain work experience and actively seeks to recruit from a diverse range of people. It promotes opportunities for people with disabilities, facilitating them to participate in public life and to gain experience that may help them in future employment opportunities.

It assists managers to deal with all requests for work experience in a consistent and fair manner. The addition of guidance documents to the policy gives managers a clear understanding of work experience services and the expectation on supporting work experience candidates on their placements. The Core Human Rights values of fairness, respect, equality, dignity and autonomy underpin this policy. Work experience candidates will have their individual needs taken into account and it is expected that they will be treated with dignity and respect by colleagues within the organisation.

It outlines a clear process for addressing any problems during the term of the Work experience Agreement and candidates have the right to appeal if a decision is made to end their placement agreement. Having a robust Policy on work experience will be of benefit to managers and staff within the organisation, patients and service users and work experience candidates themselves. It may also be beneficial to the community at large in fostering good relations between those who share a protected characteristic and those who do not by facilitating those who experience social exclusion to participate in a work experience placement and engage with staff, patients and service users.

To reach a wide section of the community, recruitment will be through a variety of means, including learning providers, adverts in the local/minority press, poster campaigns, social media campaigns, leaflets, contacts with schools, colleges, churches, community groups and by word of mouth.

A formal Engagement Officer is on site and identified to the candidate from the start of their enquiry and through to the end. Engagement Officers on site support with finding an appropriate placement, local inductions and pastoral needs and signposting to services.

Equality monitoring will be an integral part of the recruitment process in order to ensure that candidates from all sections of the community are fairly represented and afforded equal opportunity in being considered for a work experience placement.

Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.

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 EqIA must be undertaken: Equality Impact Assessments (EqIAs) (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	✓	Negative Impact		No Impact	

Justification of impact identified:
People under 16 are excluded from certain ward/clinical based experiences due to legal restrictions, e.g. no under 18s in A+E but this may be mitigated by finding opportunities in alternative areas. Risk assessments are undertaken on all situations prior to undertaking a work experience placement and parental/guardian/social services consent is sought where required for those aged 16-18.

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	✓	Negative Impact		No Impact	

Justification of impact identified:
Efforts will be made to find opportunities in suitable areas for people for whom English is not their first language and/or who may have communication difficulties in a public facing role. e.g. gradual exposure to front-facing role. Reasonable adjustments will be made to accommodate anyone with a disability who is offered a placement.

Gender Reassignment
Is it likely to affect those who either:

- 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		Negative Impact		No Impact	✓

Justification of impact identified:
This policy applies equally to all individuals and does not result in differential treatment based on a person's gender.

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		Negative Impact		No Impact	✓

Justification of impact identified:
This policy applies equally to all individuals and does not result in differential treatment based on a person's marital status.

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		Negative Impact		No Impact	✓

Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on a person's pregnancy or maternity status.					
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	✓	Negative Impact		No Impact	
Justification of impact identified: Efforts will be made to find opportunities in suitable areas for people for whom English is not their first language and/or who may have communication difficulties in a public facing role. e.g. gradual exposure to front-facing role. Reasonable adjustments will be made to accommodate anyone with a disability who is offered a placement.					
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		Negative Impact		No Impact	✓
Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on 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		Negative Impact		No Impact	✓
Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on a person's sex.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on a person's 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	✓

Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on whether a person is part of the Armed Forces Community or not.					
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. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on a person's socio-economic status.					
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.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on a person's use of the Welsh language.					

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	Claire Steel
	Title	Future Workforce Programme Manager
	Contact details	Claire.Steel@wales.nhs.uk
	Date	23/09/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Claire Steel
	Title	Future Workforce Programme Manager
	Contact details	Claire.Steel@wales.nhs.uk
	Date	23/09/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	23/9/2025
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.

All Wales Reserve Forces Training and Mobilisation Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

Approved
Welsh Partnership Forum November 2025

Contents

1. General Introduction

1.1 NHS Wales supports employees who are members of or wish to join the Volunteer Reserve Forces. These consist of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Army Reserve, the Reserve Air Forces (RAFR and RAuxAF), and cadet forces. This policy will also apply to Regular Reservists, who are ex-regulars who may retain a liability to be mobilised. A member of staff should be provided with a copy of this policy as soon as the NHS organisation is aware that the individual is a reservist.

1.2 Employees who wish to take advantage of the provisions contained within this policy must inform their employer that they are a Reservist by contacting the individual identified at Appendix 1 for their *NHS Organisation*. The designated contact for each *NHS Organisation* will keep a register of all employees who are members of the volunteer forces and will ensure that the individual's line manager is aware of their membership of the Volunteer Reserve Forces.

1.3 This policy will also apply to High Readiness Reserves (HRR) and Civil Contingency Reaction Forces (CCRF), both of whom must inform their employer of their status given the relatively short notice of deployment. High Readiness Reserves will also require written consent from their employer if they work more than two days per week before they are able to hold this status.

1.4 The training undertaken by Reservists enables them to develop skills and abilities that can be of benefit to them as employees, and to the employer in terms of service delivery. Members of staff should be encouraged to share these with colleagues.

1.5 A greater understanding of the training and skills development carried out in the Reserve Forces will assist managers in conducting PADRs.

2. The Legal Framework

2.1 In most instances an employer's relationship with a Reservist member of staff should be like that of any other employee. However, there are areas where a Reservist's status may affect the operations of the organisation. Legislation exists to define the rights and liabilities that apply to both parties.

2.2 There are two main pieces of legislation relating to employers and the Volunteer Reserve Forces:

- Defence Reform Act 2014 (DRA 14)
- The Reserve Forces Act 1996 (RFA 96) which provides the powers under which Reservists can be mobilised for full-time service.
- The Reserve Forces (Safeguard of Employment) Act 1985 (SOE 85) which provides protection of employment for those liable to be mobilised and reinstatement for those returning from mobilised service.

3. Practical Support for Training

3.1 NHS Wales will support an employee to become a reservist and provide access to annual or unpaid leave to support attendance at any training required in advance of an employee becoming a Reservist.

3.2 Paid leave of up to 10 days per year will be made available to Reservists to attend annual camp or equivalent continuous training. Any additional leave required should be taken as annual or unpaid leave.

3.3 Line managers will as far as possible facilitate work rosters to allow attendance for annual camp and other training commitments, e.g. weekly or weekend training sessions.

3.4 Reservist employees should give as much notice as possible to allow appropriate planning for absences. Permission will be granted where the notice exceeds one month and should normally be granted in other circumstances. Permission once given will not be rescinded except in exceptional and extreme circumstances.

3.5 Any disputes should be referred to the designated contact (see appendix 1) in the first instance. Employees who remain dissatisfied may thereafter use the grievance procedure.

4. Mobilisation

4.1 Mobilisation is the process of calling reservists into full-time service. (i) With the Regular Forces on the military operations (ii) To fulfil their part of the UK's defence strategy. The Reserve Forces Act 1996 and the Defence Reform Act 2014 provide the legal basis for mobilisation. Subject to the severity of the crisis there would normally be a minimum of 30 days' notice. Mobilisation will normally be for between 3 and 12 months but on occasion could be as short as 2 weeks.

4.2 An employee who wishes to volunteer for mobilisation **must seek prior agreement of their employer through their line manager out of courtesy**. Any such request will be considered within 5 working days.

4.3 Where there are multiple requests in a single department/unit these will be referred to the appropriate Senior Manager.

4.4 Where there is compulsory mobilisation of any employee the employer (following a similar process to 4.2 above) will decide whether to seek exemption or deferral. The grounds of exemption are strictly limited and would have to show serious harm to the employer's ability to provide services. The employer would only seek exemption in very exceptional circumstances.

4.5 Additional information regarding exemption and deferral from mobilisation is contained in Appendix 2.

5. Financial Assistance for Employers

5.1 Where an employee's mobilisation results in additional costs the employer may seek compensation from the Ministry of Defence (MoD), e.g.:

- Overtime costs if another employee is used to cover the work of the Reservist.
- Any costs of hiring a temporary replacement that exceeds the Reservist's earnings.
- Advertising for replacement or agency costs.
- Training costs for any training the employee needs as a result of having been mobilised (the MoD will not pay for training that we would have carried out anyway) when they return to work to carry out their duties properly.

5.2 While the Reservist is mobilised, the employer is not obliged to pay their salary or contractual benefits. However, staff will receive their full salary from the employer during the first month of their mobilisation or until they receive their first months pay from the MoD. The excess salary paid after the date of mobilisation will be recoverable when the individual returns to work. The designated contact for the *NHS Organisation* should ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop.

5.3 In order to claim financial assistance the employer will provide the Ministry of Defence with appropriate supporting documentary evidence e.g. invoices.

5.4 The latest date for submitting claims for financial assistance, other than for training, is within four weeks of the date the Reservist is demobilised.

6. NHS Pension whilst on Active Service

6.1 A reservist who is called out is entitled to remain a member of the NHS Pension Scheme. The Ministry of Defence (MoD) will pay the employer's pension contributions whilst the individual is mobilised provided they continue to pay their individual contributions. Where mobilisation occurs, the employee will be given special unpaid leave of absence. The employee's pension contributions would be calculated and held over until the employee returns. These would then be recovered monthly from salary and over the same period as the employee was absent. The employer will continue, on request of the employee, to pay employer's contributions to the NHS Pension Scheme for the period of mobilisation and invoice the MoD to recover this amount.

See section 12:

(http://www.nhsbsa.nhs.uk/Documents/Pensions/Call_up_of_Reservists_factsheet_V2_07.13.pdf)

7. Annual Leave whilst Mobilised

7.1 Reservists have no entitlement to accrue annual leave whilst mobilised and on unpaid leave.

7.2 Reservists will have a period of 'post tour' leave which they **accrue at the rate of one day for every nine calendar days deployed** (JSP 753 Directive – Regulations for the Mobilisation of UK Reserve Forces) from the MoD. This leave must be taken before the individual is demobilised.

8. Carry Over of Annual Leave

8.1 Reservists should be encouraged to take any holiday accrued before mobilisation. However, any annual leave not taken will be carried forward.

9. Pay Progression

9.1 Where an employee is absent from work following mobilisation, the service will be considered continuous and an employee will not be penalised if it coincides with their pay step.

9.2 Line managers who carry out PADRs and / or appraisal meetings with a reservist should be made aware that the Volunteer Reserve Forces activities undertaken by an individual (either through training or mobilisation) bring essential skills into the workplace such as leadership, communication, team working and organisational ability, which ultimately lead to improved performance in the workplace. It is therefore good practice that we recognise these skills and abilities in an individual's PADR or appraisal meeting and acknowledge that the activities can be regarded as evidence of achievement or in some circumstances contribute towards an individual being in a position to evidence application of knowledge and skills. These principles will also apply to reservists not employed on Agenda for Change Terms and Conditions, being mindful of professional requests, such as revalidation.

10. Support on Return to Work (Demobilisation)

10.1 Demobilisation may be a difficult time, with a Volunteer Reservist returning to work after a challenging period in deployment. Helping to ensure a smooth re-integration into the workplace/team will require consideration of:

- The need to update them on changes and developments in the organisation.
- The need to offer specific refresher training where it is sought/considered necessary.
- Where the job duties have changed since mobilisation, a period of skills training may be required to assist them with new aspects of the job.

- Whether the Reservist can meet up with colleagues informally or socially (if appropriate) before or after return to work to prevent any feeling of dislocation, if this is sought.
- Reasonable time off to seek therapeutic treatment.

10.2 When an employer is advised by a Reservist that they want to return to work, the employer is obliged to employ them in their old job as stated in the Reserve Forces (Safeguard of Employment) Act 1985. Where this is not possible, they must be offered an equivalent position with the same terms and conditions of service in accordance with the Organisational Change Policy. The right to return to work lasts for six months after demobilisation.

10.3 To enable the employer to plan for their return to work after their military service has ended, Reservists must advise the designated organisational contact verbally and/or in writing, copied to their line manager, the date they will be available to start work. This communication should be made no later than three weeks after the completion of military service.

10.4 The employer must be advised as soon as possible if, due to illness or some other reasonable cause, the employee is unable to start work on the agreed date.

11. Review

11.1 This policy will be monitored and reviewed every two years or sooner in light of any legislative changes and in line with NHS changes.

12. Useful Sources of Help

Reserve Forces and Cadet Association for Wales

Telephone: 02920 375746 www.wales-rcfa.org

NHS Wales Pensions Agency

Address: NHS Pensions Agency

PO Box 2269

Bolton

BL6 9JS

Telephone: 0300 3301 346

www.nhsbsa.nhs.uk

Appendix 1 – Designated NHS Organisation Contacts

Each NHS organisation has a responsibility to identify their designated contact, however, for the purposes of this policy the responsibility will be that of each NHS organisation's Director of Workforce and Organisational Development.

It will be the role of the designated NHS Organisation contact to ensure that: -

- they are fully aware of the provisions of this policy and are therefore able to advise employees of the support available to them;
- they maintain an up to date database of all Reservists working in their organisational area;
- they are available to work with both their employee and the employee's line manager to ensure the provisions of the policy are available;
- mechanisms in place to ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop;
- mechanisms in place to ensure that they maintain contact with the employee to ensure they are kept informed about their area. This may be through the provision of a staff newsletter, update e-mails, briefing notes etc;
- they act as first contact in any disputes.

Appendix 2 – Exemption and Deferral from Mobilisation

1.1 The employer has the right to ask for exemption from, or deferral of, mobilisation if it is considered that the organisation will suffer serious harm because of the Reservist's absence.

1.2 The definition of definition of 'serious harm', varies from case to case, but the broad guidelines laid out in CORFA 05 specifically mention;

- Serious loss of sales, markets, reputation, goodwill or other financial harm.
- Serious impairment of the ability to produce goods or provide services.
- Demonstrable harm to research and development of new products, services or processes, provided that the harm could not be prevented by the employer receiving financial assistance under CORFA 05.

1.3 To be considered for exemption or deferral, the Reservist, or the employer, must make an application, within seven days of the Reservist being served with a mobilisation notice, to the Service Adjudication Officer (SAO) for the Service in which the Reservist will serve. Late applications can only be made with the permission of the SAO appointed by the MoD. A serving officer or MoD official normally holds this post.

Address: Army Adjudication Officer
Army Personnel Centre
PO Box 26703
GLASGOW G2 8YN

Tel: 0800 389 6585
Fax: 0141 224 2689

Email: apc-cmops-mob-so2@mod.uk

Address: Royal Navy and Royal Marines Adjudication Officer
West Battery (MPG-2)
Whale Island
PORTSMOUTH PO2 8BX

Tel: 02392 628858
Fax: 02392 628660
Email: NAVYLEGAL-RESERVESADJSO2@MOD.UK

Address: Royal Air Force Adjudication Officer
Royal Air Force Adjudication Service
c/o Imjin Barracks
GLOUCESTER GL3 1HW

Tel: 01452 712612 ext 6107
Fax: 01452 510939
Email: aira1-adjmlbx@mod.gov.uk

1.4 The following information must be provided when applying for exemption or deferral;

- Personal details including full name, address, payroll and national insurance number.
- Details of the job or role they perform within the Board.
- The effect that their absence would have on the Board and/or departmental business and/or service delivery.
- Justification for exemption in terms of the serious harm to the Board and department.

1.5 Once received, the application will be examined by the SAO who will decide if the case for exemption or deferral is acceptable. In making this decision, the SAO will seek to balance the needs of the Board and employing department against the operational needs of the Armed Forces for which the Reservist has been mobilised.

1.6 An appeal can be made to the Reserve Forces Appeal Tribunal if the Board is unhappy with the decision of the SAO. The SAO will provide information on making an appeal.

1.7 Reserve Forces Appeal Tribunals are independent of the MoD, with appointments made by the Secretary of State for Constitutional Affairs and Lord Chancellor. Each tribunal consists of a legally qualified chairperson and two lay-members drawn from a list held by the Employment Tribunals Service.

1.8 Appeals must be lodged with the office of the Secretary to the Tribunal no more than five working days after the SAO's decision is received. Appeals can be faxed or posted first class.

Address: Reserve Forces Appeal Tribunal

Tribunals Service

Alexandra House

14 – 22 The Parsonage

Manchester

M3 2JA

Email: rfat@tribunals.gsi.gov.uk

1.9 The employer will be advised of the date, time and place of the hearing of the appeal. Where considered necessary, employers may be asked to provide the Tribunal with additional information in support of their case. Appeals are normally heard within 28 days of receipt of the appeal, during which time the Reservist will not be deployed outside the United Kingdom.

Date:- Dec-25	Name of All Wales Policy	Last Issue Date	Original Planned Review Date	Currently Under Review	Current Position
	Discplinary	Mar-17	Mar-20	Yes	Remains Extant*
	Organisational Change	Dec-25	N/A	No	Remains Extant*
	Capability	Jun-18	Jun-21	Yes	Remains Extant*
	Managing Attendance at Work	Oct-18	Dec-21	Yes	Remains Extant*
	Menopause	Dec-18	Dec-21	No	Remains Extant*
	Respect and Resolution	Jul-24	N/A	No	Remains Extant*
	Employment Break Scheme	Dec-25	N/A	No	Remains Extant*
	Reserve Forces Training and Mobilisation	Dec-25	N/A	No	Remains Extant*
	Procedure for NHS Staff to Raise Concerns	Sep-23	May-23	Yes	Remains Extant*
	Pay Progression	Jan-20	Oct-23	No	Remains Extant*
	Special Leave	Dec-20	Jan-24	No	Remains Extant*
	Recruitment and Retention Payment Protocol	Dec-20	Apr-24	No	Remains Extant*
	Secondment	Jul-21	Jul-24	No	Remains Extant*
	Flexible Working	Jan-24	N/A	No	Extant*
	Pregnancy Loss Support	Sep-24	N/A	No	Extant*
	Flexible Pensions	Oct-24	N/A	No	Extant*
	Job Evaluation	Dec-24	N/A	No	Extant*
	Anti-Sexual Harassment Policy	Sep-25	N/A	No	Extant*
	Upholding Professional Standards in Wales	Oct-15	Oct-18	No	Remains Extant*

At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a revised approach to the review of All Wales polices and procedures.

The core element of this approach is to move away from using a review date as a prompt for review of an existing policy, to recognise key prompts for review and to provide an option for a transactional review where changes/updates to an existing policy are more administrative than material.
All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum.
NHS Wales Employers will issue this schedule on a quarterly basis as confirmation of policies remaining extant to provide clarity and support organisations from a governance and assurance perspective.

*Extant - legal term derived from Latin for still in existence/still live

8

0 Mins

8 - FOR INFORMATION

8.1

8.1 - PODCC Workplan 2025/26

Attachments

PODCC Work Programme 2025-26.pdf

HYWEL DDA UNIVERSITY HEALTH BOARD – PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

The following table sets out the Committee's proposed work plan for 2025-26, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026
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 2025	**LG**	KR	✓			
Self-Assessment of Committee Effectiveness – 6 month outcome report	**LG**	KR			✓	
Assurance and Risk Report – to include: • Corporate Risks Assigned to PODCC • Operational Risks Assigned to PODCC • Monitoring of Ministerial Directions • Monitoring of Welsh Health Circulars (WHCs)	**LG**	RW	✓	✓	✓	✓
Targeted Intervention Progress Report	**LG**	SA	✓	✓	✓	✓
Staff Story (video/presentation etc)	**LG**	Various	✓	✓	✓	D
Health Board Partnership Forum Update	**LG**	AD		✓	D	✓
Discovery Report & Action Plan *(TI 47)*	**LG**	CD				
Workforce Efficiency	**LG**	TW	✓		✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026
Employment Relations Deep Dive, to include • Fraud investigation communications update • Under/over payment policy issues	**LG**	HH				✓IC
Community Nursing Annual Report/ Community Staffing Update	**PS**	TE/LL/SC	D	✓		
Speak Up thematic/lessons learnt report (6 monthly)	**LG**	CD	D	✓		✓
Staff Recovery in Nature Programme	**ST**	ST	✓			
Staff Survey Results Update Report *(TI 43 & 45)*	**LG**	CD	✓			
Agile Working Plan	**LD**	SH	✓			
New Workforce Solution	**LD**	TW				✓
Welsh Language Annual Report 2024/25	**AHM**	AHM/EW	✓			
Update on Increase in Stress Amongst Staff	**LG**	HH	✓		D	✓
Culture Progression/Overview Report *(TI 47)*	**LG**	CD	✓	✓		
EDI Updates, to include:	**AL**	AB	✓	✓		
• Taskforce/Update						✓
• LGBTQ+ Action Plan	**LG**	AB				
• Workforce Race Equality Standards (WRES) Action Plan						
• Anti-Racist Wales Action Plan (ARWAP)						
• Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports (TI 48)						
Armed Forces Annual Update	**LG**	AB	✓			
Improving Outcomes for Unpaid Carers - End of Year Reports 2024/25	**LG**	AB	✓			
Joint Inspection of Child Protection Arrangements Report - Update on safeguarding training compliance	**SD** **SD**	SD SD		✓		 ✓
HIEW Report on General Surgery at Withybush General Hospital	**MH**	MH		✓		

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026
Social Partnership Duty Annual Report	**LG**	SR			✓	
Whistleblowing in Hywel Dda	**LG**				✓v	✓
CCG Structure and Process for Recruitment	**AC**				D	✓
Sickness Rates and Cultural Challenges in Theatres	**AC**			D	D	✓
Staff/Public Health Tool Update	**LG**	MJ				✓
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				
o Workforce Plan *(TI 44)*	**LG**	TW				
o Recruitment Plan (TI44)	**LG**	HH				✓
o Retention Plan *(TI 41 & 42)*	**LG**	CD				✓
o Workforce Education and Development Plan *(TI 41 & 42)* (SPPEG ToR states plan should be submitted 'within 6 weeks of the end of financial year')	**LG**	TW				
Performance						
Performance Assurance & Workforce Metrics: Integrated Performance Assurance Report (IPAR) (*TI 48*)	**LG**	TW	✓	✓	✓	✓
Sub-Committee Updates						
Sub-Committee Terms of Reference:						
• Strategic People Planning and Education Group	**LG**	AG				
Sub-Committee Update Reports:						
• Strategic People Planning and Education Group (to include minutes of the SPPEG meeting)	**LG**	AG	✓	D	✓	✓
Sub-Committee Annual Reports:						
• Strategic People Planning and Education Group	**LG**	AG				

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026
For Approval						
Corporate & Employment Policies*	**LG**	HH	✓	✓	✓	✓
Contractual and Legislative Changes	**LG**	HH		✓		
Outcome of Advisory Appointments Committee*	**LG**	HH	✓	✓	✓	✓
For Information						
PODCC Workplan 2025/26*	**LG**	CSO	✓	✓	✓	✓
Administration						
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	CSO	N/A	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	CSO	N/A	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	✓	✓	✓	✓

Initials:

D – Deferred AB – Anna Bird AC – Andrew Carruthers 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 RB – Robert Blake RW – Rachel Williams AL – Anna Lewis PS – Peter Skitt	SC – Sarah Cameron SH – Sharon Hughes SR – Sara Rees ST – Suzanne Tarrant TE – Tracey Evans TW – Tracy Walmsley ST – Suzanne Tarrant

9

5 Mins

9 - ANY OTHER BUSINESS

All

10

0 Mins

10 - DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 19 May 2026

10.1

10.1 - Date of Future Meetings

Tuesday 18 August 2026
Tuesday 10 November 2026
Tuesday 16 February 2027