Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant/ People, Organisational Development and Culture Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 August 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce and Organisational Development 5-year Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development / Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Executive Director of Workforce and Organisational Development / Deputy Chief Executive

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

It has recently been announced that the new Welsh Government wish to launch a 10 year Workforce Strategy in Autumn 2026, and that the strategy will be accompanied by an 18 month initial implementation plan. For this reason, it was felt inappropriate at this time to finalise our plan as it will require adjustment to align with the All-Wales Strategy.

Therefore, this draft Workforce and Organisational Development (OD) Strategic Plan: People First, Future Ready 2026–2031 is being presented as a first draft to begin a discussion around the content Members would wish to see in the plan. It will set out our priorities and ambitions for the next five years, ensuring that our workforce is equipped, supported and empowered to deliver high-quality, compassionate and sustainable services for the communities we serve.

Also, this plan will need to be adapted to ensure it fully captures agreed actions to progress our Building a Positive Workforce Culture report which was discussed at Board on 30 July 2026.

Cefndir / Background

Recognising that the workforce is our greatest asset, the new draft strategic plan reflects the progress made with the Workforce, Organisational Development and Education Strategy 2020–2030 (which was published following the COVID-19 pandemic to reset the focus), but begins to respond to the significant changes and challenges facing the NHS workforce. These include increasing service demand, workforce supply pressures, evolving models of care, technological advances and the need to improve staff wellbeing, inclusion and engagement.

The strategic plan has been shaped by engagement with staff working in the directorate, as well as with stakeholders, including Trade Union colleagues.

Moving from vision to strategic plan has involved co-production with the directorates heads of service to ensure the strategy aligns workforce priorities with the organisation's strategic objectives and national policy direction and provides a clear framework for how we will attract, develop, retain and support our people over the next five years in a way with supports and drives organisational effectiveness.

Asesiad / Assessment

The Draft People First, Future Ready Workforce and Organisational Development Strategy 2026–2031 builds on the foundations established by the Workforce, Organisational Development and Education Strategy 2020–2030. While retaining many of the original ambitions around leadership, workforce planning, recruitment and development, the new strategy reflects the changing needs of the organisation and NHS workforce. It places greater emphasis on culture, belonging, staff wellbeing, inclusion, staff voice and organisational effectiveness, alongside a strengthened focus on digital transformation, workforce intelligence and future workforce capability.

The strategic plan moves from eight broad strategic intentions to five integrated priorities, providing a clearer and more measurable framework for delivering a people-centred organisation that is future-ready. The priorities are:

1. A People-Centred Culture
2. Employer of Choice
3. Looking After Our People
4. Ensuring Our People Thrive
5. Bold Workforce Transformation.

This makes the strategy easier to communicate and aligns activity more directly to workforce outcomes. The priorities are underpinned by cross-cutting areas of focus including:

- Embedding equality, diversity and inclusion into every priority, rather than treating it as a separate workforce objective
- Strengthening our commitment to staff voice with explicit commitments to co-production with staff and Trade Unions, strengthening engagement and demonstrating how feedback influences decision making.
- Recognising that organisational effectiveness is integral and strategic enablers of quality, safety, productivity financial recovery and sustainability.

While the 2020 strategy focused heavily on collective and compassionate leadership as the mechanism for cultural change, the new strategic plan places culture itself at the centre. It explicitly aims to create a kind, inclusive and values-led organisation where dignity, belonging, psychological safety and accountability are part of everyday working life.

A Faculty of Education (focused on learning, role development, interdisciplinary education, simulation and future skills) and a Faculty of OD (focused on culture, leadership, staff engagement, team development and transformation) will be established. Their combined impact will be translating workforce planning, patient insight and staff experience into practical service improvements.

This strategic plan is not just a Workforce and OD plan. It is a whole organisation commitment to creating the conditions in which our people can thrive, services can improve and patients can receive safe, high-quality care.

Further development of the Strategic Plan will be required to ensure it encompasses priority areas identified by Welsh Government and has clear accountability and productivity improvements.
Argymhelliad / Recommendation The People, Organisational Development and Culture Committee are asked to: • **DISCUSS** the draft strategic plan and provide any suggestions for changes which will be incorporated when a final version is developed aligned to the all-Wales Workforce Strategy expected later in 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1.2 Implementation of the Health Board's Workforce and OD Strategy, and the all-Wales Health and Social Care Workforce Strategy, ensuring these are consistent with the Health Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg 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)	1. Leadership 2. Culture and valuing people 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams 2. Customer Service Excellence

Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of 4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported 5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being 8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall wellbeing
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Included in the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	A wide range of stakeholders were consulted by the Director during the engagement phase.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	N/A
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Workforce culture and learning have a strong alignment to quality of patient care.
Gweithlu: **Workforce:**	The strategic plan for Workforce and OD should have a positive impact for our workforce who will have a clear understanding of the commitments being made.
Tegwch Iechyd: **Health Equity:**	N/A
Risg: **Risk:**	A clear strategic plan for Workforce and OD will help to mitigate workforce risks.

Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	Having a clear strategic plan for Workforce and OD should result in positive reputational impacts.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	A screening EqIA has been completed. Implementation of this strategic plan is closely aligned with the duties placed on public bodies under the Equality Act 2010 and the Public Sector Equality Duty.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

People First, Future Ready

Workforce and Organisational Development Strategy

2026 - 2031

A vision for people-centred working to deliver outstanding care

Welcome

Lisa Gostling

Executive Director of Workforce and Organisational Development / Deputy Chief Executive

People are at the heart of Hywel Dda University Health Board. Every day, our staff and volunteers support people and communities across our large, mainly rural area.

The context is demanding: operational pressure is high, resources are constrained and some roles remain difficult to fill. Staff continue to show compassion, professionalism and strong team commitment, but the evidence tells us that workforce experience and sustainability need to improve at greater pace.

People First, Future Ready is therefore not solely a Workforce and Organisational Development Directorate plan. It is a whole-organisation commitment to creating the conditions in which people can thrive, services can improve and patients can receive safe, high-quality care.

Our values guide this work: Belonging — putting people at the heart of everything we do; Growth — striving to deliver and develop excellent services; and Together — working together to be the best we can be.

Looking to 2031, our ambition is to be a truly people-centred organisation: one where every voice matters, people feel valued and supported, and dignity, respect and inclusion shape everyday work.

This strategy brings compassion and accountability together. We will invest in inclusive leaders who listen, involve staff, set clear expectations and follow decisions through. We will strengthen the systems, processes and organisational learning that enable teams to improve.

Wellbeing, development and future capability are central to this ambition. We will attract, retain and grow talented people; make responsible use of data, technology and new workforce models; and ensure investment translates into better quality, productivity and sustainability.

Together, we will build an organisation we are proud of and deliver our shared goal: People First, Future Ready.

Who are we?

Hywel Dda University Health Board supports people in Carmarthenshire, Ceredigion, Pembrokeshire, and nearby areas. Here are some key facts:

Our Health Board covers about a quarter of Wales by land area.

We employ around 13,000 staff, including apprentices. We also have more volunteers joining us each year.

Based on the 2021 Census, we provide healthcare to around 383,000 people. We also support many visitors to the area.

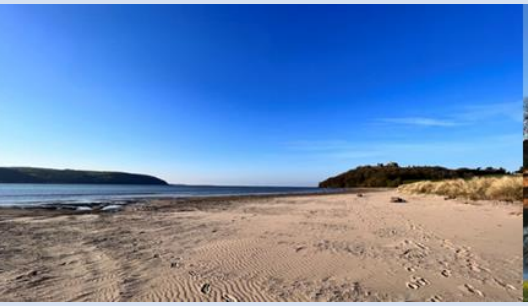
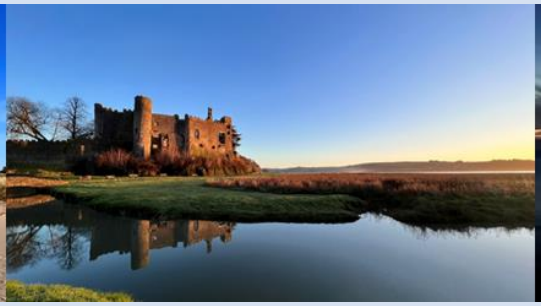
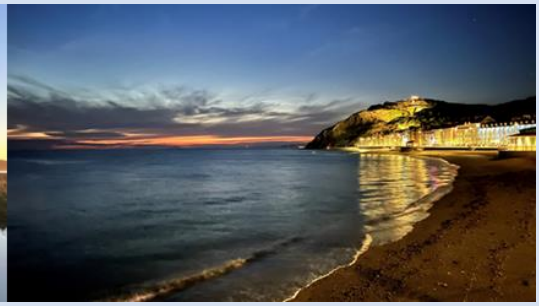
We support
47 General Practices,
47 Dental Practices,
97 Community Pharmacies,
43 General Ophthalmic Practices and
8 Ophthalmic Domiciliary Providers.

Our services include
4 General Hospitals,
7 Community Hospitals,
11 Health Centres, and a range of Mental Health and Learning Disability services.

Our Strategy
People First, Future Ready

People First, Future Ready 2026–2031 sets out how we will attract, retain and develop a skilled, committed and sustainable workforce. It also defines the cultural, leadership and organisational conditions needed for people to perform at their best.

Equality, diversity and inclusion, meaningful staff involvement and organisational effectiveness underpin all five priorities. Delivery is a shared responsibility across the Board, Executive Team, operational leaders, managers, clinicians and teams — not the remit of one directorate.

Monitoring and measuring our success

Success must be visible in staff experience, patient outcomes, operational performance and financial sustainability. We will triangulate workforce intelligence with patient insight and service evidence, rather than relying on a single measure.

Our core evidence will include:
Staff Survey participation, engagement and involvement in decisions
Sickness absence, work-related stress, wellbeing and presenteeism

- Turnover, vacancies, hard-to-fill roles and internal workforce supply
- Agency, bank and other variable pay, including substantive conversion
- Patient feedback on communication, involvement, access and delays
- Benefits realisation from workforce investment and redesign

Progress, variation, risks and accountable actions will be reported regularly through the People, Organisational Development and Culture Committee.

Our Five Priorities

People First, Future Ready is our five-year commitment to creating the conditions in which people can thrive and deliver outstanding care. Workforce culture, wellbeing, involvement and organisational effectiveness are inseparable from quality, safety, productivity, financial recovery and patient experience.

Across five connected priorities, we will move from stand-alone initiatives to an integrated, evidence-led approach. Staff voice, workforce intelligence, patient insight and clear accountability will guide where we act, how we learn and how we demonstrate measurable improvement.

A people-centred culture

We will value and respect the diversity of our workforce and create a culture where every voice matters. Everyone should feel seen, valued, and able to help shape our future.

Looking after our people

We will make staff health and wellbeing a priority. We will support fair and clear workforce processes. We will also help our people build strong and connected communities.

Bold workforce transformation

We will support new ideas to transform our ways of working and support staff and teams to work together. We will make better use of digital tools and technology. This will help us plan, make more informed decisions to improve our services.

An employer of choice

We will be an open and inclusive place to work. Everyone should feel welcome and able to belong. We will care for and develop our staff. We will actively create opportunities to recruit from and reflect the communities we serve.

Ensuring our people thrive

We will support leaders to be inclusive and confident. We will invest in learning, education, and development for all staff. This will help us meet the needs of our patients and communities.

Cross-cutting priorities

Equality, Diversity and Inclusion

Equality, diversity, inclusion and human rights are essential to good care and a positive workplace. We will apply an EDI lens across all five priorities, address inequity in recruitment and progression, strengthen inclusive leadership and make respectful behaviour an everyday expectation.

When people feel safe, respected and included, they are more able to speak up, contribute ideas and deliver high-quality care. Leaders will be accountable for acting where data shows variation, discrimination or barriers to inclusion.

Staff involvement

The 2025 NHS Wales Staff Survey shows strong compassion, teamwork, trust and autonomy, but staff involvement in decisions has fallen to 44.2% and declined for a third consecutive cycle.

Meaningful involvement is therefore a design principle across all five priorities. We will co-produce change with staff, managers and Trade Union partners; show how feedback influences decisions; strengthen local learning loops; and measure whether people feel able to shape the work that affects them.

Organisational effectiveness

Organisational effectiveness means creating the leadership, role clarity, systems, processes and ways of working that enable people to do their best work. We will strengthen decision-making, follow-through, learning and accountability, while reducing avoidable complexity.

Culture and organisational effectiveness are strategic enablers of quality, safety, productivity, financial recovery and long-term sustainability. They require collective ownership across the Health Board.

A people-centred culture

We will value and respect the diversity of our workforce and create a culture where every voice matters. Everyone should feel seen, valued, and able to help shape our future.

Where are we now?

Our workforce has enduring strengths. In the 2025 NHS Wales Staff Survey, nine of ten themes scored above the NHS Wales Health Board benchmark, with particular strengths in teamwork, compassionate leadership, speaking up, trust and autonomy.

However, only 2,677 of 12,215 eligible staff responded (21.9%). Overall engagement fell to 70.7%, while involvement in decisions affecting work fell to 44.2% for a third consecutive cycle. This weakens agency, trust and our ability to improve.

We already provide values-based leadership development, coaching, OD support, staff networks and speaking-up routes. The next step is to connect these into a consistent approach that combines compassion, inclusion, clear expectations and visible action.

Where do we want to be?

By 2031, Hywel Dda will be a kind, inclusive and accountable organisation where people feel respected, psychologically safe and able to contribute. Leaders will listen and support, while also setting clear expectations, addressing poor behaviour and following decisions through.

We will embed earlier intervention and restorative resolution, accelerate anti-racism and active bystander capability, strengthen inclusive leadership and improve accessible communication. Staff voice and patient insight will inform learning and continuous improvement.

Success will mean fewer and shorter formal cases, stronger trust and fairness, improved speaking-up and involvement scores, better representation at senior levels and visible evidence that feedback leads to action.

Key initiatives and milestones

Key Initiatives	Year 1-2 Outcomes	Year 3-4 Outcomes	Year 5 Measures of Success
Employee relations prevention and restorative resolution	Earlier intervention, restorative practice and manager support to reduce case duration. Expectations for respectful behaviour and local accountability are clear.	Leaders routinely use coaching, restorative approaches and meaningful performance conversations. Respect and resolution cases are addressed at the lowest appropriate level, reducing formal cases and workplace disruption, with clear expectations from the outset on what is effective resolution.	Reduction in case volumes and duration. National and local Staff Survey results show sustained improvement in confidence in leaders, teamworking and psychological with staff feeling respected, included.
Anti-racism, active bystander and inclusive leadership	Strengthen active bystander capability, staff network engagement and speak up routes to increase trust and belonging. Embed Executive equality objectives in accountability arrangements.	Recruitment, progression, representation, pay gaps and staff experience are tracked, with leaders acting on inequity and variation.	Disparities reduce, inclusion scores improve and senior representation becomes more diverse.
Accessible communication and inclusive standards	Establish governance, training, data and named ownership for accessible communication and information standards.	Standards are embedded in training, service design, impact assessment and feedback, with compliance demonstrated.	Access and experience improve, while avoidable duplication, complaints and communication failures reduce.
Staff voice and psychological safety	Introduce a consistent Health Board-wide approach to involvement in change and make feedback-to-action visible.	Staff consistently report meaningful involvement in decisions affecting their work, with evidence that concerns raised lead to visible action and learning.	High levels of Staff Survey engagement and psychological safety scores, with staff feeling respected, included and confident to challenge constructively.

Making a difference

"Equality of opportunity is more than a message here, it's how we work. My disability hasn't been a barrier to my work or career progression." *Staff Nurse*

"I know my race and sexual orientation has no bearing on how myself and my partner are treated. Everyone I saw experienced the same high-quality care." *Maternity patient*

Employer of Choice

We will be an open and inclusive place to work. Everyone should feel welcome and able to belong. We will care for and develop our staff. We will actively create opportunities to recruit from and reflect the communities we serve.

Where are we now?

Recruitment performance has improved, but workforce supply remains uneven. The current position includes 238.97 vacancies, including 33 hard-to-fill medical vacancies and 17 hard-to-fill Agenda for Change vacancies; 58 hard-to-fill posts were filled during 2025–26.

Turnover has reduced in nursing and AHP/HCS, while medical turnover remains broadly unchanged and Specialty Doctors are a priority. Recruitment and retention therefore need to be differentiated by profession, service and geography.

We will combine fair, inclusive recruitment with stronger rural and hard-to-fill pipelines, community-based attraction, support for international recruits and clearer local ownership of vacancies.

Where do we want to be?

By 2031, Hywel Dda will be an employer of choice with a more stable, representative and sustainable substantive workforce.

We will build accessible pathways through schools, colleges, apprenticeships, Grow Your Own routes including Portfolio Pathway progression for medical staff, student streamlining and community recruitment. Targeted plans will address rural services, shortage specialties, retirement exposure and service fragility.

Candidate experience will be timely, values-led and inclusive. Services will be accountable for attraction, onboarding, retention and vacancy decisions, supported by coordinated local, national and international pipelines.

This will reduce persistent vacancies and reliance on premium temporary staffing, improve service continuity and ensure workforce supply reflects future population and service needs.

Key initiatives and milestones

Key Initiatives	Year 1-2 Outcomes	Year 3-4 Outcomes	Year 5 Measures of Success
Hard-to-fill and rural workforce pipeline	Develop targeted attraction plans, portfolio pathways, community recruitment and pastoral support for overseas recruits; assign clear vacancy ownership.	Coordinate local, national and international pipelines against workforce risk, retirement exposure and service fragility.	Hard-to-fill vacancies and time to appoint reduce; retention, substantive stability and service continuity improve.
Temporary staffing reduction and bank/agency control	Standardise authorisation, exit plans, rate-card compliance and reporting across staff groups, with accountability for recurrent demand.	Use substantive conversion, bank optimisation and workforce redesign to manage temporary staffing safely, affordably and productively.	Agency and premium pay reductions are sustained, with no routine temporary staffing for recurrent demand.

Making a difference

"I'm a veteran of the Armed Forces and the Health Board recognised and valued my previous military service, enabling me to use the Guaranteed Interview Scheme. I feel valued and the Health Board has a staff network so I can meet other people who have had similar experiences."

Theatre Technician

"I've noticed that I am seeing the same faces when I come to hospital; before there was no consistency and the nurse who looked after me said they worked for an agency so were only temporary."

Dialysis patient

Looking after our people

We will make staff health and wellbeing a priority. We will support fair and clear workforce processes. We will also help our people build strong and connected communities.

Where are we now?

Workforce pressure is being absorbed through personal effort as well as organisational support. In May 2026, anxiety, stress, depression and other psychiatric illness accounted for 34.2% of sickness absence — 7,536.52 FTE days lost. More than six in ten survey respondents had worked while unwell, and nearly four in ten reported work-related stress.

Some employee relations cases also take too long, adding harm and avoidable disruption. We need earlier intervention, clearer manager accountability and restorative routes wherever appropriate.

Working with Trade Union partners, we are strengthening attendance support, workforce advice, local wellbeing action and data-led identification of hotspots.

Where do we want to be?

By 2031, our people services will be preventive, responsive and consistent, helping staff and managers act early and access the right support.

Attendance and wellbeing interventions will combine timely recording, return-to-work conversations, occupational health pathways, Wellbeing Passports and targeted action in pressure hotspots. Managers will be accountable for supportive follow-up and recovery of workforce capacity.

Rostering, rota and job-planning disciplines will improve use of funded capacity, annual leave planning, participation and safer staffing, while reducing avoidable premium pay.

Digital tools and workforce intelligence will simplify processes and reveal variation. Trade Union partners will be involved in designing change so that better staff experience, productivity and service continuity are achieved together.

Key initiatives and milestones

Key Initiatives	Year 1-2 Outcomes	Year 3-4 Outcomes	Year 5 Measures of Success
Attendance, wellbeing and capacity recovery	Introduce targeted oversight, manager training, Wellbeing Passports and locality interventions using workforce and population health data. Address absence hotspots through early intervention,	Occupational health pathways and service-level action plans.	Sickness absence, return-to-work practice, wellbeing, workforce availability and service continuity improve sustainably.
Rostering, rota and job-planning optimisation	Strengthen 12-week roster approval, contracted-hours rostering, annual leave planning, job planning and rota transparency.	Use intelligence to release capacity and reduce premium pay; leaders own compliance, exceptions and corrective action.	Roster compliance and job-planning completion improve; late changes and avoidable variable staffing costs reduce.
Preventive and restorative people practice	Build earlier intervention, manager support and alternative resolution into people processes, working with Trade Union partners.	Fewer issues escalate into prolonged formal cases; change and conflict are handled more consistently and supportively.	Case duration, disruption and harm reduce, with stronger fairness, trust and staff experience.

Making a difference

"My supervisor is supportive and gives me the confidence to speak up when things are bothering me. It's nice to feel heard and we used the wellbeing passport to agree some adjustments to help me manage my work commitments alongside my unpaid caring role for my housebound parents." *Catering Assistant*

"We were involved in discussions about the service changes right from the start. This meant that we could be part of developing options that met the needs of the service and staff." *Trade Union Representative*

Ensuring our people thrive

We will support leaders to be inclusive and confident. We will invest in learning, education, and development for all staff. This will help us meet the needs of our patients and communities.

Where are we now?

We have strong learning and development foundations, but access, career pathways and workforce planning are not yet consistent across services. Equality and pay-gap evidence shows where barriers to progression remain, while future supply depends on better alignment between education investment and service need.

Apprenticeships, Grow Your Own routes, student placements and education commissioning are developing, but need to operate as one workforce supply plan with clear ownership for placement capacity, conversion and retention.

Leadership, digital and simulation learning must also support new roles, interdisciplinary working and care closer to home. Development should translate into measurable workforce capability, service improvement and value.

Where do we want to be?

By 2031, talent, learning and workforce planning will be part of everyday management. All staff will have fair access to relevant development, clear pathways and meaningful PDR conversations linked to wellbeing, capability and future aspirations.

An integrated Grow Your Own, apprenticeship and student-streamlining model will increase internal supply into priority roles. Conversion, placement utilisation, retention and skill mix will be tracked against future demand.

The Faculty of Education will coordinate learning, role development, interdisciplinary education, simulation and future skills. The Faculty of OD will strengthen culture, leadership, staff engagement, team effectiveness and transformation. Together they will connect workforce plans, patient insight and staff experience to practical improvement.

Workforce redesign and business cases will set productivity assumptions, benefits measures and named accountability, ensuring investment improves quality, flow, value and sustainability.

Key initiatives and milestones

Key Initiatives	Year 1-2 Outcomes	Year 3-4 Outcomes	Year 5 Measures of Success
Integrated Grow Your Own, apprenticeships and student streamlining	Align apprenticeships, Grow Your Own, placements and education commissioning into one supply plan linked to future service need.	Monitor conversion, retention and placement capacity; services and professional leads own progression into priority roles.	Internal supply, placement use and skill mix improve; vacancy gaps and dependence on external recruitment reduce.
Faculties of Education and OD with value-based redesign	Establish operating models, governance and roadmaps; define redesign options, productivity assumptions and benefits.	Integrate education, leadership, OD, improvement and innovation with service transformation; track benefits and correct under-delivery.	Capability, leadership, staff experience, productivity, quality, flow and organisational resilience improve measurably.

Making a difference

"At my Personal Development Review my manager encouraged me to attend the Hywel Dda Manager programme. This gave me the skills and confidence to consider applying for promotional opportunity which I got!"
Workforce Advisor

"When my son, who has an ASD diagnosis, was admitted to hospital, I could see that all the staff worked together really well. They spoke to him, not just to me and accommodated his needs. They were kind and reassuring."
Parent of patient

Bold workforce transformation

We will support new ideas to transform our ways of working and support staff and teams to work together. We will make better use of digital tools and technology. This will help us plan, make more informed decisions to improve our services.

Where are we now?

We have improved workforce data quality, introduced dashboards and strengthened review, but information and confidence in using it remain uneven. Rostering, workforce planning and establishment controls are not yet consistently embedded across services and professions.

Workforce and financial plans also need to reconcile more reliably. Growth, vacancies and temporary staffing decisions must be linked to approved service models, affordability, productivity and benefits realisation.

The next phase is to connect strategic workforce planning, scenario modelling, people analytics and clear accountability so that leaders can identify risk earlier and act on variation.

Where do we want to be?

By 2031, workforce decisions will be evidence-led, affordable and aligned with population need, service models and the Clinical Services Plan.

A refreshed workforce planning model will support 5–10 year scenarios by service, profession and geography. Plans will inform education commissioning, recruitment, retention, redesign, finance and transformation, with accountable owners and tracked delivery.

A consistent establishment and affordability framework will strengthen vacancy governance and workforce–finance sign-off. Leaders will be accountable for growth, substitution, productivity assumptions and corrective action.

People analytics will bring together establishment, vacancies, temporary staffing, sickness, leave, job planning, EDI, workforce risk and productivity. Predictive insight will support earlier intervention, stronger assurance and measurable improvement.

Key initiatives and milestones

Key Initiatives	Year 1-2 Outcomes	Year 3-4 Outcomes	Year 5 Measures of Success
Strategic workforce planning	Refresh the model; produce 5–10 year service, profession and geography scenarios.	Use plans for education, recruitment, finance and redesign.	Supply, affordability and service models align; workforce risk falls.
Establishment and affordability control	Standardise establishment review, vacancy governance and workforce–finance sign-off.	Reconcile workforce, service and financial plans; control growth and temporary substitution.	Affordable growth and sustained reductions in agency, bank and overtime.
People analytics and assurance	Expand dashboards across vacancies, staffing, sickness, EDI, risk and productivity.	Use predictive insight for early action, tracking and Executive assurance.	Faster decisions, closed actions and measurable improvement.
Digital workforce capability	Improve data quality, access and user capability.	Embed digital tools in planning, with transparent governance.	Trusted systems improve responsiveness, productivity and outcomes.

Making a difference

People First, Future Ready

Workforce and Organisational Development Strategy

2026 - 2031

A vision for people-centred working to deliver outstanding care

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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
Workfo	Workforce and Organisational Development

Title of Procedure, Project, Proposal, Policy being screened:	People First, Future Ready: Workforce and Organisational Development Strategy 2026-2031

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The People First, Future Ready: Workforce and Organisational Development Strategy 2026-2031 sets out Hywel Dda University Health Board's vision for creating a people-centred, inclusive and sustainable workforce over the next five years. It focuses on ensuring staff feel valued, supported and able to thrive while developing the workforce needed to deliver high-quality care for patients and communities.
The strategy is built around five priorities: creating a people-centred culture, becoming an employer of choice, looking after staff wellbeing, supporting people to learn and develop, and transforming the workforce through innovation, technology and improved workforce planning. Equality, diversity and inclusion, staff involvement and organisational effectiveness are embedded throughout all areas of the strategy.
Overall, the strategy aims to attract, develop and retain a diverse and skilled workforce, strengthen leadership, improve staff experience and wellbeing, and create an organisational culture where everyone feels respected, included and able to contribute to delivering outstanding care.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Staff survey and engagement feedback.
- Workforce equality and demographic data.
- Recruitment, retention and sickness absence data.
- Workforce planning and organisational performance information.
- Patient experience feedback.
- Staff, manager and Trade Union engagement.
- Relevant legislation and policy requirements.

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	x	Negative Impact		No Impact	
Justification of impact identified: The increased focus on apprenticeships, early careers programmes, and the recruitment of people under 20 years of age should enhance employment and development opportunities for younger people. Strengthened career development pathways, performance development reviews (PDRs), and talent management initiatives will support staff progression at all stages of their careers. Flexible working arrangements and					

wellbeing initiatives may also help retain experienced employees and support older workers as they approach retirement.

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	x	Negative Impact		No Impact	

Justification of impact identified:
The strategy includes a clear commitment to challenging ableism and promoting greater inclusion for disabled staff. Disabled people are specifically identified as an underrepresented group within leadership development programmes, helping to improve access to progression opportunities. Initiatives such as Health and Wellbeing Passports, flexible working arrangements, wellbeing support, and reasonable workplace adjustments are expected to enhance the experience of disabled employees. In addition, inclusive recruitment practices should help reduce barriers to employment, career development, and progression.

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	X

Justification of impact identified:
EDI commitments and staff voice mechanisms should foster a more inclusive workplace and enhance confidence across all protected groups in reporting discrimination and inappropriate behaviour.

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	x

Justification of impact identified:
Flexible working arrangements and wellbeing support can help staff balance their work and personal responsibilities more effectively. A commitment to fair and equitable workforce processes ensures that all employees are treated consistently, regardless of 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	x	Negative Impact		No Impact	

Justification of impact identified:
Flexible working arrangements, wellbeing support, and life event, sensitive approaches should enhance support for pregnant employees and new parents. Inclusive recruitment and development opportunities will help ensure continued career progression before, during, and after maternity leave.

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	x	Negative Impact		No Impact	

Justification of impact identified:
Addressing racism is a clear organisational priority, with leadership development programmes specifically designed to increase participation from ethnic minority staff. Workforce equality data will be used to monitor representation and identify opportunities to reduce pay gaps, while inclusive recruitment practices and reciprocal mentoring programmes will support improved career progression, representation, and equity across the workforce.

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	x	Negative Impact		No Impact	

Justification of impact identified:
The strategy promotes dignity, respect, and inclusion for all staff, helping to foster a workplace culture where people of all faiths and beliefs feel valued and supported. A values-based approach, underpinned by fair and equitable employment practices, should strengthen inclusion and ensure that individuals are able to express their religion or belief without fear of discrimination or disadvantage.

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	x	Negative Impact		No Impact	

Justification of impact identified:
The strategy includes targeted programmes to support women into leadership roles, helping to improve representation at senior levels. Workforce planning and pay gap monitoring will support the identification and reduction of inequalities, enabling evidence-based action to address disparities. In addition, clear commitments to challenge sexism and unacceptable behaviours should contribute to a safer, more inclusive working environment where all staff are treated with dignity and respect.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified:
The strategy explicitly rejects homophobia and is committed to creating an inclusive workplace where LGBTQ+ staff feel respected, valued, and able to be themselves at work. Staff voice mechanisms and a culture that encourages individuals to speak up will help address discriminatory behaviours and promote accountability. Together, these commitments should contribute to a more positive workforce culture, improving the experience, wellbeing, and inclusion of LGBTQ+ staff and supporting equitable outcomes for both staff and service users.

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	x	Negative Impact		No Impact	

Justification of impact identified:
The strategy specifically recognises the Armed Forces community within its inclusive recruitment initiatives, demonstrating a commitment to attracting and supporting veterans, reservists, and military families. Practical examples, including the use of the Guaranteed Interview Scheme and support available through the Armed Forces staff network, highlight how these commitments are being embedded in practice. Together with wider recruitment, retention, and wellbeing measures, these initiatives should help create a more inclusive working environment and improve employment opportunities and staff experience for members of the Armed Forces community.

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	x	Negative Impact		No Impact	

Justification of impact identified:
The strategy is committed to creating opportunities that support social mobility and reduce inequalities linked to socioeconomic disadvantage. Through local employment pathways, apprenticeships, pre-employment programmes, and engagement with schools and colleges, it aims to widen access to employment and careers within the organisation. A specific focus on recruiting from communities experiencing deprivation, alongside inclusive recruitment approaches, should help remove barriers for disadvantaged and underrepresented groups. In addition, efforts to reduce agency costs and strengthen workforce sustainability may contribute to the long-term resilience of services, helping to support the health and wellbeing of communities facing the greatest socioeconomic challenges.

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	x	Negative Impact		No Impact	

Justification of impact identified:
While the Welsh language is not identified as a specific strategic priority, the strategy's commitment to inclusion, representation, and reflecting the diverse communities it serves is likely to support Welsh language objectives. By promoting a workforce that is representative of local populations and fostering an inclusive culture, the strategy should contribute to creating an environment where the Welsh language is valued, supported, and accessible for both staff and service users.

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	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kyie.daniels@wales.nhs.uk
	Date	03/08/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	
	Title	
	Contact details	
	Date	
Guidance has been provided by Diversity & Inclusion Team:	Name	Helen Sullivan
	Title	Head of Partnerships Diversity and Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	04/08/2026
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.