Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date	**18/08/2026**
Time	**09:30 - 12:30**
Location	**Dolau Cothi Meeting Room / Microsoft Teams Meeting**

People, Organisational Development & Culture Committee Meeting

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1

09:30, 0 Mins

1 - WELCOME AND APOLOGIES FOR ABSENCE

Neil Prior (Hywel Dda UHB - Independent Board Member)

2

09:30, 0 Mins

2 - GOVERNANCE

2.1 **09:30, 1 Mins**

2.1 - Declarations of Interest ***All***

2.2

09:31, 2 Mins

2.2 - Minutes and Matters Arising from the meeting held on 19 May 2026

Neil Prior (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

2026-05-19 - People, Organisational Development Culture Committee Meeting~.pdf

MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting: **09:30, Tuesday 19 May 2026**
Venue: **Microsoft Teams Meeting**

Present:
Mr Neil Prior, Independent Member (Committee Chair)
Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Vice-Chair)
Ms Sarah Harraway, Independent Member

In Attendance:
Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive (Executive Lead)
Dr Ardiana Gjini, Executive Director of Public Health
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
Ms Nadine Gould, Deputy Director of Nursing, Quality & Patient Experience (deputising for Ms Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience)
Mr Anthony Dean, Trade Union Representative
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 (part)
Ms Enfys Williams, Rheolwr Gwasanaethau'r Gymraeg / Welsh Language Services Manager (part)
Ms Clare Hammond, Community Practice Development Nurse (part)
Ms Rachel Perry, Clinical Induction Co-ordinator (part)
Mr Richard Kelly, Simulated Learning Co-ordinator (part)
Ms Nicola Jones, Interim Assistant Head of Organisation Relations (part)
Mrs Helen Sullivan, Head of Partnerships, Diversity and Inclusion (part)
Ms Claire Evans, Committee Services Officer (minutes)

Minutes Ref.	Item	Action
PODCC (26)29	**WELCOME AND APOLOGIES FOR ABSENCE**	

The Chair welcomed everyone to the meeting

Apologies for absence were received from:

- Ms Ann Murphy, Independent Member
- Mrs Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience

- Mrs Anna Bird, Assistant Director, Business, Partnerships and Inclusion
- Ms Corinna Lloyd-Jones, Head of Organisation Relations

PODCC (26)30 **Declarations of Interest**

No declarations of interest were made.

PODCC (26)31 **Minutes and Matters Arising from the meeting held on 17 February 2026**

The minutes of the meeting held on 17 February 2026 were approved as an accurate record.

Decision: The Committee APPROVED the minutes of the People, Organisational Development and Culture Committee meeting held on 17 February 2026.

PODCC (26)32 **Table of Actions from the meeting held on 17 February 2026**

All actions from the PODCC meeting held on 17 February 2026 were complete.

The Committee discussed an appendix which provided an update on the action relating to Phase 2 of the Clinical Care Groups (CCG) organisational restructure. Mr Andrew Carruthers advised that a fuller report was scheduled for the August PODCC meeting, by which point the phase two consultation process should have concluded. He outlined that executive sign-off was scheduled for 3 June, with consultation planned to run from mid to late June through July, and reported that work remained on track against that timetable.

Mrs Eleanor Marks commented that the report gave greater assurance that the process was now properly set out and linked that to concerns previously raised through staff feedback. She asked whether the Business Support Unit and Primary Care elements were still expected to be ready by 29 May and whether any obstacles had emerged. Mr Carruthers responded that no significant difficulties had been raised to date, explaining that the Business Support Unit changes were largely limited to line management and a modest role adjustment, with around 60 to 70 per cent of activity remaining unchanged, while the Primary Care issue was chiefly a matter of confirming that posts and funding had transferred correctly.

The Chair reflected that the Committee was effectively being asked to take assurance from progress rather than from a completed outcome. The Committee accepted that position and took assurance that the work was progressing, with more detailed consideration of final structures, cost-neutrality, and related matters to return in August.

PODCC (26)33 **PODCC Terms of Reference**

Mrs Joanne Wilson presented the terms of reference for comment and approval, noting that amendments could either be taken in the meeting or completed afterwards through Chair's action. The Chair felt that the draft was broadly sound but wanted two areas strengthened before final sign-off: a clearer and more explicit focus on equality, diversity and inclusion, and a reconsideration of wording in the purpose section that described the Health Board as being recognised as a leader nationally and internationally, which he felt sat uneasily against the organisation's current context.

Mrs Lisa Gostling added suggestions provided prior to the meeting by Mrs Anna Bird. These included stronger inclusive and anti-discriminatory language within the body of the terms of reference and an additional reference to building sustainable social partnerships, particularly to reinforce links with trade union representatives. With no contrary views raised, members agreed that the document should be refined outside the meeting and then completed through Chair's action rather than delayed for a further full Committee discussion.

Mrs Wilson would revise the Terms of Reference to strengthen equality, diversity and inclusion language and add reference to sustainable social partnerships, then complete Chair's action sign-off. **JW**

The Committee were ASSURED by this item.

Decision:
The Committee agreed that the People, Organisational Development & Culture Committee's Terms of Reference (v.10) would be approved through Chair's Actions, pending final wording amendments

PODCC (26)34 **PODCC Annual Report**

Mrs Wilson reminded members that each Committee is required to produce an annual report within six months of year end in line with standing orders and Welsh Government requirements. She confirmed that the paper had been prepared for Committee approval ahead of submission to the Board in June and thanked Mrs Marks for drafting the Chair's introduction.

Mrs Marks asked that Ms Anna Lewis, as previous Vice-Chair for most of the reporting year, be recognised for her contribution. She also commended the scale of work reflected in the report and asked for thanks to be passed to Mrs Gostling's team. The Chair agreed that the report read well, was open about both progress and areas still needing attention, and gave a clear sense of a busy Committee operating under sustained organisational pressure. **Ms Sarah Harraway raised one minor administrative correction on the attendance table, which would be amended.** **JW**

The Committee were ASSURED by this item.

Decision: The Committee ENDORSED the People, Organisational Development & Culture Committee Annual Report 2025/26.

PODCC (26)35 **PODCC Annual Self-Assessment Report 2025/26**

Mrs Wilson thanked members who had completed the self-assessment and noted that the response rate had been 50%. The report set out what had gone well, what needed more attention, and an action table that would be brought back within six months. Mrs Marks highlighted strategic workforce planning as the clearest recurring theme and argued that it should remain a standing Committee focus. Mrs Gostling added that the Committee also needed to think more carefully about how equality, diversity and inclusion was integrated through the business rather than appearing only in standalone updates.

The Chair questioned whether the action plan was trying to carry too many strands and suggested narrowing it to a smaller number of strategic priorities. Mrs Gostling proposed that education and training should sit more visibly within that focus, noting that the creation of the Strategic People Planning and Education Group (SPPEG) had usefully reduced agenda pressure but may also have reduced the main Committee's direct grip on the issue. Ms Harraway suggested that culture should be called out distinctly, not simply absorbed into workforce planning, because it underpinned risk appetite; empowerment; Speaking Up; Equality, Diversity and Inclusion (EDI); and staff involvement in change.

Mrs Wilson suggested separating process improvements from substantive strategic themes, allowing routine Committee effectiveness matters to continue while members concentrated on a smaller number of higher-value priorities. The Committee discussed three areas for emphasis: strategic workforce planning, including education and training; organisational culture, including EDI; and continued improvement in how the Committee itself operated and used its papers. Members agreed that the set of actions should be reorganised accordingly. **Mrs Wilson would rework the self-assessment actions into the three agreed focus areas and report progress back within six months.** **JW**

The Committee were ASSURED by this item.

Decision: The Committee:
• CONSIDERED the outputs from the Committee Self-Assessment process.
• AGREED the actions identified to further improve Committee effectiveness.

PODCC (26)36 **Assurance and Risk Report**

Mrs Wilson presented the report which included one principal risk still being realigned to the refreshed strategic framework, two corporate risks within this Committee's remit, current operational risk themes, and an update on relevant audits, inspections, and Welsh Health Circulars. Members concentrated primarily on the corporate risks. Ms Harraway queried the workforce wellness risk, particularly the reduction from a current score of 20 to a target of 12 over four years, and asked how that reduction was expected to phase over time rather than remaining vague until the end of the period. She also raised a strong concern about the school nursing

recruitment risk, pointing to service fragility, dissatisfaction within the team, and the significant consequences for children and young people.

Mrs Marks focused on the corporate workforce risk and questioned language in the paper relating to Risk 1978 that said actions were 'hoped' to improve the position, arguing that the Committee needed greater clarity than an aspirational phrase. The Chair echoed both points and observed an apparent tension between some staff feeling change was happening too fast while other parts of the organisation appeared frustrated by slow delivery. Ms Tracy Walmsley responded that the operational risk detail showed a system still maturing in workforce planning, capacity assessment, and service-to-corporate alignment, with education and commissioning constraints adding further complexity.

Mrs Gostling responded that the issue was multifaceted: some staff experienced change as slow because organisational change processes were lengthy, while others experienced the total volume of change as too great. She noted that even larger impacts lay ahead through the clinical services plan and stated that the organisation would need to improve how early and how far it involved staff, beyond formal task-and-finish groups and representative mechanisms, in order that people at the lowest levels felt included rather than hearing about changes second-hand.

Dr Ardiana Gjini added that school nursing recruitment was challenging across Wales because entry requirements were higher than for generic nursing. Mr Carruthers commented that the school nursing risk was being intensified by recruitment problems in Ceredigion, an age profile likely to drive retirements, and workload pressures linked to immunisation demand. He said current mitigation included exploring a more blended workforce model with immunisation nurses and considering what relocation support might be feasible. On the broader workforce risk, he said OCP2 illustrated the difficulty of balancing speed with compassion, especially where change involved complex integration work. The Chair suggested there might also be value in reframing change so that it was not presented only as a burden, while Mrs Gostling countered that for many staff the practical consequences of relocation, caring responsibilities and travel were genuinely destabilising, especially when the organisation could not yet describe the full alternatives.

Ms Alwena Hughes Moakes widened the discussion by describing how long delivery gaps between consultation and implementation allowed anxiety and negative narratives to fill the space, both among staff and in the wider community. Members agreed that the Committee's role was to challenge and support the organisation on those risks rather than expect a complete solution in one discussion. The Committee accepted assurance on the current position, but asked that future papers be clearer on phasing, wording and the specific measures being taken. It was also agreed that the next meeting should receive an update not only on OCP2 but on the wider volume of organisational change processes, which Mrs Gostling described as being more than 30 across the Health Board.

Mrs Gostling would review the workforce wellness risk wording and phasing, including how the reduction from risk score 20 to 12 over four years is articulated, and discuss this further with independent members outside the meeting. **LG**

Mrs Wilson would ensure future risk reporting reflects the Committee's comments on wording, scoring and management of the corporate risks. **JW**

The Committee were ASSURED by 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
• RECEIVED 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
• RECEIVED 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.

PODCC (26)37 **Staff Story - Simulation Training**

Ms Clare Hammond, Ms Rachel Perry and Mr Richard Kelly joined the meeting.

Ms Walmsley introduced the staff story through the lens of the educator workforce and the development of simulation-based learning.

Mr Richard Kelly explained that his role supported educators across the Health Board to design and deliver simulation sessions, while Ms Clare Hammond described how she had attended the *Essentials of Simulation* course in June 2023 and since then had helped develop sessions on communication in palliative care, recognition and escalation of deteriorating patients by community healthcare support workers, and a mini-simulation element within frailty training.

Ms Hammond commented that the palliative communication sessions had been especially powerful because learners could practise emotionally difficult situations in a realistic but safe setting. She described the debrief as

central to the method, often revealing insights and feelings that had not been anticipated by the educator. In her view, the approach changed how staff listened, reflected and learned, and supported a more person-centred culture not only in care for patients but also in how colleagues treated one another.

Mr Kelly reinforced that simulation was intended to augment rather than replace traditional teaching. He explained that sessions were designed around explicit learning objectives and built to recognised simulation standards in order that learners could apply both technical and interpersonal skills in realistic scenarios. For community healthcare support workers, this meant not simply taking a blood pressure but recognising what it felt like to be with someone who was frightened, unwell, or asking difficult questions. He added that similar work had supported interprofessional community teams facing conversations around terminal diagnosis and, separately, critical care staff preparing for organ-donation discussions.

Ms Rachel Perry described how simulation had also been incorporated into the five-day *Skills to Care* induction for new healthcare support workers. She explained that the method helped staff practise escalation, communication, and teamwork in a safe environment before entering clinical areas, and argued that this strengthened confidence, retention, and patient safety. In response to Ms Harraway's question, Mr Kelly explained that scenarios might use either a real simulated patient or a high-fidelity mannequin in a deliberately immersive environment such as a mock front room.

Mrs Marks welcomed the training, particularly for junior staff expected to navigate conversations for which they may never have been formally prepared. Mr Kelly and Ms Walmsley said the work was still developing, with plans to embed it more systematically and to build further partnerships, including with Swansea University and medical education. Mrs Gostling offered members the opportunity to see the simulation environment and equipment in practice. Mr James Severs argued that simulation should become a normal part of workforce development rather than an occasional enhancement, especially for unregistered staff and future workforce planning. The Chair closed by saying the discussion had highlighted the importance of the human element of care and the need to consider how this work could be scaled more routinely.

Ms Clare Hammond, Ms Rachel Perry and Mr Richard Kelly left the meeting.

PODCC (26)38 **Staff Survey Results Report**

Ms Nicola Jones joined the meeting.

Ms Nicola Jones introduced the staff survey on behalf of Mr Rob Blake who was unable to attend the meeting, and thanked staff who had taken part. She noted that the All-Wales survey ran from October to December 2025 and that findings should be read in the context of a 21.9% response rate. The report covered 10 themes, 20 sub-themes and more than 50 questions across staff experience of their work, teams, leaders and the wider

organisation. Ms Jones said nine of the ten themes sat above the NHS Wales benchmark and pointed to positive movement across 2023 to 2025 in areas such as compassionate teamwork, line management support, trust, autonomy, flexible working and patient safety. Staff engagement was the only theme to decline.

Mr Andrew Carruthers left the meeting.

Members concentrated on what the response pattern might conceal as well as reveal. Ms Harraway raised the risk of non-response bias, especially where low participation in fragile services might mean the most disengaged voices were still being missed. She highlighted low response rates in several pressured areas and focused particularly on the finding that only 44% of staff felt involved in the changes affecting them, noting that this had remained weak for a third consecutive year. She also asked whether any site-level patterns were especially material. Mrs Gostling said the wider Organisational Development (OD) culture work and local pulse surveys were used to triangulate this picture. Ms Jones added that local exploration work often produced stronger engagement and could help explain low All-Wales participation through factors such as access, pressure, perceived futility, and limited feedback loops.

Mrs Marks observed that people often spoke positively about their immediate team or site while being much more negative about the wider organisation, and asked whether that local attachment could be used more constructively. She also flagged concern about psychological safety, lower confidence in speaking up, burnout, and the need to involve staff more authentically in decision-making and change. Mr Severs drew attention to the 5% improvement in Estates and Facilities engagement, saying that this had come from purposeful effort but had also exposed how unhappy some staff remained once they did engage. Mr Anthony Dean also added concern regarding burnout, health and safety climate, and involvement in decision-making.

The Chair reflected on experience in another large organisation where strong survey participation had depended on timely feedback and visible action. That prompted a discussion on the limitations of the All-Wales timetable. Ms Jones explained that the survey's annual cycle created a substantial lag between completion, access to data, interpretation, local action planning and eventual feedback to staff. She contrasted that with the Health Board's own more responsive people and culture survey work, which could be analysed and acted on in real time. She said the organisation already knew that staff involvement in change remained a weak point and linked that directly to incomplete change readiness, limited understanding of how change affected service delivery and individuals, and the need to learn systematically from multiple OCPs.

Mrs Gostling said managers were central to improving response rates and engagement. She pointed to the example on page 8 of the report, where one manager had personally engaged with staff and increased local participation from 23% to 64%. The Chair agreed that manager ownership was decisive and asked how the Committee should maintain oversight. Mrs Wilson advised that the Health Board Chair wanted the survey considered in public Board as well as by this Committee, and Mrs Gostling confirmed that

the Committee usually also received a biannual culture update. Members took assurance from the work underway but made clear that the real test would be how findings were translated into more visible staff involvement, stronger change readiness and clearer follow-through.

The Committee were ASSURED by this item.

Ms Nicola Jones left the meeting.

Decision: The Committee:
• NOTED the 2025 NHS Wales Staff Survey findings for HDdUHB.
• RECIEVED ASSURANCE from the overall positive improvement trajectory and cultural strengths, alongside the actions outlined to address the systemic and workload factors which, if unmitigated, could erode these strengths over time.

PODCC (26)39 **Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee**

Mrs Gostling presented the quarter four update against the previous year's planning objectives. She explained that any matters not fully completed had been carried into the new planning cycle, therefore nothing had been lost from the work programme.

Discussion was brief. Ms Harraway felt the report was useful in showing the volume of activity but would be stronger if it included clearer evidence of impact rather than mainly listing completed actions. Mrs Gostling accepted the point, noting that the template was a standard planning format but **agreed to check whether that could be improved for future reporting**. **LG**

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED 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.

PODCC (26)40 **Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (GGH)**

Mr Mark Henwood highlighted that the key focus was the accompanying action plan arising from the HEIW targeted visit, with the next review visit scheduled for 10 June 2026. He stressed that the escalation should be viewed as supportive rather than punitive, but the consequences of insufficient improvement were significant. If the Health Board ceased to be recognised as a training provider, it could lose the 28 resident doctors currently placed at Glangwili Hospital, which in turn would place the delivery of acute medical care there at serious risk.

Mr Henwood also drew attention to the wider workforce context. In addition to the immediate improvement work, the introduction of the new resident doctor contract in August was expected to create further recruitment

pressure, with approximately 50 doctors likely to be needed across the Health Board. He noted that the organisation is already working in partnership with HEIW and Healthcare Inspectorate Wales on the improvement process, and added that the longer-term ambition should be not only to retain training status but to secure a fairer share of trainees overall, given the downstream impact that training placements have on future senior medical recruitment.

Mrs Gostling reinforced the seriousness of the issue and said that managerial and clinical leadership support would be essential, as the loss of trainees would be highly damaging for the organisation. The Chair agreed that the implications extended beyond immediate staffing risk to reputational harm, particularly in the context of wider recruitment and retention challenges. He also queried whether several actions marked as complete should be regarded as fully embedded or as measures that still required active monitoring.

In response, Mr Henwood clarified that the completed actions should not be treated as finished in a static sense. He said the enhanced monitoring process was likely to continue over more than one visit, as is common elsewhere in Wales and the wider UK, and that further actions were likely to follow each review. The Chair queried how the Committee could most usefully support the improvement work. Mr Henwood commented that continuing Committee attention to medical training and medical workforce planning would be valuable, particularly given that formal medical workforce planning has not historically been well developed either locally or across Wales.

The Committee concluded by requesting that the wording of the Recommendation section to be tightened in order to more clearly reflect oversight of the actions being implemented in response to the visit. **Mrs Wilson agreed to reflect the Committee's expectation that future reporting should link this matter more explicitly to medical workforce planning and follow-up scrutiny.** **JW**

The Committee were ASSURED by this item.

Decision: The Committee

- RECEIVED ASSURANCE on the outcome of the Health Education and Improvement Wales targeted visit to General Medicine at Glangwili General Hospital, including the escalation to General Medical Council Enhanced Monitoring and the associated requirements and recommendations;
- NOTED the actions being taken through the improvement plan to address the areas identified, including staffing levels, supervision, pastoral support, access to training opportunities and the involvement of medical education in service redesign; and
- SOUGHT ONGOING ASSURANCE that progress against the action plan is being robustly monitored, with future reports providing clear oversight of delivery, risks to training status and service sustainability, and the links to wider medical workforce planning.

PODCC (26)41 **Health Board Partnership Forum Report**

Mr Dean presented the report, noting that it reflected the Health Board Partnership Forum meeting held on 20 January, as the March meeting had been cancelled due to the unavailability of a number of Workforce colleagues. He linked this to wider concerns regarding attendance and consistency across local partnership forums.

Mrs Gostling updated Members on more recent work, explaining that a report on new ways of working for local partnership forums had now been shared with county forum leads. Trade union representatives had been asked to consider the proposals ahead of a workshop planned for the next meeting in July. She added that the intention was to reshape county forums, the Health Board forum, and management representation across them. Mrs Marks welcomed that update, saying it answered her concern about how county representation and reporting would be brought back into a more coherent pattern.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the Staff Partnership Forum Update, and
• RECEIVED ASSURANCE that our partnership forums promote the sharing of issues and concerns and working together to achieve appropriate resolution.

PODCC (26)42 **Workforce Efficiency Report**

Ms Walmsley introduced the report highlighting the substantial work to stabilise workforce spend across different staff groups. She informed the Committee of a 61% year-on-year reduction in nursing agency use. Medical and Allied Health Professional (AHP) agency usage has not achieved the 30% reduction target set out in the relevant Welsh Health Circular. Further work was still needed in those areas.

Mrs Harraway asked specifically about electronic rostering for AHP services and expressed surprise that it was not already in place. Mr Severs explained that the Health Board already had a rostering system, but the issue was where it would add genuine value and whether local teams had the capacity to implement it. He said current thinking was to begin with one service in a non-inpatient setting, prove the concept, and then consider broader scaling. Mrs Gostling added that not every Monday-to-Friday service needed a full rostering solution and that the Workforce and OD budget reductions from the previous year had limited both implementation capacity and the ability to buy additional licences.

The Chair commented that the report prompted a broader question regarding ownership. He suggested that issues such as rostering, variable pay and agency control should not rest only with the corporate centre, but should also be part of the expected skill set and accountability of modern operational managers. Ms Walmsley agreed that this was part of the work still underway, including audits and stronger engagement with professional leaders. Members recognised the improvement already achieved,

particularly in nursing, while noting that cross-service ownership and capability remained central to sustaining further progress.

The Committee were ASSURED by this item.

Decision: The Committee:
• RECEIVED ASSURANCE from the Workforce Efficiency Update which evidences significant and sustained improvement achieved in nursing agency usage, alongside the continued zero-agency position for Administrative & Clerical staff.
• ACKNOWLEDGED that medical and AHP/HCS agency usage has not met the required reduction target and remains vacancy and demand driven.

PODCC (26)43 **Adroddiad Blynyddol y Gymraeg / Welsh Language Annual Report 2025/26**

Ms Enfys Williams joined the meeting.

Ms Hughes Moakes presented the Welsh language annual report, and thanked the team and colleagues who had actively supported Welsh language work, including those taking lessons to improve their confidence and fluency. She then highlighted the more challenging aspect of the report: an increased number of complaints referred through the Welsh Language Commissioner's Office, some of which had led to investigations because standards were not yet being met consistently across the organisation. Ms Hughes Moakes stated that some issues, such as bilingual posters and leaflets in public-facing areas, could be corrected relatively quickly, while others, such as large-scale translation requirements across job descriptions and related documentation for a workforce of around 13,500 people, were much more resource-intensive.

Mrs Marks commended the team's work, particularly the *More than Words* approach and the recent learning campaign, and asked what further support Board members and independent members could provide. Ms Hughes Moakes said the most immediate help would be to use any Welsh members had, however limited, so that bilingualism felt normal and welcoming rather than performative. She also asked members to notice and challenge non-compliant signage or public materials during site visits. Ms Enfys Williams added that Committees and executive leads needed to build Welsh language requirements in at the start of procurement, service redesign and system change rather than treating them as an afterthought.

Mr Severs proposed adding Welsh language observations to Patient Safety walk rounds to give the issue more routine visibility. Ms Harraway queried whether there was tension between strengthening Welsh language expectations in job descriptions and the practical challenge of recruitment. Ms Hughes Moakes responded there was some tension, but argued that misunderstanding of what entry-level language expectations meant was part of the problem. She noted that even basic Welsh competence could be framed positively, while also acknowledging that some fluent speakers under-rated their own ability and might be deterred by overly formal requirements. The Chair suggested that a shorter, sharper articulation of the overall ambition might also help maintain focus. Members endorsed the

report and the direction of travel while recognising that compliance remained uneven.

The Committee were ASSURED by this item.

Ms Enfys Williams left the meeting.

Decision: The Committee ENDORSED the report as a reflection of the activity and progress made to enhance and embed the Welsh language and culture at Hywel Dda.

PODCC (26)44 **Improving outcomes for Veterans and the Armed Forces Community – Annual Report 2025/26**

Mrs Helen Sullivan joined the meeting.

Mrs Helen Sullivan Presented the armed forces annual report and provided additional updates not included in the report. Carmarthenshire would host the national Armed Forces Day event on 27 June at Pembrey Country Park, where the Health Board would re-sign and re-pledge its commitment to the Armed Forces Covenant. The Health Board would also lead a review of the regional Armed Forces Covenant Group, working with the three local authorities, Welsh Government, the Veterans Commissioner, armed forces representatives and third-sector partners to strengthen collaboration across the region.

The Chair commented positively on the clarity of the paper and wished the team well for the June event.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE from that the work presented in the Annual Report 2025/26 demonstrates that the Health Board is proactively implementing the Armed Forces Covenant.

PODCC (26)45 **Improving Outcomes for Unpaid Carers - End of Year Report 2025/26**

Mrs Sullivan presented the carers report, explaining that it should be read in the context of unpaid carers being fundamental to the sustainability of health and social care, particularly as demographic change increased the over-85 population and the number of people living longer with multiple conditions. She stressed both the value of current work and the future challenge of maintaining commissioned support at a time of rising demand.

Mrs Marks, speaking as the Board's carers champion, welcomed the report and asked members also to remember carers within the workforce, including those supporting parents, partners, children and other dependants. She referenced measures such as the carers passport and staff support arrangements as important examples of the Health Board living its values internally as well as externally. Mrs Harraway focused on young carers, noting that only 364 had been identified even though standard estimates suggested the true number might be closer to 6,000, with perhaps 2,000 likely to need mental health support. She linked this directly to the

earlier discussion about school nursing and asked how the organisation planned to identify more of these children proactively.

Mrs Sullivan responded that the Health Board was using commissioned research on young carers' experiences and working closely with education settings to raise awareness among teaching and support staff. Ms Harraway welcomed that but argued that the gap between known and likely numbers remained too wide and should drive a more active identification strategy. The Chair added that, while the report showed good work with around 3,000 carers, the wider population of approximately 40,000 carers suggested a much larger opportunity and need. Ms Heather Hinkin clarified that this annual report leaned mainly toward support for staff as unpaid carers, though wider young-carer work was being pursued with partners.

Mrs Gostling then made a practical link back to the earlier simulation discussion, suggesting that the report's description of stigma and reluctance to discuss caring responsibilities might make unpaid carers a useful future topic for simulation-based learning around difficult conversations. Members welcomed that connection. Assurance was taken on the work described, while acknowledging the need for stronger reach and earlier identification.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE that the work presented in the Annual Report 2025/26 demonstrates that the Health Board is proactively addressing the priorities of the regional and national Strategic Plans for Unpaid Carers and making a positive difference for unpaid carers as a result.

PODCC (26)46 **Update on Progress Against the Anti-Racist Wales Action Plan (ARWAP)**

Mrs Sullivan introduced the ARWAP report by explaining that some of the organisation's data limitations still required manual workarounds in order to analyse experience through a more intersectional lens. She also said the Health Board would be an early adopter of a new workforce system, creating an opportunity to build in better capability from the outset. Early findings from the ethnicity pay gap work, due to return formally in August, suggested some improvement at Bands 3, 5 and 8A and showed representation from ethnic minority staff at band 8D where none had previously been present. At the same time, analysis showed that across 2025 to 2026 there had been 19 internal promotions with none above band 6, while 93 external starters included 8 appointments above band 6, indicating that senior progression routes still required closer examination.

The Chair commented that the report contained a number of encouraging examples, however he challenged the organisation to be equally candid in future about the most difficult problems, not only the positive stories. Mrs Gostling agreed that there was more to do and said a recent self-assessment had already prompted a discussion with Ms Sullivan and Mrs Anna Bird about what would be needed to move the organisation to the next level rather than only satisfying compliance expectations. She added that executive objectives for the year would now include equality and diversity actions and that Workforce and OD would begin testing more specific

objective-setting of its own. Members accepted assurance on the current report while signalling that future discussion should look beyond compliance and more directly at organisational change.

The Committee were ASSURED by this item.

Mrs Helen Sullivan left the meeting.

Decision: The Committee RECEIVED ASSURANCE that the 2025/26 end of year report demonstrates that progress is being made across all six areas of focus which were set out in the Anti-racist Wales Action Plan.

PODCC (26)47 **Performance Assurance and Workforce Metrics Report**

Ms Michelle James highlighted three points from the metrics report: the March increase in variable pay was mainly linked to waiting list initiatives; agency spend had remained below 5% of the total pay bill since November 2023; and dementia training performance continued to sit above 85%. The Chair observed that the report contained a large amount of useful information and commented that one phrase in the narrative, the *art of the honest conversation*, felt especially important because it captured the challenge of turning data into real managerial action.

Mrs Gostling highlighted that the Committee's wider work plan was intended to help members interrogate the parts of the dashboard where movement remained difficult. She pointed in particular to sickness absence, where repeated interventions had not yet produced a significant shift. Ms Hinkin elaborated on that concern, stating that recent monthly data showed patterns worth closer attention, including a sharp rise in injury or fracture recording in one area, higher short-term absence starts from Monday to Wednesday than at weekends, and delayed entry of sickness information in some teams, with 13 sub-teams in one area taking more than 20 days to record absence. She said the organisation needed both better operational management of attendance and a stronger focus on what staff could do in returning to work.

Mrs Marks linked the discussion to recent audit findings and stressed that return-to-work conversations had to be timely and meaningful if the organisation wanted both better data quality and better outcomes. Mrs Gostling suggested future reporting could cross-reference more clearly to Committee deep dives in order that members could see more easily how different pieces of work were intended to shift specific metrics. The Chair noted that the forthcoming five-year Workforce and Organisation Development Strategic Plan should provide an opportunity to bring those strands together.

The Committee were ASSURED by 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 (26)48 **Strategic People Planning and Education Group (SPPEG) Reports - DEFERRED**

The Strategic People Planning and Education Group report was deferred as the Group had not met since the previous PODCC meeting.

PODCC (26)49 **Outcome of Advisory Appointments Committee (AAC)**

Ms Hinkin introduced the outcome of recent Advisory Appointments Committee activity highlighting the scale of recruitment work undertaken over the year. Mrs Gostling noted the accompanying annual recruitment information as evidence of sustained effort by both the resourcing team and operational services in a difficult labour market. Ms Hinkin added that the annual report would also help refine discussion of workforce risks by distinguishing genuine recruitment constraints from other drivers such as sickness absence, study leave, and pressures contributing to variable pay.

Members did not raise objections to the appointments presented. The Committee accepted the AAC outcomes and agreed that the recruitment data should also inform future scrutiny of workforce pressures and service fragility, particularly where vacancies may be masking wider utilisation or attendance issues.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED withdrawals / no appointments made.
• APPROVED the AAC appointments on behalf of the Board.
• NOTED the Health Board Year End Recruitment Report 2025-2026 which highlights the activities undertaken to attract, recruit and onboard applicants into Hywel Dda University Health Board during FY 2025/2026.

PODCC (26)50 **Workforce Policies for Approval**

Ms Hinkin introduced seven reviewed local workforce policies for Committee consideration and highlighted two all-Wales matters requiring adoption. She drew particular attention to the recognition agreement for the Local Negotiating Committee, which would now operate as the Joint Local Negotiating Committee, and to the protocol for recognising continuous service, which had previously been considered but required formal adoption from 17 February 2026 because of implementation issues that needed retrospective local handling.

Mrs Wilson advised that several policy approvals should be treated as pending completion of the relevant equality impact assessments. Members were content with that approach and did not seek further amendments during the meeting. The Chair noted his earlier interest in the performance management policy as part of the wider strategic workforce planning focus for the year ahead, but the Committee proceeded with the approvals on the basis presented. **HH**

The Committee were ASSURED by this item.

Decision: The Committee:
• RECEIVED ASSURANCE that the above local policies have been developed and reviewed in line with Policy 190.
• APPROVED the seven revised/reviewed local policies listed and note the one removed from PODCC's remit.
• EXTENDED four local policies in accordance with the dates provided.
• ADOPTED the two All Wales documents and note the All-Wales policy schedule update provided.
• NOTED the documents provided for information.

PODCC (26)51 **PODCC Workplan 2026/27**

The Committee noted the PODCC Workplan 2025/26 provided for information.

PODCC (26)52 **ANY OTHER BUSINESS**

No additional business was raised.

PODCC (26)53 **DATE OF NEXT MEETING**

The Chair confirmed that the next Committee meeting would take place at 9.30am to 12.30pm on Tuesday 18 August 2026.

2.3

09:33, 3 Mins

2.3 - Table of Actions from the meeting held on 19 May 2026

Neil Prior (Hywel Dda UHB - Independent Board Member)

For assurance

Attachments

PODCC Actions Table 21.05.26.pdf

PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE (PODCC)/ PWYLLGOR POBL, DATBLYGU SEFYDLIADOL A DIWYLLIANT
21/05/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; HH-Heather Hinkin; JW-Joanne Wilson; LG-Lisa Gostling; SO-Sally Owen; TW-Tracy Walmsley

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
19/05/2026	PODCC (26)50	Workforce Policies for Approval • To complete the relevant equality impact assessments for Policies 201, 1502 and 1197	HH	30/06/2026	Complete Confirmation received from the Policy Team that the equality impact assessments hav e now been completed, and the policies uploaded onto the policies webpage on 25.06.26
04/11/2025	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	30/11/2025	Complete 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.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/02/2026	PODCC(26)05	Assurance and Risk Report • Risk Team to liaise with the Service Director for Allied Health Professions and Health Sciences (Sarah Quarrie) team to update overdue target risk score deadline date (Risk 2169) in Risk Report, and to feedback comments from the Committee on the risk score of 25 being exceptionally high.	AC	30/04/2026	Complete Reviewed as requested: Risk 2169 (Adult WMS) was reviewed on the 28/01/2026 and 28/02/2026 The score is justified by the risk matrix: Impact score of 5 criteria met: Loss of several key staff" (12.5% sickness absence rate including staff members on long term sick, one of whom had sited work related stress when handing in notice / other staff have reported they do not enjoy work and are seeking other employment - 1 resigned and left Jan 2026) "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: this risk is "Expected to occur at least daily" This score remains unchanged as the impact is occurring daily.
17/02/2026	PODCC(26)05	Assurance and Risk Report • Risk Team to liaise with Planned Care team to provide an update on what may be the cause for Risk 2253: Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses.(brief written response to be provided in the Table of Actions)	AC	30/04/2026	Complete Intel suggests that there has been no issues attracting/recruiting into the vacancies placed onto the Trac system. All vacancies advertised during the last 12 months have been filled/allocated as detailed below: Recruitment activity over the last 12 months suggests 14 vacancies of which: • 3 vacancies allocated to SSP; • 5 vacancies allocated for those completing their SCPHN course; • 5 vacancies advertised and filled; • 1 vacancy advertised then withdrawn by service as no longer required.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/02/2026	PODCC(26)08	Health Board Partnership Forum Update • To review whether moving to monthly payments would make improve issues with lower paid staff leaving and ending up with overpayments, or make it worse.	HH	30/04/2026	Complete T&F Group set up and consultation with 65 staff began on 11.2.26. Consultation closed on 12.3.26. Less than 5 responses were received and this feedback is now being considered. Next steps to draft a report for Executive with a recommendation as to whether the weekly payroll is closed. Decision communicated by email on 28.5.26 Implementation date has been pushed back due to additional time given to agree the report. Implementation now planned for September (HH 23/04/26). Report submitted to Executive Team for their consideration in May 2026. Awaiting decision.Decision received via email on 28.5.26.Will be reported to FET on 17.6.26 for the minutes. Payroll issued letters to staff on 28.5.26. All actions now complete as payroll will implement the transition and liaise with the HB as required for any financial support requested during the transition period.
17/02/2026	PODCC(26)08	Health Board Partnership Forum Update • To provide an update on work undertaken to improve forum attendance, with a deadline for achieving a solution. (brief written response to be provided in the Table of Actions)	HH	30/04/2026	Complete Discussions are ongoing with the TUs (latest discussion was 10.3.26) and a more formal meeting is now being arranged between LG/HH and the 5 TU leads to discuss further at one of their Tuesday catchup sessions. Discussion paper prepared for WOD SLT meeting on 05/05/26 (HH 23/04/26). Discussion paper shared with the TU Leads on 5.5.26. Agreed to add to agenda for the next SPF meeting on 13.5.26 and then for a special SPF Meeting to be arranged for a more detailed conversation. (Updated 6.5.26) Meeting arranged as a workshop on 14.7.26. (updated 5.6.26)

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/02/2026	PODCC(26)20	PO1: Workforce Stabilisation - Retention Plan • To analyse whether the specialties with retention issues align with the Clinical Services Plan (CSP) or other fragile services, and report back Committee.	SO	30/04/2026	Complete In the 9 Services reviewed, the report was run to show turnover data between 01/06/2024 – 31/05/2025 (the end of May 2025, marking the commencement of the Public Consultation) and 01/06/2025 – 28/02/2026, across the 21 Speciality-related roles, headcount turnover fell more often than it rose, with a small number of roles increasing in turnover or staying the same. It is important to caveat, that not all parts of the service structures have medical staff within them. Some of the groups are also not split further down in the structure, e.g. there is a level for General Surgery, but not specifically Emergency General Surgery. Full data set available on request.
17/02/2026	PODCC(26)21	PO1: Workforce Stabilisation - Workforce Education and Development Plan • To submit a report on strengthening simulation learning to a future PODCC meeting	TW	30/04/2026	Complete Update 5.5.26: Forward planned on the PODCC Workplan for 18 August. 2026 01/04/26: Scoping work underway to inform a future committee report. Deep Dive submitted to PODCC February; Position Paper being developed for SPPEG to cover strategic approach for 2026/27.
19/05/2026	PODCC(26)33	PODCC Terms of Reference • To revise the Terms of Reference to strengthen equality, diversity and inclusion language and add reference to sustainable social partnerships, then complete Chair's action sign-off	JW	05/06/2026	Complete Complete
19/05/2026	PODCC(26)34	PODCC Annual Report • To correct Sarah Harraway's attendance at the February PODCC meeting in the table.	JW	05/06/2026	Complete
19/05/2026	PODCC(26)35	PODCC Annual Self-Assessment Report • To rework the self-assessment action set into the three agreed focus areas and report progress back within six months.	JW	01/11/2026	Complete Complete self assessment separated into the three areas which were agreed at the PODCC meeting. Complete - Reworked into the headings discussed at the meeting.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
19/05/2026	PODCC(26)36	Assurance and Risk Report • To review the workforce wellness risk wording and phasing, including how the reduction from risk score 20 to 12 over four years is articulated, and discuss this further with independent members outside the meeting.	LG	30/07/2026	Complete Meeting being scheduled with LG, NP and SH
19/05/2026	PODCC(26)36	Assurance and Risk Report • To ensure future risk reporting reflects the Committee's comments on wording, scoring and management of the corporate risks.	JW	30/07/2026	Complete
19/05/2026	PODCC(26)39	Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee • To check whether improvedments can be made for future reporting, in terms of showing clearer evidence of impact rather than mainly listing completed actions.	LG	30/07/2026	Complete LG has discussed with Angharad Lloyd-Probert
19/05/2026	PODCC(26)40	Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (GGH) • To amend the wording of the Recommendation section of the SBAR to reflect oversight of the actions being implemented in response to the visit, and the Committee's expectation that future reporting should link this matter more explicitly to medical workforce planning and follow-up scrutiny.	JW	30/07/2026	Complete Recommendation amended to reflect the Committee's requirement for ongoing oversight of the improvement plan, follow-up scrutiny of progress against HEIW requirements, and consideration of the wider medical workforce planning implications.

2.4

09:36, 9 Mins

2.4 - Assurance and Risk Report

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For assurance

Attachments

2.4 PODCC - Assurance Risk Report August 26.pdf

2.4 Appendix 1 - PODCC Principal Risk Register - Jul 26.pdf

2.4 Appendix 2 - PODCC Corporate Risk Register -Jul 26.pdf

2.4 Appendix 3 - PODCC Operational Risk Register - Jul 26.pdf

2.4 Appendix 4 - PODCC Overdue Audit Inspection Recommendations.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Assurance and Risk Report

People, Organisational Development & Culture Committee - 18 August 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 12
Audit and Inspection Reports 6	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 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 areas of significant concern are reported (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, recommending the ‘acceptance’ of risks that cannot be brought within risk appetite.

Principal Risks assigned to PODCC

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5					
Major 4				**1186 (→)**	
Moderate 3					
Minor 2					
Negligible 1					

Each risk on the Principal Risk Register (PRR) has been mapped to a Board level Committee to ensure that risks on the PRR 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.

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

These risks have been identified by individual Directors and associated with the achievement of the Health Board's strategic objectives.
There is 1 principal risk currently aligned to PODCC (out of the 12 that are on the PRR as of 3rd August 2026).

The following slide provides a summary of the reportable principal risk 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.

Principal Risks assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1186 – Building a Sustainable and Skilled Workforce	Workforce & Organisational Development (OD)	Director of Workforce & OD/Deputy Chief Executive Officer	16	16 (Reviewed 01/06/2026)	8	31/03/2028

Rationale for Current Risk Score (CRS)

There are a number of elements to our rationale, including:

1. how we prepare our current workforce to have the knowledge and skills to meet current and future demands, e.g., digital literacy and use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors.
2. Linked to current demand, there is a daily occurrence where staff are unable to be released for training, vacancies exist and despite agency usage, deficits remain in some critical areas on a daily basis. This impacts on our reputation as an organisation that values, cares and develops its staff.
3. If we do not enable capacity for learning or develop alternative methods to create easier access to learning, people will not be able to have the skills to meet future demands, this in turn impacts on our ability to attract, retain and develop staff.
4. To design and deliver the workforce of the future, skills development and the capacity to learn (space time support) are essential. This is linked to service design and future delivery of services as without research, innovation and learning we will not keep pace with external and internal demands placed on us by societal change and technology.

The score of 16 reflects that we are unable to consistently create time to enable learning. The impact means that we do not create the right culture and infrastructure to support our learning; our service models of the near and long-term future will not be able to deliver the workforce we need.

Rationale for Target Risk Score (TRS)

We foresee that population demographics mean that we will have an increase in demand on our services due to an aging population and co-morbidities, alongside this we will also see a reduction in those entering the labour market as there is a reduction in those joining the working age population. This means that we will need to be continually appraising our service delivery models to align to our demands and capacity to respond to those through our workforce which between now and 2040 will be likely to follow the profile described above. Therefore, our cultural development is an essential and continuous process of development, interwoven with people planning and development. Therefore, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 4/5. Our ambition would always be for a likelihood of 1 however we acknowledge that we realistically may face periods of lower staffing levels and therefore 2 feels more appropriate. Agency, locum and bank usage is utilised as needed.

Corporate Risks assigned to PODCC

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5				**2305** (NEW)	
Major 4				**1978** (→)	
Moderate 3					
Minor 2					
Negligible 1					

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 26 that are on the CRR as of 13th July 2026).

The following slides provide a summary of the reportable corporate risks aligned to PODCC. The risk register attached at **Appendix 2,** 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 aligned to PODCC

The corporate risks aligned to the Committee highlight that the Health Board faces challenges in:

- maintaining staff wellbeing and resilience during periods of significant organisational change;
- financial pressures and increased scrutiny;
- securing and sustaining a sufficiently skilled workforce across key professional group;
- demand exceeding capacity; and
- ensuring workforce capacity is aligned to current and future service models.

The potential impacts of the risks include:

- reduced staff wellbeing, morale and psychological safety;
- increased burnout, sickness absence, turnover and employee relations pressures;
- deterioration in organisational culture, productivity and performance;
- quality, timeliness and safety of patient care resulting in delays, poorer patient outcomes and experience, and difficulties in meeting statutory requirements.

Common actions noted across the risks demonstrate the need to:

- Strengthen workforce planning, governance and oversight;
- Improve workforce modelling, establishment control and data-informed decision making;
- Build leadership capability to manage change effectively;
- Improve workforce supply and utilisation through professional workforce plans, recruitment, job planning and alignment with the Clinical Services Plan and annual planning processes.

Corporate Risks assigned to PODCC
- 1 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
2305 – Risk to staff wellness due to pace and breadth of organisational change	Workforce & Organisational Development (OD)	Director of Workforce & OD/Deputy Chief Executive Officer	**N/A – new risk**	**20** (NEW) Reviewed 10/07/26)	**12**	31/03/2030	**N/A – new risk**

Rationale for Current Risk Score (CRS)

Balancing financial pressures with the need to protect patient safety and deliver efficiency savings has placed significant strain on our workforce over the past year. This has been intensified by major organisational change across our Operations function, which has created uncertainty around job security, roles and future career paths. The prolonged implementation of Organisational Change Programmes (OCPs) is also generating growing unrest among staff directly and indirectly affected. Workforce & Organisational Development (W&OD) colleagues are increasingly hearing personal accounts from staff describing the emotional and professional impact of these changes. Trade Union partners have echoed these concerns, highlighting rising anxiety and declining wellbeing. The 2025 NHS Wales Staff Survey findings suggest staff burnout, presenteeism and unpaid hours are indicators of capacity strain needing operational response, rather than organisation-wide wellbeing initiatives alone.

Rationale for Target Risk Score (TRS)

The organisation may need to consider that during periods of significant and impactful change, we will see, to some greater or lesser degree, this risk being exhibited by our staff. Therefore, this may impact on levels of risk tolerance in the short to medium term. Changes to escalation status, governance arrangements for monitoring activity changes and clarity around financial plan will bring stability to the workplace and reduce the likelihood and impact on staff working in the organisation. Therefore, for a sustainable change to be maintained, reduction in the risk score will be seen in incremental decreases year on year to 2030, as we address issues systemically. The 2026-27 financial year, and beyond, will see the organisation facing a number of challenges which are complex in nature and serve to impede the rate at which progression can be made. The current pace and scale of transformation, from fundamental restructuring to more subtle shifts in service delivery, are testing our teams' resilience. We will need to address each of the actions identified, being alert to the risk that new scenarios may impede progress.

Corporate Risks assigned to PODCC
- 2 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Workforce & OD	Director of Workforce & OD/Deputy Chief Executive Officer	**16**	**16** (→) (Reviewed 23/06/26)	**12**	31/03/2027	**Yes**

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.

Operational Risks assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

12 operational risks on Datix have been aligned to PODCC, 1 of which has passed its review date of June 2026. They have been identified as reportable to PODCC based on the following criteria:

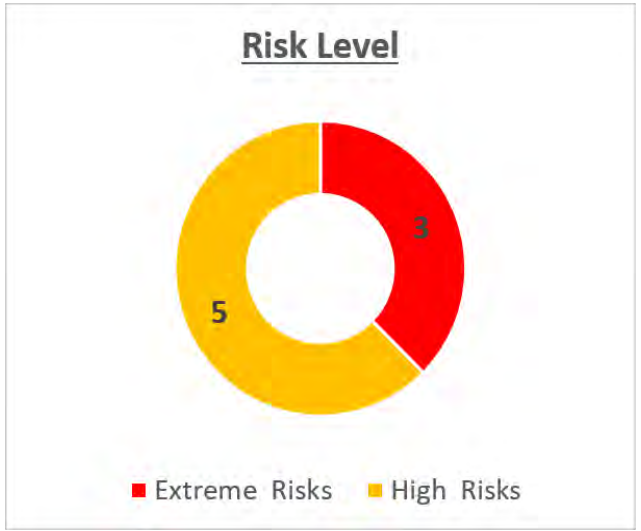
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

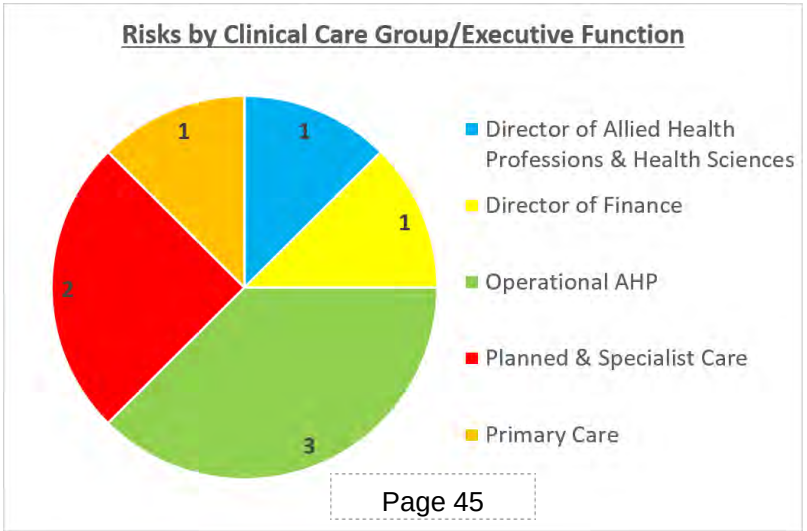
The Workforce themed risk register is sent to subject matter experts on a bi-monthly basis.

The following slide summarises the reportable operational risks aligned to PODCC. The Risk Register attached at **Appendix 3,** provides full detail of reportable risks.

Due to their sensitive nature, 4 new risks are being reported to in-committee to provide discussion and assurance. The graphs below reflect those risks reportable in the public domain.

Total Number of Open Risks meeting criteria for reporting	**12**
New Risks since last reported to PODCC	6
Closed Risks since last reported to PODCC	0
Risks no longer reportable to PODCC	0
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	5
EXTREME (RED) Risks (based on 'Current Risk Score')	6
HIGH (AMBER) Risks (based on 'Current Risk Score')	6





Operational risks aligned to PODCC

The operational risks aligned to the Committee highlight that the Health Board faces challenges in:

- Maintaining a sustainable workforce in services experiencing significant operational pressures, particularly where demand has increased rapidly;
- Ensuring workforce wellbeing, retention and resilience due to increasing workloads, patient expectations, service fragility and staffing shortages; and
- Maintaining effective systems and processes that support the delivery of safe services

The potential impact of the risks include:

- Reduced service continuity and resilience due to staff absence, turnover, recruitment challenges and workforce fragility;
- Adverse impact on staff wellbeing, morale and retentions with increased risk of stress, burnout and sickness absence;
- Disruption to patient services through rota gaps, delays in diagnosis and treatment, reduced capacity and on the quality and timeliness of care; and
- Financial, compliance and reputational consequences arising from payroll inaccuracies, increased administrative burden, service disruption and complaints.

Common actions noted across the risks demonstrate the need to:

- Strengthen workforce and capacity and resilience via recruitment, succession planning and securing additional resources;
- Improve communication and engagement with staff, service users and stakeholders to better manage demand, expectations and operational pressures; and
- Develop sustainable long-term solutions that reduce reliance on fragile arrangements and support more resilient service delivery

New Operational Risks reportable to PODCC
(1 of 2)

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
2356 - Risk of failing to deliver safe, sustainable and equitable care due to succession gaps and recruitment challenges	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**15 (NEW)**	**6**	31/03/2029	11/06/2026

Rationale for Current Risk Score

Staff morale remains low with low staffing levels in some areas and staff struggling to meet PADR and Mandatory training Key Performance Indicators, along with historic high levels of sickness absence and maternity leave. The service has historic long waits, in excess of two years which are being reported to Welsh Government. The specialist service is at risk of losing experienced staff to other services/organisations where there are current vacancies. Due to a recognition of limited capacity compared to increasing complexity/volume of demand, the service was allocated additional staff between 2022 and 2025. However, as a budget was not provided to support this due to financial constraints, these posts have since been lost.
An exercise on staffing within the available budget is required prior to going out to recruit to existing vacancies (1 whole time equivalent (WTE) permanent Band 6 and 1.4 WTE temporary Band 6, in addition to 1 WTE Band 4). There are currently opportunities both within the Health Board, and external to it which experienced staff members have expressed interest in.

Rationale for Target Risk Score

Short-term mitigation focusses on looking after the current team, increasing level of support and team morale and reducing the pressure on existing team members. This will reduce the likelihood of losing further team members. Risk score may be reduced if short-term mitigation is achieved.
Long-term mitigation of this risk is reliant on:
- Correct allocation of existing resources
- Development of plan to correctly resource the service
- Securing sustainable service for future

The TRS date is based on outcomes of next annual planning cycle and successful allocation of staff, resources and budget.

New Operational Risks reportable to PODCC
(2 of 2)

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
2328 - Risk of failure to identify staff with lapsed statutory registration of the Health & Care Professions Council (HCPC) due to limitations in the current system and process	Director of Allied Health Professions & Health Sciences	Director of Allied Health Professions and Health Sciences	**9 (NEW)**	**4**	30/06/2026	23/04/2026

Rationale for Current Risk Score

The current risk score reflects the risk that exists because of the Electronic Staff Record(ESR) / Health & Care Professions Council (HCPC) automated audit not aligning to HCPC renewal dates.

Once assurance is provided from each service area, the current risk can be reduced to 6. However, the risk will remain as the only way currently to mitigate the risk is manual verification and this poses both challenges to workforce capacity and accuracy.

Rationale for Target Risk Score

The target risk score reflects the risk score once assurance has been provided from professional leads on manual processes in place to monitor compliance with HCPC renewal. However, a further target risk score of 2 x 2 = 4 will be required once it is understood how to align automated audit with HCPC renewal dates.

Operational risks with decreased Current Risk Score

-

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
2312 - Risk of being unable to maintain safe and timely anaesthetic cover due to workforce fragility and rota gaps	Planned & Specialist Care	Chief Operating Officer	16	12 ↓	2	~~30/09/2026~~ 31/03/2027	17/07/2026
Rationale for Current Risk Score							
The control measures that have been applied are not sustainable or affordable and relies on insourcing anaesthetic staff from ID medical at an escalated cost. This also relies on the consultant workforce stepping down from their job planned activity to cover OOH and emergency pathways which is not sustainable. The SBAR relating to medical staff stabilisation was submitted in June 2026.							
Rationale for Target Risk Score							
Sustainable workforce provision will avoid service interruptions, cancelation of activity, maintain safety & quality via emergency pathways and deliver on organisational targets. Expected date to achieve TRS amended to 30/03/2027 as the risk will not be mitigated by 30/09/2026 based on the current position.							

Operational Risks with no change in Current 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
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 ➔	12	01/09/2026	09/07/2026
2288 - Risk of inadequate service provision and financial inaccuracies due to data quality issues in the Allocate system	Primary Care	Chief Operating Officer	16 ➔	4	31/12/2026	10/07/2026
2253 – Risk of reduced workforce due to difficulty recruiting qualified specialist school nurses.	Planned & Specialist Care	Chief Operating Officer	12 ➔	8	31/12/2027	26/05/2026
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	12 ➔	6	31/03/2027	01/07/2026
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Finance	Director of Finance	12 ➔	6	11/05/2027	15/07/2026

Risk Themes

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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.

Risks are allocated to a committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. 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.

Risk themes are 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.

Since the previous report, the previous 'Workforce' theme has been retired on Datix, with new themes added to strengthen alignment with the Workforce & OD Directorate Pillars. All risks having been re-aligned to the new themes, enabling more meaningful information to be captured from the data, to provide better insight. Detail on the themes are included on the next slide.

Risk Themes aligned to PODCC

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The following themes are currently aligned to PODCC as of July 2026: -

Theme	Definition	Number of risks	Date themed Risk Register last shared
Recruitment	A risk which relates to the inability to recruit into an approved vacancy via the Trac system despite meaningful attempts to do so on at least two occasions within the last twelve months	48	14/07/2026
Leadership	A risk which relates to the absence or ineffectiveness of leadership capability, and/or lack of visible, supportive leadership qualities and behaviours	1	14/07/2026
Culture	A risk where behaviours or systems weaken the desired culture by creating a gap between our values and everyday practice, leading to reduced trust, morale, and service quality	10	14/07/2026
Diversity and Inclusion	A risk which relates to an inability to provide inclusive services to staff / patients or visitors with a protected characteristic or vulnerability, or where a risk of discrimination is identified	1	14/07/2026
People Development	A risk which relates to an inability to source or access the required training and / or development opportunities, inclusive of maintenance of the required skill set	3	14/07/2026
Clinical Education	A risk which relates to an inability to source or access clinical training (or training that relates to patient care) and / or development opportunity	7	14/07/2026
People Planning	A risk which relates to the absence of appropriate levels of planning around service design and the associated staffing models	128	14/07/2026
Medical Workforce	A risk which relates to employee terms and conditions for medical staff, including salary related issues, performance management and job planning	16	14/07/2026
Operational Workforce	A risk which relates to the management of Employee Relations matters and organisational change processes, or employee terms and [illegible] or Agenda for Change staff	20	14/07/2026

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; 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 (1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following reports have been assigned to PODCC to enable them to undertake the following responsibility set out in their Terms of Reference:

- *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.*

There are currently 6 open reports assigned to PODCC.

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	Service has confirmed completion of all actions. Report is pending formal approval for closure*
Nov-25	Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush	Medical Director	Medical Director	Jul-26	Jul-26	10	10	0	0	0	0	0	0	Original implementation dates lapsed – no barriers noted. Revisit undertaken with management responses being developed.
Dec-25	Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen	Medical Director	Medical Director	Aug-26	Aug-26	10	10	0	0	0	0	0	0	Original implementation dates lapsed - no barriers noted. Revisit undertaken with management responses being developed.

Audits and Inspection Reports assigned to PODCC (2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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
Apr-26	Health Education and Improvement Wales (HEIW)	HEIW Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2026	Medical Director	Medical Director	Aug-26	Aug-26	4	0	4	0	0	0	0	0	None noted – report progressing within original timescales
Apr-26	Internal Audit	Sickness Management (Follow Up) Final Internal Audit Report 2025/26	Director of Workforce	Director of Workforce & Organisation Development	Sep-25	~~Sep-25~~ ~~Nov-25~~ N/K*	2	1	0	0	1	0	0	0	Awaiting advice from Internal Audit for overdue action to be re-assigned
Jun-26	Internal Audit	Medical Workforce Stabilisation (Variable Pay) Final Internal Audit Report 2025/26	Medical Director	Medical Director	Oct-26	Oct-26	1	0	1	0	0	0	0	0	None noted – report progressing within original timescales

Implementation of Welsh Health Circulars (WHCs)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

There is 1 open WHC aligned to PODCC as of July 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 April 2026, and the number completed since the previous report:

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 the 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 In Progress

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	The Health Board has made early, tangible progress towards meeting the requirements of the WHC. Key foundations are now in place to support future biannual collection and reporting of the measures and indicators within the Accessible Communication and Information Standards (ACIS). Formal biannual reporting against the new measures has not yet commenced, which is consistent with the national implementation timetable. However, activity during 2025–26 demonstrates clear organisational readiness and alignment with the Circular. The Health Board remains on track to meet the requirements of this WHC within the stated timescales.

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; and
- **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.

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

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Hywel Dda
University Health Board

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1186	Attract, retain and develop staff with the right skills	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	2×4=8	3/31/2028	6

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
		Corporate Risk Description:			
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

IMPACT ↓	LIKELIHOOD →				
	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:

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	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

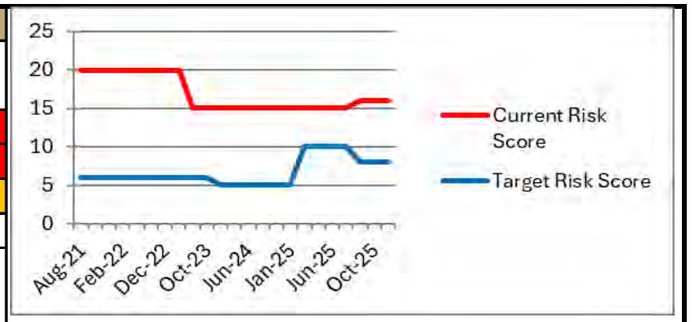
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

Date Risk Identified:	Apr-21		
Strategic Objective:	1. Thriving Teams		

Executive Director Owner:	Gostling, Lisa	**Date of Review:**	Jun-26
Lead Committee:	People, Organisational Development and Culture Committee	**Date of Next Review:**	Jul-26

Risk ID:	**1186**	**Principal Risk Description:**	There is a risk that the Health Board will not be able to create the right culture to attract, retain and develop staff with the right skills to enable it to deliver our strategic vision to improve the overall health and experience of patients and staff within Hywel Dda. This is caused by the lack of critical workforce with the right skills and values in the market not being able to offer staff the best experience at work, and the space, time and support to develop. This could lead to an impact/affect on our ability to retain a highly skilled workforce which supports staff to learn, undertake research, innovate and improve service delivery, and change and develop ambitious, innovative and responsive models of care.
Does this risk link to any Directorate (operational) risks?		1649, 1247	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Expected Date To Achieve TRS:	3/31/2028
Trend:	⇔



Rationale for CURRENT Risk Score:

There are a number of elements to our rationale, including:
a. how we prepare our current workforce to have the knowledge and skills to meet current and future demands, eg, digital literacy and use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors.
b. Linked to current demand, there is a daily occurrence where staff are unable to be released for training, vacancies exist and despite agency usage, deficits remain in some critical areas on a daily basis. This impacts on our reputation as an organisation that values, cares and develops its staff.
c) If we do not enable capacity for learning or develop alternative methods to create easier access to learning, people will not be able to have the skills to meet future demands, this in turn impacts on our ability to attract, retain and develop staff.
d) To design and deliver the workforce of the future, skills development and the capacity to learn (space time support) are essential. This is linked to service design and future delivery of services as without research, innovation and learning we will not keep pace with external and internal demands placed on us by societal change and technology.
The score of 16 reflects that we are not able to consistently create time to enable learning. The impact means that is we do not create the right culture and infrastructure to support our learning, our service models of the near and long-term future, will not be able to deliver
the workforce we need.

Rationale for TARGET Risk Score:

We foresee that population demographics mean that we will have an increase in demand on our services due to an aging population and co-morbidities, alongside this we will also see a reduction in those entering the labour market as there is a reduction in those joining the working age population. This means that we will need to be continually appraising our service delivery models to align to our demands and capacity to respond to those through our workforce which between now and 2040 will be likely to follow the profile described above. Therefore our cultural development is an essential and continuous process of development, interwoven with people planning and development. Therefore, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 4/5. Our ambition would always be for a likelihood of 1 however we acknowledge that we realistically may face periods of lower staffing levels and therefore 2 feels more appropriate.

Agency, locum and bank usage is utilised as needed.

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**
# A flexible and responsive recruitment process. # A comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board # HR policies (including those for employee relations) in place with programme of review # Training programmes in place (a suite of programmes covering management and leadership, Making a Difference, etc) # County workforce teams/OD Relationship Managers/Workforce Planners in place to provide workforce support to services (covering sickness absence, etc) # Staff Psychological Wellbeing Service and Occupational Health Service in place # Regular contact with Trade Union representatives/Staff Partnership forums/Joint Local Negotiation Committee # Annual NHS staff surveys providing feedback from staff # OD Cultural Plans # A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity) # Separate clinical education programmes in place # Bevan Exemplar programme # Apprenticeship programme and work experience programmes in place # Grow your Own programmes in place # Internal and External talent programmes # Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements # Improving Together Sessions aligned with Internal Escalation Framework # People, OD & Culture Committee # SPPEG (Strategic People Planning & Education Group) # Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans # University partnership arrangements in place. # Joint working opportunities # Partnership and collaborative working initiatives - some joint funded	Strategic integration and alignment of regional programmes with Clinical Services Plan and Community by Design Strategic Plan Demand and capacity modelling to be considered as part of Planning Cycle Aligned with capacity planning, service demand exceeds resource available to people plan effectively and strategically Lack of appropriate training facilities (space and digital)(Forms part of Estate Strategy) Lack of appropriate training budget (Scoping work being undertaken to identify sources/appropriateness of budgets) A multidisciplinary approach to clinical education No recurrent budget to deliver the Staff Recognition and Appreciation Programme Limited momentum to drive the work of the EDI Taskforce through visible allyship and leadership Promotion of R&I opportunities when advertising roles	Create a sustainable workforce in hospitals and communities (This needs to be a multi-year approach: detail in year actions through CCG workforce plans and SPPEG)	Gostling, Lisa	31/03/2027	Need to align to new CCG management, governance and assurance framework. Clarity on how workforce/workforce plans & actions flow through to workforce groups.
		Develop a workforce & OD Directorate workforce plan to ensure sufficient resource to support people workforce plan effectively and strategically	Gostling, Lisa	31/03/2027	Refreshing workforce strategy & 5 year plan. Workforce Plan to be designed and developed based on plan. Further work needed to quantify "demand" on workforce & OD services based on organisational change/system development.
		Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported.(CLJ)	Gostling, Lisa	31/03/2027	To encourage local ownership, our internal WOD escalation measures in 2026-27 include Staff Survey measures as part of the staff experience domain. Progress against these priorities will form part of the review within the escalation process. Relevant ODRMs are available for guidance and support on subsequent workforce actions within services/teams.
		Celebrate successes / promote innovation through enhancing the suite of staff recognition schemes and implementation of the R&I strategic plan. (CLJ)	Gostling, Lisa	31/03/2027	Funding application submitted to Charitable Funds (Making a Difference Fund) in March 2026 to deliver the HB's 2026-27 Staff Recognition and Appreciation Programme. If successful, this will enable equitable and meaningful yearâ€‘round appreciation that supports organisational values, staff morale, engagement and, in turn,

Create a people centred inclusive culture and uphold a zero-tolerance response to racism, harassment, discrimination and sexual misconduct. (AB)	Gostling, Lisa	31/03/2027	Increase Anti-racism e-learning completion rates, and increase the number of staff participating in structured EDI learning session to reinforce the health board's values, behaviours and cultural expectations.
Support the development, testing and the implementation of the national workforce solution on behalf of NHS Wales (TW)	Gostling, Lisa	31/07/2027	Early adopter agreed; resources to be defined and awaiting further engagement.
Develop an action plan that strengthens integration partnership and collaborative initiatives	Gostling, Lisa	31/03/2027	Continue to build social partnership model to strengthen the voice of our staff through their trade union colleagues through their earlier involvement in design and review phases. Continue to be an active member of the Workforce Board of the West Wales RPB, and Swansea Bay partnership
Review governance for SPPEG and sub groups; strengthen multi disciplinary workforce planning & development through this work (including links to research & Innovation)	Gostling, Lisa	31/12/2026	Governance review undertaken; to be presented to SPPEG June 2026. Work plan to be developed from this
To enable the development of a solution for strategic workforce planning (scenario planning) and share learning to inform new workforce solution (TW)	Gostling, Lisa	31/12/2027	Org Vue pilot in place. To be fed into national workforce solution team through NWSSP to UK team. Stakeholders to be included i.e. HEIW, NWSSP etc

posts and research and innovation projects in place.
Value Based Health Care (VBHC) Programme, VBHC Sponsoring Group and National Value Based Health Care Community of Practice
Research and Innovation (R&I) Strategic Plan, Tritech Institute, Regional Innovation Co-ordination Hubs, strengthened management team & formal governance (Digital, Data & Innovation Committee, R&I Sub-Committee)

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
See Our Outcomes section on BAF Dashboard	Workforce Senior Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st			Workforce Planning Report provided to every other PODCC meeting Delivery Against Planning Goals aligned to the People, Organisational Development and Culture Committee	Lack of relevant 3rd line/ independent assurance	Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda.	Walmsley, Tracy	~~31/12/2025~~ ~~30/01/2026~~ 31/03/2027	Presented Maturity Matrix at HEIW AWODS meeting in July 25. Meeting to be set up of working group with wider representation i.e. WAST, DCHW, Cwm Taf & C&V. Planned for September. Given delivery priorities this may be delayed further. A revised project plan will be presented to group and support sought. No capacity to progress - will be undertaken 2026/27).
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st					Work to integrate workforce planning into value based healthcare approach; not project based rather an integrated systemic approach (TW) Reflect on a "Values" based approach	Walmsley, Tracy	31/03/2027	Meet with VBHC team; Train Workforce Planners in VBHC. Design process and tools to facilitate/Pilot in partnership
	NHS Staff Survey 2025 results reported to PODCC	2nd					Publish an EDI Taskforce delivery plan by 30/06/26 and establish visible allies and leadership to drive actions forward.	Bird, Anna	~~30/06/2026~~ 31/07/2026	Executive Director and Board Allyship paper has been drafted ready for discussion at Executive Team in June 2026. The EDI Taskforce delivery plan is under development with input from the Chairs of the three sub-groups. The next meeting of the Taskforce will be in July and this will be the forum for approval of the delivery plan.
	SSPEG oversees people planning and education development	2nd					The social partnership model will be evidenced via the Annual Report which is submitted to the Welsh Social Partnership Board.	Gjini, Ardiana	30/09/2026	Annual report data gathering exercise will commence in Q1.

Professional Leaders Forum (oversight of education commissioning) and People Profession Plans reporting in to SPPEG	2nd		
Oversight of Delivery of planning goals, measures and staff feedback at People, OD & Culture Committee	2nd		
Partnership Forum (Local and Health Board wide) and LNC	2nd		
Medical Engagement scale feedback	3rd		
IA PADR Follow up - Reasonable (May-20)	3rd		
Wales Audit on Workforce Planning (Report Sep23)	3rd		

Continue to work with CCGs to develop culture plans	Gostling, Lisa	31/03/2027	ODRMs will continue to focus on promoting and providing proactive and responsive support to local teams to enable healthy and happy working cultures.
Review the metrics and measures that provide a view/perspective of the culture within the organisation (align to national balanced scorecard and local dashboards)	Gostling, Lisa	30/09/2026	Local dashboard development underway, but further work needed when NHS Wales balanced scorecard is confirmed to ensure alignment.

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jul-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2305	Risk to staff wellness due to pace and breadth of organisational change	Gostling, Lisa	Workforce/OD	NA	**4×5=20**	New risk	**3×4=12**	3/31/2030	6
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**	3/31/2027	11

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
		Corporate Risk Description:			
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.
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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.
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	Medium level review
	Cursory or narrow scope of review

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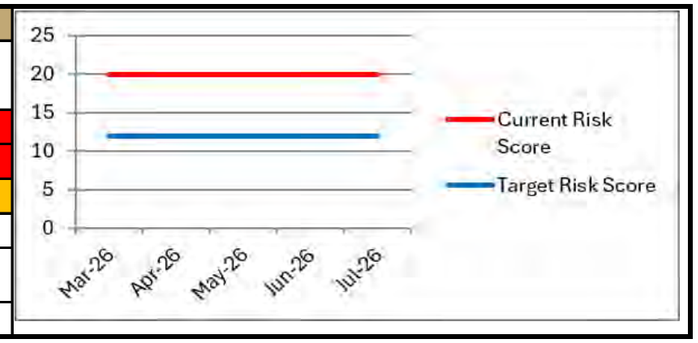
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Nov-25	**Executive Director Owner:**	Gostling, Lisa	**Date of Review:**	Jul-26
Strategic Objective:	1. Thriving Teams and 2. Healthier Communities and 3. Great Care and 4. Positive Futures	**Lead Committee:**	People, Organisational Development and Culture Committee	**Date of Next Review:**	Sep-26

Risk ID:	**2305**	**Corporate Risk Description:**	There is a risk that the required changes within the organisation are detrimentally impacting on staff wellness. This is caused by the pace and breadth of change, exacerbated by resource constraints, and increased level of scrutiny which the organisation is under. This could lead to an impact/affect on work/life balance, morale, psychological safety, staff burnout and satisfaction of staff at work. This could also result in poorer quality of care and outcomes for our patients.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	3/31/2030
Trend:	*New risk*



Rationale for CURRENT Risk Score:

Balancing financial pressures with the need to protect patient safety and deliver efficiency savings has placed significant strain on our workforce over the past year. This has been intensified by major organisational change across our Operations function, which has created uncertainty around job security, roles and future career paths. The prolonged implementation of OCPs is also generating growing unrest among staff directly and indirectly affected.

WOD colleagues are increasingly hearing personal accounts from staff describing the emotional and professional impact of these changes. Trade Union partners have echoed these concerns, highlighting rising anxiety and declining wellbeing. The 2025 NHS Wales Staff Survey findings suggest staff burnout, presenteeism and unpaid hours are indicators of capacity strain needing operational response, rather than organisation-wide wellbeing initiatives alone.

Rationale for TARGET Risk Score:

The organisation may need to consider that during periods of significant and impactful change, we will see, to some greater or lesser degree, this risk being exhibited by our staff. Therefore this may impact on levels of risk tolerance in the short to medium term. Changes to escalation status, governance arrangements for monitoring activity changes and clarity around financial plan will bring stability to the workplace and reduce the likelihood and impact on staff working in the organisation. Therefore for a sustainable change to be maintained, reduction in the risk score will be seen in incremental decreases year on year to 2030, as we address issues systemically. The 2026-27 financial year, and beyond, will see the organisation facing a number of challenges which are complex in nature and serve to impede the rate at which progression can be made. The current pace and scale of transformation, from fundamental restructuring to more subtle shifts in service delivery, are testing our teams' resilience. We will need to address each of the actions identified, being alert to the risk that new scenarios may impede progress.

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 Portal. This provides guidance and resources for managers and staff. Forums in place with Executive oversight to review performance against objectives - Executive 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, Strategy and Planning Committee. Internal Escalation processes supports the monthly monitoring of key performance indicators e.g. 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. Recruitment Team remain fastest recruiter in Wales, with a number of successful campaigns for hard to fill roles and innovative recruitment strategies. Delivery of the WOD Planning Objective relating to a positive workplace culture. Workforce planning is engaged with c70 services to support the identification of current and future workforce challenges and work with services to address them through the "Regeneration Framework" which acts as a set interventions (Replenish, Rebuild, Retain etc) In essence, acting as a first step assessment of any future change required through a structured planning process - 6 steps methodology (HEIW/All Wales Standard).	Capacity constraints within the WOD due to reduced staffing within the directorate which impacts on the ability to delivery timely support to the organisation. This has resulted from the efforts made to contribute to increased requests to find corporate financial savings. Demand for support from WOD has not been static and has continued to increase. Therefore the impact of the reduced resourcing availability is having a more detrimental impact not only on services, but also on the staff working within WOD. Lack of staff engagement with NHS Staff Survey despite increased efforts to promote this and increase engagement in 2025. This is likely to be a further indicator of low morale. Additional external demands e.g. All Wales work on contract reform, is resulting in additional requirements for the Health Board (additional resource requirements to implement, financial impacts associated with changes).	Develop communication & intervention plan to build the resilience of individuals and teams and report on the actions within the plan on a quarterly basis.	Bird, Anna	31/03/2027	1) Embed reflective practice into 121s and hold stay conversations to proactively discuss workload, give staff a protected space to pause, think and make sense of their own wellbeing, and explore what they need to maintain their wellbeing and stay with the Health Board. 2) Equip staff with the tools and training needed for effective timeâ€‘management to enable focus and promote healthy wellbeing habits. 3) Set clear expectations and accountabilities so staff understand priorities to achieve clarity and sustain focus. 4) Empower staff to recognise their capacity, prioritise tasks and seek support
		To strengthen existing work and develop a focused plan to support the building of leadership capability for change across the Health Board responding to all change initiatives, including the CSP, and report on the actions on a quarterly basis.	Hinkin, Heather	31/03/2027	a) building leadership capability in relation to change by ensuring leaders understand and apply the HB's Organisational Change Policy, seeking professional WOD support where appropriate b) building the skills to recognise and respond to the human factors of change, including engagement and communication, psychological safety, emotional impact etc. The action will be co-ordinated by the Assistant Director of People Management and supported by Assistant Directors of OD and People Planning.

Develop and implement a data informed approach to identify and prioritise absence challenges, and create a targeted plan for implementing a structured quality improvement methodology to be embedded across the HB wide system within WOD. Progress will be reported on a quarterly basis.	Walmsley, Tracy	31/03/2027	WOD Business & Performance and Business Intelligence Groups working collaboratively to take a dataâ€‘informed approach to identifying and prioritising sickness absence challenges. Together, they establish discreet, multiâ€‘disciplinary project teams that apply a structured qualityâ€‘improvement methodology to design, test and implement solutions. The action will be co-ordinated by the Assistant Director of People Planning and supported by the Assistant Director of People Management.
Develop a plan to create a streamlined set of All-Wales workforce requirements to address WOD impacts on NHS wide performance (Contractual, Structural, Process/Systems).	Bird, Anna	30/09/2026	Progress update to be provided at next risk review. Engage through DEWODS to create a streamlined set of Allâ€‘Wales workforce requirements and provide practical, readyâ€‘toâ€‘use implementation tools that enable each Health Board and Trust to apply consistently. This is in place to some extent, strengthening coordination and leads for work is critical.
In line with the new operating model for Workforce and OD, implement a new structure to reshape workforce provision (within existing financial envelope).	Gostling, Lisa	31/03/2028	Phase 1: reshape workforce provision (2026/27) Phase 2: reshape in line with new workforce solution (2027/28)

				Develop a plan to promote neuroinclusivity across the Health Board and report progress on a quarterly basis.	Bird, Anna	31/03/2027	a) Promoting Health Board practice to embed neuroinclusive psychologically safe, and personâ€‘centred behaviours across all services and influence change, performance, and quality systems actively protect staff and patient wellbeing while reducing avoidable personal and organisational harm. b) Establishing a programme of meetings with neurodivergent staff to inform actions that promote inclusion based on lived experiences for areas such as attraction and recruitment, retention, employee relations, sickness absence, personal development and training and organising/chairing meetings.

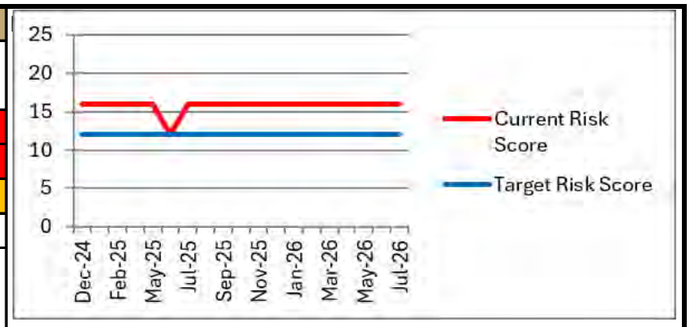
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance Dashboards	Executive Team meetings (Risk led)	1st			PODCC Reports - Nov 2025 1. Assurance & Risk Report, 2. Planning Objectives Update Report, 3. Performance Assurance and	1) There is a gap in assurance for the oversight and governance of organisational change practices. 2) There is a gap in assurance	Introduce clear governance and oversight measures for all organisational change practices, to minimise the risk of personal or organisational harm ensuring they actively protect wellbeing, strengthen quality and performance.	Hinkin, Heather	31/03/2027	All managers will need to be aware of requirements through PADR/Supervision mechanisms as a first step

	Escalation Recovery Meetings	1st			Assurance and Workforce Metrics Report	In assurance that WOD capacity meets organisational demands or demand management is in place or resource requirements can be met. 3) There is a gap in assurance that our workforce capacity meets demands or demand management is in place or resources requirements can be met	Each Executive Director will implement a capacity assessment to prioritise and sequence work ensuring efficient use and deployment of resources which needs to be set against organisational priorities; with the intention of resetting work levels and focus. Address known resource gaps to mitigate significant/untenable risks as part of Annual Planning Cycle.	Walmsley, Tracy	31/03/2027	Progress to be provided at the next risk review
	Executive Improving Together Sessions	1st					Each Executive Director will work to strengthen social partnership collaboration with staff and trade unions during times of increased change and transformation.	Hinkin, Heather	31/03/2027	Progress to be provided at next risk review
	Workforce & OD Leadership Team Meetings (Risk led)	2nd					Greater focus on considering the impact of change on our workforce within the QIA integrated impact assessment assurance processes to ensure the impact on staff are considered and mitigating actions are in place to minimise/remove negative impact and maximise positive impacts.	Daniel, Sharon	31/03/2027	Progress to be provided at next risk review
	Audit Wales - Workforce Planning - External Audit	3rd								
	Staff Partnership Forum	3rd								
	TI and JET assurance meetings	3rd								

Date Risk Identified:	Apr-24	**Executive Director Owner:**	Gostling, Lisa	**Date of Review:**	Jun-26
Strategic Objective:	1. Thriving Teams and 3. Great Care	**Lead Committee:**	People, Organisational Development and Culture Committee	**Date of Next Review:**	Jul-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:	3/31/2027
Trend:	⟷



Rationale for CURRENT Risk Score:

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:

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 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	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	Completed	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). Completed.
		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	Completed	Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025). Completed.

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~~ 30/06/2026	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. SBAR and plan taken to Public Board on 5th February. Action now superceded by Community By Design National Programme. Primary Care Workforce planner in post, contract extended by one year to March 2027.
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~~ 30/06/2026	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. National Group stood down. Awaiting other dates. Need to move forward with local plan.

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~~ 30/06/2026	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. All progressing with challenges with June completion date for Medical but no funding allocated to roll out AHP and HCS
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
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~~ 30/06/2026	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 June 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)	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~~ 30/04/2026	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 signed off & uploaded.
	Risk management approach to Workforce themed Risks	1st					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~~ 30/06/2026	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.
	Strategic People Planning & Education Group	1st								
	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd								

	PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd							
	Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd							
	Wales Audit Office review of Workforce Planning (report - Summer 2023)	3rd							
	Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans	2nd							

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 Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	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	AHP&HS: Dietetics & Nutrition	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	Jones, Claire	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. V&A training delivered to team. - 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. Update 2.3.26 - Submission to annual	Workforce/OD	5	5	25	impact score of 5 criteria met: Loss of several key staff" (12.5% sickness absence rate including staff members on long term sick, one of whom had sited work related stress when handing in notice / other staff have reported they do not enjoy work and are seeking other employment - 1 resigned and left Jan 2026) "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: this risk is "Expected to occur at least daily". 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	Expedite communication hub fielding calls / emails with managed escalation of queries to protect staff asap	Paul-Gough, Zoe	~~31/12/2025~~ 31/03/2026 ~~30/06/2026~~ 31/07/2026	Trial is complete. Comms hub have had some delays and have agreed to pick up in Feb 2026.april 2026 - small details to complete Comms hub currently shadowing WM admin in order to take this over end of may Update 29/06/2026: Still awaiting date for communications hub to go live	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. April 2026 the TRS date has been extended to Early june to reflect progress made with comms hub taking this over from end of may 2026 Update 22nd May 2026: the TRS date has been extended until early September to reflect progress with comms hub not being expected to go live until June/ July 2026. Once the comms hub goes live, the validation of the waiting lists can take place. Both of which will result in reduced pressure on the WMS workforce	Treat	9-Jul-26
																Communication urgently required to public to manage service user expectations	Hughes-Moakes, Alwena	**Completed**	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.April 2026 internet page completed comms not needed currently will add as new action if required in future							
																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	Paul-Gough, Zoe	~~28/11/2025~~ ~~31/01/2026~~ ~~30/04/2026~~ ~~30/06/2026~~ 31/07/2026	update 3.3.26 - V&A training complete, Frailty assessment complete (awaiting final recommendations). QIA for submission to panel. April 2026-QIA submitted and SBAR to accompany Task and Finish group started under the Health Weight Oversight Group to deliver on WHC recommendations. Awaiting outcome of fragile services assessment with							

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										plan made for additional capacity, T&F MDT group established to support GLP-1 roll out. Part of Wales wide application for UK Gov innovation funding. QIA undertaken to 'pause non-urgent referrals. Fragility assessment undertaken (linking this risk with other related risks above). Update 22.05.26 - Service internet page is now live and communication has been send to all partners in primary and secondary care re referral processes and availability of GLP 1 medication.					queries) to protect weight management service staff. 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~~ 30/07/2026	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. awaiting welsh government announcements							
																Communication to Primary and Secondary Care Teams to advise regarding ongoing fragility and plan in place to strengthen.	Paul-Gough, Zoe	**Completed**	In progress to be completed imminently Update 29/06/2026: this has been completed							
																Multidisciplinary Service review planned to incorporate the availability of new medications	Paul-Gough, Zoe	~~30/04/2026~~ 31/07/2026	discussion re research funding to support with prescribing . ? nurse prescriber - is in conjuction with pathway review							

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2288	Primary Care	Primary Care	PC,CS,LTC: Out of Hours	Carruthers, Andrew	Bond, Rhian	Bond, Rhian	Richards, David	10-Feb-26	There is a risk of of inadequate service provision, financial impacts on staff pay and service budget. This is caused by inaccuracies on the rota as a result of inconsistent system build/configuration and implementation of the Allocate system, including limited user training and role based access controls, incomplete/untimely data entry (e.g., contracts, assignments, leave records), limited validation with ESR and finance, and lack of clear ownership and performance monitoring for key Allocate processes. Lack of additional support within the department to maintain and correct the rota. This will lead to an impact/affect on patient care (rota gaps short notice cover, service disruption), staff (delayed/incorrect pay, morale issues), organisational compliance (breaches local policies), financial performance (unplanned costs, reconciliation burdens), and reputational risk (complaints/grievances). Risk location, Health Board wide.	• Standard operating procedures in place by the organisation for rota build, leave approval windows, and cut off timelines; embedded compliance checks (WTD/rest rules). • Integration governance with ESR/finance; routine reconciliation between Allocate outputs and payroll. • Defined process ownership (Rostering Lead/Payroll Lead) and KPIs (e.g., % pay exceptions, fill rates, leave balance accuracy). • Daily service meetings to check rota coverage. • Ongoing Allocate implementation meetings. . Since the implementation of additional bank assignments, staff are able to view and book shifts directly	Workforce/OD	4	4	16	â€¢ We continue to experience pay exceptions and rota short notice gaps that can affect rota coverage and therefore patient care, staff wellbeing and service continuity (e.g., payment corrections, manual workarounds, and increased bank use). Known issues are rectified, but the potential impact on staff (pay accuracy/timeliness), patient access (shifts left unfilled), and compliance supports an impact level of Major. â€¢ Errors in configuration, incomplete training coverage/competency sign off, limited capacity to review and resolve pre pay exceptions, and variable adherence to timelinesâ€”so recurrence remains possible in any pay period or rota cycle. â€¢ Audits of Allocate have begun to correct previously identified errors and therefore lessons are being learned and protocols will be implemented to ensure similar errors are not reintroduced.	Meeting on 12/06/2026 to discuss improvements in the way Medical Allocate is functional for the Out of Hours Service to provide the ability to manage the rotas pro-actively and develop a system for logging and communicating queries.	Richards, David	08/10/2026	Update at next review	People, Organisational Development and Culture Committee	2	2	4	Planned actions will significantly reduce likelihood: Full implementation of control improvementsâ€”standardised Allocate configuration, mandatory training with competency sign off, automated pre pay validation dashboards, and strengthened governance for change/release managementâ€”will address the main causes of error. These measures will make recurrence of major payroll or rota failures unlikely, provided compliance monitoring and KPI reporting are embedded. Even if isolated errors occur post mitigation, they will be detected and corrected promptly through automated exception reporting and escalation protocols, limiting organisational, financial, and reputational consequences. Service continuity will be maintained through proactive rota planning and leave management controls. Evidence based expectation: Once KPIs (e.g., pay exception rate <0.5%, rota fill >95%, leave balance accuracy >98%) are consistently achieved for three consecutive cycles, residual risk will reflect only minor operational inconvenience rather than significant disruption. This risk will be mitigated once we can confidently say that the system is running accurately and consistently. This will be achieved by increasing team capacity to maintain the system.	Treat	10-Jul-26

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2356	Operational Allied Health Professions & Health Sciences	AHP&HS: Occupational Therapy	AHP&HS: Occupational Therapy	Carruthers, Andrew	Quarrie, Sara	Adams, Jon	Southway, Kelly	29-May-26	There is a risk of of being unable deliver a safe, sustainable and high quality care Paediatric Occupational Therapy service to babies, children and young people. This is caused by current vacancies in the OT Children's service, lack of available budget to recruit into specialist posts, lack of budget and capacity to support succession planning, lack of capacity to supervise new staff, maternity leave within existing team, incorrect staffing levels and skill mix, insufficient senior staff, loss of significant number of experiences team members due to retirement, illness and lack of positions for staff to be promoted into, geographical challenges and inability to match the level of virtual services to the population needs. This will lead to an impact/affect on the well-being of current staff and staffing levels as the team's ability to offer the highest quality service and to progress within their roles is inhibited, leading to a potential loss of staff or increased leave. There will be an increase in breaches/waiting times for service which could lead to harm to patients who are growing and require frequent assessment, equipment reviews and replacements, many of which have complex needs (e.g. cerebral palsy, babies with non-accidental head injuries and cancer patients). This could lead to increased complaints and reputational damage on Health Board. Increased breaches could lead to future restrictions and monitoring by Welsh Government. Risk location, Health Board wide.	Cross county working to reduce pressure on teams. Three counties workshops being centralised where possible. Rolling out to other areas where possible. Monthly three counties meeting (quarterly face-to-face).	Workforce/OD	5	3	15	Staff morale remains low with low staffing levels in some areas and staff struggling to meet PADR and Mandatory training Key Performance Indicators, along with historic high levels of sickness absence and maternity leave. The service has historic long waits, in excess of two years which are being reported to Welsh Government. The specialist service is at risk of losing experienced staff to other services/organisations where there are current vacancies. Due to a recognition of limited capacity compared to increasing complexity/volume of demand, the service was allocated additional staff between 2022 and 2025. However, as a budget was not provided to support this due to financial constraints, these posts have since been lost. An exercise on staffing within the available budget is required prior to going out to recruit to existing vacancies (1 whole time equivalent (WTE) permanent Band 6 and 1.4 WTE temporary Band 6, in addition to 1 WTE Band 4). There are currently opportunities both within the Health Board, and external to it which experienced staff members have expressed interest in.	Develop a plan to increase increase morale and levels of support within the team. To discuss with LM at end of June	Southway, Kelly	31/07/2026	New action	People, Organisational Development and Culture Committee	3	2	6	Short-term mitigation focusses on looking after the current team, increasing level of support and team morale and reducing the pressure on existing team members. This will reduce the likelihood of losing further team members. Risk score may be reduced if short-term mitigation is achieved. Long-term mitigation of this risk is reliant on: - Correct allocation of existing resources - Development of plan to correctly resource the service - Securing sustainable service for future The TRS date is based on outcomes of next annual planning cycle and successful allocation of staff, resources and budget.	Treat	11-Jun-26
																SBAR in draft to explore options for managing financial and performance challenges of current financial position impacting on the services ability to recruit into vacancies due to historical over establishment.	Adams, Jon	31/08/2026	SBAR discussed in CCG on 16/06/26. Further amendments required by midday 17/06/26							

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2312	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Anaesthetics	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Knight, Diane	2-Mar-26	There is a risk of safe and timely cover for anaesthetic shifts for on call and in theatres and critical care by appropriately skilled staff. inability to maintain safe and timely care of patients within Operating Th This is caused by Due to failure of clinical staff supporting gaps or backfill in anaesthetic rotas due to dissatisfaction with new card rates published on 25th February 2026 for 1st March 2026. The new card rate has exposed the underlying fragility in the anaesthetic workforce This will lead to an impact/affect on Due to the requirement to assure safe and timely support to ICU, NCEPOD Theatre, and all related oncall commitment across all locations, this will lead to an impact/effect on safety and timeliness of care for elective surgery patients; and will place pressure on auxiliary staff, (Rota co-ordinators, Theatres, Waiting List, Critical Care), who form part of the partnership in patient management. Without ability to backfill, preliminary assessment would suggest the potential impact is the loss of 40 elective sessions per week Risk location, Health Board wide.	Set care priorities for shift cover: Oncall rotas, (SAS and Consultant) NCEPOD Theatre Trauma Theatre ECT (GGH only) Elective cancer pathway Elective cohort pathway Elective remainders Rota co-ordinators trying to move staff around to support, pulling shifts forward from later in the week, if staff agree. Consultants stepping down at £232.00 per hour. Current derogation to Card rate: Carms/WGH SAS all shifts £90 per hour to 4Oct26. Carms Weekend NCEPOD/Trauma only - consultant - £150 hr to 31Aug26. Staff may agree to undertake additional work for time off in lieu (TOIL) Backfill from external agencies could be explored but would be seen as NOT suitable to support oncall and weekend commitments on any site due to level of familiarity required to meet patient needs and core staff support across theatres and ICU. Backfill by external agencies for elective list assumes that core staff are prepared to move and cover oncall and weekends.	Workforce/OD	3	4	12	The control measures that have been applied are not sustainable or affordable and relies on insourcing anaesthetic staff from ID medical at an escalated cost. This also relies on the consultant workforce stepping down from their job planned activity to cover OOH and emergency pathways which is not sustainable. The SBAR relating to medical staff stabilisation was submitted in June 2026.	Agree an interim escalated card rate for an interim period to allow the service to develop the recruitment plan	Humphrey, Lisa	**Completed**	Completed	People, Organisational Development and Culture Committee	2	1	2	Sustainable workforce provision will avoid service interruptions, cancelation of activity, maintain safety & quality via emergency pathways and deliver on organisational targets. Expected date to achieve TRS amended to 30/03/2027 as the risk will not be mitigated by 30/09/2026 based on the current position.	Treat	9-Jun-26
																add and update the anaesthetic staffing position in the fragile services data base	Knight, Diane	**Completed**	Complete							
																Prepare SBAR on the staffing position and proposed options/solutions for consideration by the CCG/IQFPD	Knight, Diane	**Completed**	SBAR V6 completed and submitted 10Apr26. For further rewrite.							
																Manage anaesthetic staffing gaps via 6 4 2 process to plan for insourcing for elective activity	Humphrey, Lisa	30/09/2026	in progress							
																establish weekly anaesthetic staffing meeting to manage rota gaps within the emergency pathways	Humphrey, Lisa	30/09/2026	in progress							
																active recruitment into current vacancies	Knight, Diane	**Completed**	Ongoing with applicants coming through from adverts.							

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737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	1-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. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - with a buddying system implemented. Call recording is allowed on new system if issues are raised.	Statutory duty/inspections	4	3	12	The current risk score of 12 (high) reflects that, while the risk of non-compliance with the European Working Time Directive (EWTD) for switchboard staffing remains present, there are mitigating controls in place that reduce, though do not eliminate, the likelihood and impact. Interim arrangements such as call diversion between sites and ongoing modernisation have improved operational resilience and reduced immediate pressure on staff; however, reliance on singleâ€'handed working at times, alongside incomplete implementation of the longerâ€'term staffing model (including doubleâ€'handed cover and service rationalisation), means the risk continues to present a credible impact to service continuity, staff wellbeing, and regulatory compliance. As a result, the risk is no longer considered extreme but remains sufficiently significant to warrant a high (12) rating until sustainable, fully compliant arrangements are embedded.	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	The target risk score of 6 (moderate) reflects the expectation that, once the planned mitigations are fully implemented, the residual risk associated with EWTD compliance will be materially reduced to a level that is manageable within normal operational controls. This is predicated on the delivery of a sustainable staffing modelâ€"including consistent doubleâ€'handed cover, reduced reliance on singleâ€'handed shifts, and rationalisation of switchboard services, alongside strengthened operational resilience through modernised telephony and call management arrangements. At this point, the likelihood of non-compliance and associated service impact would be reduced to a low-to-moderate level, with remaining risks considered tolerable and subject to routine monitoring and governance oversight rather than requiring immediate escalation.	Treat	7-May-26
																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.							

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																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	05/11/2027	The Health Board has paused the alarm-related elements of the Switchboard OCP for 12 months after identifying that the current solution is not yet sufficiently robust, reliable, or clinically safe; this precautionary, assurance-led decision does not change the overall direction of the OCP but allows time to resolve technical issues, develop a safe and resilient alarm solution, and ensure appropriate testing, escalation, and business continuity arrangements, with existing processes remaining in place and further updates to follow once a fully assured approach is agreed.							

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2088	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	9-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, perception re 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, 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. Service proactively supports flexible working in line with local and national policy Service actively maintaining a band workforce at Band 4 and 5 to cover short term gaps resulting from vacancy turnover	Safety - Patient, Staff or Public	3	4	12	System pressures are consistently high and some medium term commissioning uncertainty remains (RIF, FCP). Morale score on the negative scale in NHS survey 30%, positivity score 48%. Despite wellbeing interventions, some staff are reporting work related stress impacting wellbeing. This is reflected in sickness levels with some anxiety and stress related illness. Overall sickness levels are 5.2 %. Funded establishment is 227 WTE. The service has 3.77 WTE vacancies in April 2026. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%. NHS Staff surveys reflect some positive results for Physiotherapy in terms of flexible working (75% positive, improving trend) and 'we are compassionate and inclusive' (67%).	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	The service has a number of actions in place to frame clinical capacity challenges and to seek organisational support to constrain service delivery to funded capacity or to increase funding to meet demand. Work is underway to improve engagement with clinical leaders in change processes and to support skill in terms of risk assessment processes and relevant action plans. The time line on delivering target risk scores will be dependent on the way complex change processes develop and also the organisations ability to make definitive decisions in areas of funding uncertainty. The service has seen positive and improving trends in flexible working, compassionate and inclusive leadership.	Treat	1-Jul-26
																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	Completed	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. 18/02/2025 - CCG IG 3P D&C report indicated: "Work commenced with Physio (MSK) and Dietetics in Jan, the work was positively received". Action closed. SQ							

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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~~ 31/07/2026	30/04/26 Discussed in April IG. Band 8a leads requested to look for opportunities to attend training as service pressures allow. Review progress in May Q and S meeting.							
																Ongoing recruitment of staff to available vacancies.	Davies, John	**Completed**	28/04/28 The overall vacancy rate in physio is low. Controls are in place to optimise recruitment and turnover. Bank is in place. Agency use is low. Funded establishment is 227 WTE. The service has 3.77 WTE vacancies in April 2026. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%							
																Within budget only use of Bank Band 4 / 5 / 6 clinical staff to maintain capacity during periods of vacancy	Davies, John	**Completed**	Approval to recruit for band 4,5 and 6 staff supported by FCG. Rolling process in place to maintain bank workforce. This workforce is being used effectively to cover short term vacancies caused by workforce turnover.							
																Use of within budget funding to recruit Locum staff with CCG and AG1 approval until the end of the financial year	Davies, John	**Completed**	As of April 2026, funded establishment is 227 WTE. The physio service has 3.77 WTE vacancies in April 2026, with only 3.77 WTE vacancies. " agency staff and bank workforce are in place to cover funded service gaps. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%. The service now has established processes for agency approval via (FCG) and bank recruitment. As such this action has been transitioned to a control.							

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																Development for SBAR for recovery funding to achieve a zero breach position completed and submitted for consideration for additional WAG funding	Davies, John	**Completed**	An SBAR has been developed to identify funding requirements to bring service back to a zero breach position. This was updated in Nov 2025 by physio services and submitted through the CCG's integrated governance PPP forum. There has not been a Welsh Government / Health Board decision made to support waiting times recovery funding to date. Close action.							
																Demand and Capacity - New patient D&C tool to be implemented in MSK Physiotherapy. This tool will be used to enhance the services ability to escalate workforce capacity challenges through integrated governance processes and via annual planning.	Davies, John	~~30/04/2026~~ 31/07/2026	Work is underway to develop a new D and C tool. A current barrier is the forecasting functionality in WPAS. Task and finish group reviewing work arounds. (In the mean time the service is using historical forecasting and C and D methodologies. 01/05/26-C and D tool used by Performance Improvement incompatible with the Physiotherapy system without significant modification. Meetings continue to develop a hybrid tool.							
																Physiotherapy to undertake a 'Service Review'. This will be fed into CCG Integrated governance forum. Include base line capacity and demand information for key service areas.	Davies, John	~~31/07/2026~~ 31/08/2026	New action as D&C tool implementation commenced Jan 2026. C and D work undertaken for CMATs service as part of 'SBAR CMAT escalating waiting list' paper. Shift of resource agreed to support service capacity in CCG IG governance (April 2026). Capacity and Demand review started for acute services. 01/07/26 Acute C and D review completed.							

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																Undertake staff experience survey. Survey launched by Chartered Society of Physiotherapy in collaboration with Physiotherapy service to build understanding regarding factors that may be contributing to positive or negative experience at work. Survey closes 28th May. The survey results will inform development of collaborative action plan being developed in Physiotherapy partnership forum.	Davies, John	**Completed**	The CSP have completed the survey and shared results with the service. The results will be considered in conjunction with other data sources such as the NHS survey to develop and action plan (Seperate action).							
																Develop SBAR - 'acute physiotherapy case for change', to map current acute workforce against available standards and NHS benchmarking. The paper will link to current quality of care risks for this area and the evidence base supporting efficacy of staffing acute hospitals to standards.	Davies, John	31/07/2026	Initial workforce mapping completed. Task and finish group set up to support piece of work. 01/07/26 Workforce data revalidated to reflect surge beds and complexity of case load. SBAR in development. Deadline extended.							
																Deliver Physiotherapy MSK pathway workshop for senior clinical leaders and managers. The key aim of this is to improve knowledge of national strategy, empower clinical leaders to engage in service transformation and change.	Davies, John	**Completed**	Workshop delivered on 18/03/26. key priorities that emerged included:- Scoping options for the development of a single point of access for MSK services, in line with the national service specifications, development of job descriptions that enable MSK clinicians to work across the pathway and at the top of their licence evaluate opportunities to reduce unnecessary touchpoints for patients accessing MSK services, further develop telemedicine triage, incorporating risk stratification and patient engagement measures. Task and finish groups to be set up. Action complete.							

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																Draft SBAR to escalate risk to sustainability of services funded by RIF. Include case for change to support rationale for sustainable funding and exit strategy if funding ceases in March 2027.	Griffith, Susan	**Completed**	SBAR completed and submitted to June CCG integrated governance forum.							
																Draft SBAR escalating risk to staff wellbeing due to funding uncertainty in FCP. Frame options for service commissioning or exit strategy.	Davies, John	**Completed**	SBAR submitted to executive lead (COO). Outcome decision on 11/04/26 was to extend funding for service until 31/03/27. Comms sent to FCP team to brief them on outcome 24/04/26.							
																Develop updated action plan for 2026/27 with the aim of addressing top three priorities identified from NHS staff survey and other data sources (Eg: CSP staff survey)	Davies, John	31/07/2026	Extraordinary planning meeting scheduled for the 2/07/26 with Physiotherapy Service leads to review staff survey and develop action plan.							

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2253	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Davies, Nick	Morgan, Barbara	20-Jun-22	There is a risk of to children and young people's health and wellbeing due to a shortage of SCPHN School Nurses, with an ageing workforce and staffing gaps threatening the service's longâ€'term sustainability. 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. Other than their statutory duties, the School Nursing service is unable to complete other aspects of its Public Health Role. 5.There is an ageing workforce. 6.There has been an impact to the service due to ongoing sickness in all three Counties. This will lead to an impact/affect on 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.Ability to focus on uptake of immunisations due to other priorities in certain areas 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, Health Board wide.	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	3	4	12	The service has an ongoing recruitment campaign with involvement from Workforce. To date, 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 ageing workforce, in particular in Pembrokeshire and the senior management team, along with the challenges the service are facing with unfilled vacancies and 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 SCPHN (Specialist Community Public Health Nurse) course as another student has dropped out. National School nursing week commencing the 18th May.	Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload	Morgan, Barbara	**Completed**	Immunisation nurses support SCPHN nurses as required for school ages immunisation programmes. This continues to be ongoing.	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	26-May-26
																Workforce support to broaden our scope of recruitment to include Social Media etc.	Morgan, Barbara	~~29/05/2026~~ 30/08/2026	Professional Lead for School Nursing to explore relocation packages during discussions with the workforce team. Head of Nursing has advised Professional Lead to speak with Head of Nursing of Professional Practice. Student SCPHN job description drafted and awaiting approval. Meeting arranged for 16th April. Meeting held and agreed to work with the recruitment with a plan to look at national recruitment across the UK Advert has gone out 12.05.26. To date no applicants 11.06.26 -recruitment drive has finished - waiting for outcome							

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 Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	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
2328	Director of Allied Health Professions & Health Sciences	Executive Allied Health Professions and Health Sciences	Executive Allied Health Professions and Health Sciences	Severs, James	Severs, James	Bradburn, Jo	Bradburn, Jo	23-Feb-26	There is a risk of There is a risk that the Health Board may be unable to identify staff who have not renewed their statutory professional registration with the Health Care Professionals Council (HCPC). This is caused by constraints within the existing automated system and procedures at the interface between ESR and the HCPC register, which are not synchronised with HCPC renewal dates. It therefore depends on manual verification which is labour intensive and prone to error. This will lead to an impact/affect on This could result in staff working without valid statutory registration leading to breach of contract, loss of public confidence, reputational damage, patient safety, governance, legal and regulatory non-compliance risks. Risk location, Health Board wide.	Some professions have manual checking systems in place to identify compliance when HCPC renewal is due Request for each profession to review their manual checking systems and ensure these are in place and align to renewal dates Routine automated audits in place between ESR and HCPC	Statutory duty/inspections	3	3	9	The current risk score reflects the risk that exists because of the Electronic Staff Record(ESR)/Health & Care Professions Council (HCPC) automated audit not aligning to HCPC renewal dates. Once assurance is provided from each service area, the current risk can be reduced to 6. However, the risk will remain as the only way currently to mitigate the risk is manual verification and this poses both challenges to workforce capacity and accuracy.	Seek assurance from each professional lead that they have a process in place to monitor HCPC registration compliance aligned to renewal dates.	Bradburn, Jo	30/06/2026 31/08/2026	Email sent to each ADQSE for each CCG and professional leads re: risk and request for assurance on processes in place to monitor for lapsed register. Responses from ADQSE due by 28/7/26	People, Organisational Development and Culture Committee	2	2	4	The target risk score reflects the risk score once assurance has been provided from professional leads on manual processes in place to monitor compliance with HCPC renewal. However, a further target risk score of 2 x 2 = 4 will be required once it is understood how to align automated audit with HCPC renewal dates.	Treat	23-Apr-26
																Work with ESR to identify how to generate automated reports at renewal date for each profession to identify any lapses in registration during renewal period.	Bradburn, Jo	**Completed**	Action delegated to Kate Tennant - Business and Governance Manager (awaiting datix access). Meeting arranged for 23/4/26 to consider options.							
																Contribute to workforce discussions about the development of the new ESR system to ensure it reflects the registration/regulatory requirements of HCPC registrants	Walmsley, Tracy	**Completed**	Email sent from JB to Tracy Walmsley and Michelle James on 9/4/26 advising them of this risk and request it feeds into developments of new ESR system. Tracy Walmsley acknowledged this had been completed.							

Report Issued By	Report Title	Recommendation Reference	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Internal Audit	Sickness Management (Follow Up) Final Internal Audit Report 2025/26	HDU-2526-20_001	High	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	In August 2025, Clinical Care Group (CCG) Service Directors were informed that each CCG will be required to produce a programme of planned sickness absence reviews and submit it to Workforce & OD by 30 September 2025. To aid the CCGs in undertaking the sickness absences reviews, Workforce & OD developed a testing template that was communicated to each Executive Director and Clinical Care Group (CCG) Service Directors in August 2025. However, no evidence was provided to support the development of a planned programme of sickness absence reviews by the CCGs. A review of the sickness absence template identified that the number of absences tested is captured; no individual absence data is recorded. No guidance to aid the services complete the audit template was provided. Testing was undertaken on a sample of 30 service areas (from data uploaded onto the AMAT system) to ensure the sickness absence review had been completed and the captured information accurately reconciled to employee sickness periods. Identified service leads (identified as a reviewer') were contacted to request the detail of the sampled sickness absence information with only 13 responding. A reconciliation of the sickness absence periods listed tested in the templates identified the following: • Inaccuracies in the information recorded on the audit template against source data such as the number of reviews recorded • Instances where the reviewer was unable to confirm the sickness periods in their review sample • Inconsistencies in the length of testing periods and sample sizes • Listed individuals named as reviewers were unaware of their responsibility to undertake the sickness absence review. No audit or check of the returned sickness absence review was undertaken by Workforce & OD to confirm the accuracy of the recorded information. To date, no Heads of Service have been held accountable for non-compliance due to returned audits noting compliance accuracy of 100% (only one review returned 80% compliance).	Lisa Gostling	Sep-25	~~Sep-25~~ ~~Nov-25~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_001a	N/A	R1. The Health Board must ensure that all departments within Medicine are staffed sufficiently at all times. This must guarantee that patient safety is sustained and training is deliverable.	New rota to be implemented	Jess Svetz	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_001b	N/A	R1. The Health Board must ensure that all departments within Medicine are staffed sufficiently at all times. This must guarantee that patient safety is sustained and training is deliverable.	Medical staffing review to be completed	Karen Brown	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_001c	N/A	R1. The Health Board must ensure that all departments within Medicine are staffed sufficiently at all times. This must guarantee that patient safety is sustained and training is deliverable.	Sufficient SPA time for consultants to provide training needed for resident doctors.	Helen Thomas	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002a	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	Additional medical registrar allocated to support induction within the medical department	Jess Svetz	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002b	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	Peer to peer handover induction to be arranged	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002c	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	New handover document to be drafted for trainees	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue

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Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002d	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	Further discusssion with trainee and registrars to determine what is further required to improve induction.	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002e	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	To work with IT and Application support team to ensure that resident doctors have access to IT applications, like Welsh PAS and Welsh Portal from the start	Gavin Jones	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_003a	N/A	R3. The Health Board must ensure there are effective and robust processes in place for raising patient safety concerns. Effective mechanisms for the provision of feedback about concerns raised must be in place.	Arrange a face to face Datix training session which will be mandated for all trainees. The session will incude a Datix sytem demonstration and a session which will include case studies to demonstrate the value of reporting.	Helen Thomas	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_003b	N/A	R3. The Health Board must ensure there are effective and robust processes in place for raising patient safety concerns. Effective mechanisms for the provision of feedback about concerns raised must be in place.	Concerns raised be trainees to be discussed routinely at medicine consultant meetings	Angela Puffett	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_004	N/A	R4. The Health Board must ensure that senior support for Foundation residents is always accessible, in order to ensure patient safety and resident wellbeing are preserved. Requests for support should be responded to in a timely manner with appropriate feedback provided if requests for support are felt to be inappropriate.	New rota which will increase staffing levels to be implemented	Jessica Svetz	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_005a	N/A	R5. The Health Board should build upon previous efforts to ensure working hours are robustly monitored, with straightforwardly achieved exemption reporting.	Raise awareness of the working over authorisation form.	Bethan Griffiths	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_005b	N/A	R5. The Health Board should build upon previous efforts to ensure working hours are robustly monitored, with straightforwardly achieved exemption reporting.	Additional, short, optional, monitoring form to be drafted and piloted to enable ongoing, continuous excemption reporting, which will provide a greater understanding of hours worked. Information from this process to be discussed as part of Medical Department Meetings and Resident Doctor Forums.	Helen Thomas	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_006a	N/A	R6. The Health Board should ensure there are adequate rooms available to allow residents to review patients independently. Support and feedback during clinics should be accessible where required, to facilitate a well-rounded training experience	Review of outpatient clinic room bookings to be undertaken to ensure that they are utilised appropriately and to identify opportunities for additional space for trainees to review patients independently.	Jessica Svetz	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_007a	N/A	R7. The Health Board should make efforts to ensure there are adequate spaces available for the provision of confidential feedback.	Ensure that supervisors are reminded of the importance of providing feedback in a constructive and professional manner.	Sarah Davidson	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_007b	N/A	R7. The Health Board should make efforts to ensure there are adequate spaces available for the provision of confidential feedback.	Estate review of general medicine and the emergency care departments to ensure that there is sufficient capacity to appropriately assess and treat patients with dignity, along with enabling effective and confidential training discussion and feedback.	Jessica Svetz	Jul-26	~~Jul-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_008a	N/A	R8. The Health Board should ensure the management of "post-take" patients prior to ward deployment is optimised. Patient management plans should be reviewed daily by a senior team member, and necessary actions should be appropriately carried out.	Substantive team to be placed in ED to manage acute medicine patients who are waiting to move onto wards.	Jessica Svetz	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_008b	N/A	R8. The Health Board should ensure the management of "post-take" patients prior to ward deployment is optimised. Patient management plans should be reviewed daily by a senior team member, and necessary actions should be appropriately carried out.	Evaluation of new team working to be undertaken.	Jessica Svetz	Jul-26	~~Jul-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_009a	N/A	R9. The Health Board should make efforts to improve and strengthen the resident forum, to ensure residents are able to confidently raise concerns regarding their training experience, as well as any other concerns relevant to their roles. Concerns raised should be documented, with appropriate and timely feedback provided.	This action needs to be clarified by the Faculty Lead for Trainees.	Helen Thomas	Jan-26	~~Jan-26~~ N/K	Overdue

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Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_010a	N/A	R10. The Health Board should review processes regarding the means in which residents are contacted during on-call shifts to ensure their workload is streamlined.	Initiate audit cycle which covers:- -Frequency -Source -Reason For contacts over a 2-4 week period.	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_010b	N/A	R10. The Health Board should review processes regarding the means in which residents are contacted during on-call shifts to ensure their workload is streamlined.	Meet with other healthcare professional colleagues to discuss findings of audit and consider opportunities for workload streamlining and efficient use of staffing resource	Jessica Svetz	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_001a	N/A	R1. The Health Board must ensure that ward staffing levels are robust and that appropriate time is allotted to allow access to training opportunities including regional teaching programmes, Educational/SelfDevelopment Time (EDT/SDT) and access to clinics as stipulated by the IMT curriculum. Staffing levels should take into account extra work generated by those patients who are accommodated outside of the traditional clinical bed spaces, for example in corridors and 'boarders' within ward areas.	Review of medical staffing structures across the Health Board to be completed.	Dr Karen Brown AMD CIMCG, Dr Eiry Edmunds Deputy MD AHS, Dr Robin Ghosal Clinical Director Carms.	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_001b	N/A	R1. The Health Board must ensure that ward staffing levels are robust and that appropriate time is allotted to allow access to training opportunities including regional teaching programmes, Educational/SelfDevelopment Time (EDT/SDT) and access to clinics as stipulated by the IMT curriculum. Staffing levels should take into account extra work generated by those patients who are accommodated outside of the traditional clinical bed spaces, for example in corridors and 'boarders' within ward areas.	Create spreadsheet to allow doctors to book to attend diverse specialist clinics across Glangwili & Prince Philip (and wider afield if requested).Clinics will be mapped to IMT and FP curricula.	Dr Robin Ghosal Clinical Director Carms., Peta Spiller Rota-Co-ordinators	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_002a	N/A	R2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.	Bi-Monthly meetings to be organised between Clincial Director and trainees in addition to the Resident Doctors Forum to provide a safe environment to keep up to date and be proactive with concerns. These metings will be unstructured allowing free flowing discussion	Dr Robin Ghosal Clinical Director Carms., Peta Spiller Rota Co-ordinators	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_002b	N/A	R2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.	Raise awareness of and signpost to Health Board's Staff Psychological Wellbeing and Occupational Health Services through email, posters, induction, stands at studay days/core curriculum sessions.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_002c	N/A	R2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.	Raise awareness of the Health Board's new Doctor Support Hub which will enable medical staff (trainers and other medical staff not in formal training posts) to have open access to a variety of support structures with the aim of maximising personal and professional outcomes, maintaining wellbeing and aiding retention email, posters, induction, stands at studay days/core curriculum sessions.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_003a	N/A	R3. The Health Board must ensure that training needs are taken into account when redesigning clinical areas and systems to improve patient flow. The local educational team must be involved in discussion and planning. It would be desirable to also include trainers and resident doctors, who are likely to have valuable insights into practical aspects of the plans.	This is service development. Resident doctors will take part in conversations about new service and gain thoughts on pathways e.g.within the newly rebuilt SDEC, helping to map the environment from a training standpoint so educational opportunities can be maximised.	Dr Robin Ghosal Clinical Director Carms.	Jul-26	~~Jul-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_003b	N/A	R3. The Health Board must ensure that training needs are taken into account when redesigning clinical areas and systems to improve patient flow. The local educational team must be involved in discussion and planning. It would be desirable to also include trainers and resident doctors, who are likely to have valuable insights into practical aspects of the plans.	Link with medical education team on service re-design and planning, providing regular updates on progress. Ultimately this is service development.	Service Leads, Medical Education Team	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_004	N/A	R4. The Health Board should take steps to ensure that multiple members of the same ward-based team are not routinely scheduled to work out of hours or in an on-call capacity at the same time to avoid resident doctors being subject to excessive workloads on the wards.	Rotas to be reviewed and amended accordingly.	Trainees, Rota co-ordinator	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_005	N/A	R5. The Health Board should introduce a rostering system to ensure that IMT residents have planned, scheduled access to outpatient clinics as outlined within their curriculum.	Please see action 2 under requirement 1 above.	Trainees, Rota co-ordinator	Jun-26	~~Jun-26~~ N/K	Overdue

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Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_006b	N/A	R6. There should be an effective, Health Boardsupported system in place to track patients during the first 72 hours of admission, irrespective of overcrowding. This needs to support resident doctor handovers and their ability to find out about and act upon results.	FP2 to undertake QI project to ensure that patients who attend A&E on a Friday are included as part of the weekend CDU and medical liaison handover lists.	FP2 Trainee	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_007a	N/A	R7. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.	Carry out a handover audit to identify specific issues affecting the quality and effectiveness of the handover process.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_007b	N/A	R7. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.	Share audit results with the department for taregeted actions to be implemented	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_007c	N/A	R7. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.	Consultants to be encouraged to attend both handover meetings (AM/PM).	Dr Robin Ghosal Clinical Director Carms	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_008a	N/A	R8. The Health Board should implement a simple exception-reporting system to monitor residents' ability to attend rostered clinics and access EDT/SDT. These exception reports should be regularly discussed and reviewed to ensure good access is maintained.	Increase understanding and use of the SDT/EDT form among trainees and trainers so that trainees can make the most of their allocated development time – emails, posters, study days etc.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_008b	N/A	R8. The Health Board should implement a simple exception-reporting system to monitor residents' ability to attend rostered clinics and access EDT/SDT. These exception reports should be regularly discussed and reviewed to ensure good access is maintained.	Audit to be undertaken to monitor rostered clinics and SDT/EDT access	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_009	N/A	R9. The Health Board should review lines of communication with trainers and resident doctors to ensure that all parties are aware of improvement plans/activity and the obstacles and challenges which need to be overcome.	Raise awareness of the Hywel Dda Team Meetings, which take place monthly. During these online meetings, staff hear more about what's happening across the Health Board from our Chief Executive, Phil Kloer, and members of the Executive team. Individual views can also be shared and questions asked (emails, posters, study days, reminder notifications etc)	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_010	N/A	R10. That HEIW will provide an update to the GMC on the findings of the visit with a recommendation that Enhanced Monitoring status is applied.	Complete – confirmation of enhanced montioring status was received by the Health Board on the 2 February 2026.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue

3

09:45, 0 Mins

3 - STRATEGIC FOCUS

3.1

09:45, 15 Mins

3.1 - Staff Story - Wellness

Andrew Poole (Hywel Dda UHB - Assistant General Manager), Corinna Lloyd-Jones (Hywel Dda UHB - Head of Organisation Relations)

For discussion

3.2

10:00, 20 Mins

3.2 - Workforce and Organisational Development 5-year Strategic Plan

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

For assurance

Attachments

3.2 Draft WOD 5-year Strategy SBAR.pdf

3.2 Appendix 1 - 5 Year plan Draft 29.7.26 FINAL.pdf

3.2 Appendix 2 - EqIA Screening 5 Year plan final Aug 2026.pdf

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.

3.3

10:20, 30 Mins

3.3 - Future NHS Workforce Solution – Early Adopter and Foundational Readiness Update

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

For assurance

Attachments

3.3 New Workforce Solution SBAR.pdf

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 August 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Future NHS Workforce Solution – Early Adopter and Foundational Readiness 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 Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Committee with a further update on the Future NHS Workforce Solution Transformation Programme and the Health Board's role as an Early Adopter for NHS Wales. The programme will replace the Electronic Staff Record with a modern, cloud-based, integrated workforce platform covering core Human Resources (HR), talent acquisition, payroll, compensation and benefits, learning, career development and performance management.

The Committee is asked to take assurance on the progress being made to prepare locally, including the action required through the Prepare phase: establishing programme governance and a project plan, identifying local leads and resourcing requirements, preparing for testing, continuing engagement and communications, and progressing readiness activity ahead of Wave Entry in November 2026.

Cefndir / Background

The Future NHS Workforce Solution is a national transformation programme led by the NHS Business Services Authority (NHSBSA), in partnership with Infosys, which will succeed ESR following the award of a 15-year contract. The programme is moving from discovery and procurement into Foundational Readiness and implementation. Early Adopter organisations will help validate and shape implementation, supporting a smoother wider deployment across NHS Wales.

The solution is not simply a system replacement. It is intended to create a single, secure employee record across the NHS, improve self-service, reduce duplication, automate workflows, strengthen workforce insight and connect key workforce domains across the employee lifecycle. The national programme describes the greatest value as being realised when the domains are adopted together, with up to 60% of total benefit value driven by the connections between domains.

Hywel Dda University Health Board has previously been identified as an Early Adopter for NHS Wales. The current Prepare phase requires the Health Board to continue foundational readiness activity across leadership and governance, data and processing, capacity and skills, and engagement. Guidance confirms immediate priorities in preparing for testing, developing a project and resourcing plan, establishing progress tracking and understanding local resource requirements.

Asesiad / Assessment

On 24 July 2026 the Health Board received confirmation it had successfully progressed through Stage Gate 1 (Scope phase) and would now progress to Stage Gate 2 (Prepare Phase). The Health Board is now required to translate national readiness guidance into a local delivery approach.

Immediate actions include reviewing and adapting the national Project and Resourcing Plan template, agreeing owners and local sub-actions, maintaining a RAID (Risk, Action, Issue, Decision) log, identifying a Local Test Lead, signing up to monthly test checkpoints, and starting to identify suitable staff for Systems Integration Testing and User Acceptance Testing preparation.

The programme has significant strategic implications for workforce, organisational development (OD), digital, finance, payroll, recruitment, learning and operational services.

A programme group is being established to provide clear executive sponsorship, strong local governance, and engagement with stakeholders.

The Workforce & OD Team need to provide dedicated transformation capacity and through underspend on current budget a Project Officer role has been created and further strengthening of project management is being considered. A substantive Digital and Change OD Leadership Manager has also been appointed who will support all digital change moving forward. The team will work with a National Shared Services Team who will support engagement with managers, employees and subject matter experts and process mapping to support us through this gateway phase and also link regularly with NHSBSA colleagues.

Argymhelliad / Recommendation

The Committee is asked to:

- **TAKE ASSURANCE** from the progress made to date and that plans are in place to support participation in the next phase as an Early Adopter in the Future NHS Workforce Solution.
- **NOTE** the immediate priorities for the Prepare phase, including local programme planning, resourcing, governance, testing preparation, stakeholder engagement and progress tracking.
- **NOTE** that further updates will be brought through the appropriate governance route as national guidance, resource implications, timelines and Board approval requirements are confirmed.

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

Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	No specific Datix risk identified within the national documentation. Programme risks will be captured and managed through the local RAID log and escalated through the appropriate governance route as required.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 4. Efficient 7. All apply Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 4. Positive futures
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams 5. People First, Digital Always 7. Future Orientated
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 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)*	1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives. 6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol:	

Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHSBSA Future NHS Workforce Solution national programme documentation; Solution Overview, June 2026; Foundational Readiness Guidance Part 2 Wales Drop 2; Early Adopter engagement plan; previous PODCC SBAR update, February 2026.
Rhestr Termau: Glossary of Terms:	EA – Early Adopter; ESR – Electronic Staff Record; FWS – Future Workforce Solution; FRG – Foundational Readiness Guidance; NHSBSA – NHS Business Services Authority; NWSSP – NHS Wales Shared Services Partnership; RAID – Risks, Assumptions, Issues and Dependencies; SIT – Systems Integration Testing; UAT – User Acceptance Testing; DPIA – Data Protection Impact Assessment; DSPA – Data Sharing and Processing Agreement.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	National Future NHS Workforce Solution programme forums; NHSBSA Readiness and Implementation Team; NWSSP; internal Workforce and OD Leadership Team; Workforce Intelligence leads; relevant digital, payroll, recruitment and HR subject matter experts.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Local financial and service implications are being assessed through the Prepare phase. Additional local capacity will be required to support project delivery, testing, data preparation, engagement and change activity. Potential future benefits include reduced administrative effort, improved recruitment efficiency, reduced duplication, more accurate payroll processing and reduced reliance on third-party systems.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct adverse patient care impact is anticipated from this update. Successful implementation should support safer and more effective services indirectly through improved workforce data, better planning insight, streamlined processes and enhanced employee experience. Quality impacts will be reviewed as the local implementation plan develops.
Gweithlu: **Workforce:**	The programme has significant workforce implications and will require input from HR, payroll, recruitment, learning, workforce intelligence, digital, operational managers and staff representatives. The principal workforce risk is capacity to deliver readiness and implementation activity alongside business-as-usual pressures. The future solution is expected to improve employee self-service, manager access to information, workforce insight, learning records and career development support.

Tegwch Iechyd: **Health Equity:**	Health equity considerations will need to be included in local change planning, particularly in relation to digital access, accessibility, Welsh language capability and support for employees with different roles, locations and working patterns. The national solution is designed to meet digital accessibility standards and to support access across desktop, tablet, mobile web and mobile application channels.
Risg: **Risk:**	Key risks include local capacity and capability, data quality, integration with existing systems, dependency on national timelines, testing readiness, staff engagement and benefits realisation. These will be managed through the local project plan, RAID log, named ownership, progress tracking, escalation routes and regular engagement with NHSBSA and NWSSP.
Cyfreithiol: **Legal:**	Legal considerations include data protection, information governance, contractual and employment-related implications. National programme work is underway, and local assessments, including DPIA and DSPA requirements, will be completed as required through the relevant governance arrangements.
Enw Da: **Reputational:**	There is a positive reputational opportunity for the Health Board as an Early Adopter for NHS Wales, helping shape and validate the national implementation approach. Reputational risk may arise if local readiness, engagement, data quality or implementation milestones are not effectively managed.
Gyfrinachedd: **Privacy:**	The programme will involve workforce data and employee records. Privacy, confidentiality and information security requirements will need to be managed through national and local information governance arrangements, including completion of DPIA and DSPA activity and review of third-party application and integration requirements.
Cydraddoldeb: **Equality:**	Equality impacts will be assessed through local implementation planning. The solution is designed to support accessibility, usability, flexibility and Welsh language capability; however, EqIA screening should be completed as the local change approach, engagement plan and implementation arrangements are developed.

3.4

10:50, 10 Mins

3.4 - Delivery Against Planning Goals Aligned to PODCC: General Update

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

For assurance

Attachments

3.4 Delivery against Planning Goals aligned to PODCC.pdf

3.4 Appendix 1 WOD PG Update Q1 2026-2027.pdf

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:**	Delivery Against Planning Goals 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, Diversity and Inclusion

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 Health Board approved the 2026/27 Annual Plan in March 2026, based on requirements specified in the NHS Wales Planning Framework 2026/29 and against the Escalation Framework, which was subsequently submitted to Welsh Government on 31 March 2026. Since submission, Welsh Government (WG) has issued further communication that noted the plan was unacceptable and unsupportable given the expected financial outturn for 2026/27.

For 2026/27, **Planning Goal 1** has been aligned to the People Organisational Development and Culture Committee (PODCC), namely:

Planning Goal 1: Thriving Teams

As in previous years it is the expectation that PODCC will receive an update on the progress made in the development (delivery) of the Planning Goals for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

One key aspect of the Annual Plan remains our Planning Goals (previously referred to as Planning Objectives). Of the eight Planning Goals one is aligned to this Committee –:

- Planning Goal 1: Thriving Teams

Asesiad / Assessment

The overarching status of the PG is **On Track**. Highlight reports for the individual components of the PG 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 Goal aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Goal is progressing and is on target, and to raise any concerns where a Planning Goal is identified as behind in its status and/or not achieving against its key deliverables.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.5 Seek assurance on delivery against all planning goals aligned to the Committee, considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg 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:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams
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

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)*	1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan 26-27
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	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
Tegwch Iechyd: **Health Equity:**	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.
Risg: **Risk:**	Any issues are identified in the report
Cyfreithiol: **Legal:**	Any financial impacts and considerations 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: Lisa Gostling

Date Submitted: 27th July 2026

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

Planning Goal 1, Objective 1: Sustainable workforce in hospitals and communities.
1.1.1. Continue to deliver workforce stabilisation programme.
1.1.2. Develop 5-year workforce plans, in particular for Medical and Dental and Health Sciences.
1.1.3. Strategic review of our learning offer.

Executive Lead: Tracy Walmsley, Assistant Director of People Planning

Reporting Period: Quarter 1

Overall status: On track to deliver fully by year end
Rationale: This programme of work will continue through the year.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances)

Activities completed in previous reporting period

- Work continues to look at agency reduction. Medical and AHP are our outliers however progress is consistent, if more challenging in 2026/27 to deliver. A workforce stabilisation programme is being relaunched.
- Roll out of Allocate Tool complete via RL Datix contract. Usage is variable across operational teams making it challenging to assess benefits at this point.
- Weekly Hard to Fill vacancy activities / lists produced and shared to support stabilisation and reduce agency spend.
- Appointment Guidance for Resident and Specialty Doctor Grades drafted.
- Community and partnership recruitment events to support attraction and inclusion strategies.
- Varying levels of maturity for workforce planning across CCG's and incumbent services. Work is ongoing to feedback status to CCG's of all operational workforce plans to agree an action plan. May be helpful to "define" a workforce plan based on current need i.e. in year operational savings rather than strategic 10-year plan to focus attention. Under workforce stabilisation programme establishment reviews needed to assess and align work.
- Ongoing work to support the development of the Clinical Services Plan which includes validation of workforce requirements and associated training needs.
- Strategic refresh of learning offer is in progress, linked to governance, structure and delivery mechanisms.
- Art in Health programme is under development with a view to roll out and pilot in a defined staff group.

Activities planned for next milestone and reporting period

- Engagement with x 9 Clinical Service areas to develop processes to validate workforce data. This will include wider interdependency mapping and alignment of Therapies staffing requirements (as per staffing guidelines).
- Ongoing engagement will be prioritised for services requiring workforce planning engagement which may include training and development of operational workforce plans. This will be managed through a “risk lens” to manage the capacity of the team as well as the needs of the organisation.
- Ongoing support to assess opportunities to reduce variable spend in medical and AHP staffing groups which includes options to develop sustainable substantive workforce solutions.
- Continue discussions on the strategic refresh of the learning offer, aligned to the Workforce and Organisational Development OCP requirements.
- Confirmation and confirmed design of the Arts in Health pilot programme is anticipated during the next quarter, which is likely to include part-delivery of the programme.

Matters for information:
Risks to delivery: Usage of Allocate is variable making it challenging to assess benefits at this point.
Any other comments:

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

Submitted By: Lisa Gostling

Date Submitted: 27th July 2026

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

Planning Goal 1, Wellbeing Objective 2: Create an inclusive culture where everyone matters, individual needs are considered and staff well being is promoted and supported.
1.2.1. Enhance leadership capabilities ensuring the organisation is led with compassion [link to Risk 2305].
1.2.2. Continue to embed the national Speak Up and Sexual Safety in the workplace agenda
1.2.3. Improve the everyday experience of staff through effective workforce management processes and support

Executive Lead: Corinna Lloyd-Jones, Interim Assistant Director of Organisational Development /
Heather Hinkin, Assistant Director of People Management

Reporting Period: Quarter 1

Overall status: On track to deliver fully by year end
Rationale: This programme of work will continue through the year.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances)

Activities completed in previous reporting period

- Staff Survey: 2025 Staff Survey Findings Report shared with PODCC in May 2026. To further encourage local ownership and a move from measurement to accountability, our internal WOD escalation measures in 2026-27 include the following Staff Survey measures as part of the staff experience domain. Relevant ODRMs are available for guidance and support on subsequent workforce actions within services/teams.
- Leadership and Management Competency Framework: NHS England Framework, which is the foundational model for Wales, went live in England on 6 July 2026. Speak Up – Make Meaningful Change (SUMMC): PODCC receives a six-monthly assurance report on the embedding of the SUMMC agenda. The next report is due to PODCC in August 2026.
- Sexual Safety: A Task and Finish Group was established in early 2025 to explore this agenda, focusing on creating a psychologically safe culture where staff feel confident to speak up and raise concerns. This work, alongside the development of the national NHS Wales Anti-sexual Harassment Policy (issued September 2025), has informed our Sexual Safety programme.
- From 1st April 2026, the majority of employee relations cases are now managed via the Employee Relations caseworker system which provides prompts on actions due by case and enables Workforce Managers to better deploy case allocation by individual.
- As part of 1.2.3, on 10th April 2026 the Health Board adopted the new All-Wales Disciplinary Policy and processes have been revised internally to accommodate the changes required. This policy is one of the outputs of an all-Wales Policy Group looking to reduce employee harm arising from employee relations cases.

Activities planned for next milestone and reporting period

- HEIW is leading and supporting implementation of the Leadership and Management Competency Framework across Wales however responsibility for delivery sits with individual organisations. Hywel Dda is a key HB partner in the programme planning phase, although progress is expected to vary throughout the year reflecting dependencies on national guidance, partner organisations' timelines and the phased release of supporting resources and requirements.
- Subject to final approval, implementation of our Sexual Safety Programme will be led by the newly established Sexual Safety at Work Group, with progress reported through the 6-monthly SUMMC report to PODCC.
- On 22nd July 2026, the Assistant Director of People Management is leading a discussion with the Bank Investigating Officers and the Assistant Heads of Workforce to share lessons learnt and identify areas where we can reduce investigation timelines.
- A research project has been commissioned on ways to provide employees with strategies to better enable them to remain in employment during an Employee Relations process that they are involved with, or enable it to proceed whilst they remain unfit for work. This project will utilise data from cases where sickness absence has significantly elongated the process for all involved.
- On 24th July 2026 the Director of Workforce and OD is leading a multi-professional group looking at how we improve Employee Relations case timelines.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By: Lisa Gostling

Date Submitted: 27th July 2026

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

Planning Goal 1, Objective 3: Celebrate successes and promote innovation.
1.3.1. Enhance the suite of staff recognition schemes.
1.3.2. Implement research and innovation strategic plan

Executive Lead: Corinna Lloyd-Jones, Assistant Director of Organisational Development

Reporting Period: Quarter 1

Overall status: On track to deliver fully by year end
Rationale: This programme of work will continue through the year.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances)

Activities completed in previous reporting period

- Our funding request to enhance the Health Board's 2026-27 Staff Recognition and Appreciation Programme was approved by the Charitable Funds Committee on 9 June 2026. This investment will support equitable and meaningful year-round appreciation that reinforces organisational values, staff morale, engagement and, ultimately, patient care. A Discover Phase is currently underway to gather staff insights and understand what recognition and appreciation means to staff across Hywel Dda, ensuring the future programme is shaped by staff experiences and priorities rather than assumptions.
- The 2026-27 Regional Innovation Co-ordination Hub (RIC) Activity Plan was approved by the Regional Partnership Board and Welsh Government in March 2026. To strengthen delivery of the programme and accelerate progress against national priorities, a B7 RIC Hub Innovation Improvement Specialist was appointed through a fixed-term secondment in June 2026. Progress continues across several regional innovation priorities, in addition to the national Pension Credit Scale-Up project.

Activities planned for next milestone and reporting period

- The refreshed Recognition and Appreciation programme will be shared with our Executive Director of WOD/Deputy Chief Executive for initial review and feedback in September.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By: Lisa Gostling

Date Submitted: 27th July 2026

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

Planning Goal 2: Create a people centred inclusive culture and uphold a zero-tolerance response to racism, harassment, discrimination and sexual misconduct.
2.1.1. Continue to progress the work of the EDI Taskforce [link to Risk 2305].
2.1.2 Equip staff with the skills to be an inclusion ally and the confidence to challenge inappropriate behaviour.
2.1.3. Delivered structured learning sessions to improve experience of staff from protected characteristic groups.

Executive Lead: Anna Bird, Assistant Director of Business, Partnerships and Inclusion

Reporting Period: Quarter 1

Overall status: On track to deliver fully by year end
Rationale: This programme of work will continue through the year.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances)

Activities completed in previous reporting period

- All sub-groups to the EDI Taskforce (allyship, data and communications/engagement) have been established with Leads/Chairs identified. A draft delivery plan has been completed and will be presented at the EDI Taskforce.
- EDI is now embedded in all current leadership programmes, including LEAP, Hywel Dda Manager, STAR, New Medical Leadership programme.
- Active bystander training is being delivered by the Diversity and Inclusion Team as a rolling programme. Staff can book onto the training and in collaboration with the OD team, targeted delivery is being offered to Teams that require additional support.
- In addition, 93.12% of the workforce have completed the Anti-Racism e-learning.
- A programme of meetings have been established with colleagues who are neurodivergent to support learning from lived experiences of staff. The first meetings have been arranged in August and September.

Activities planned for next milestone and reporting period

- Draft Terms of Reference and action plans will be shared at the next EDI Taskforce meeting on 21/07/26
- To complement existing work, a programme of externally commissioned EDI training for 26/27 has been established with organisations who provide lived experience in neurodiversity, LGBTQ+ and anti-racism.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By:

Date Submitted:

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

Planning Gaol 2, Objective 3: Support the development and testing of the national workforce solution on behalf of NHS Wales.
2.3.1. Implementation of the new workforce solution

Executive Lead: Tracy Walmsley, Assistant Director of People Planning

Reporting Period:

Overall status:
Rationale:

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances)

Activities completed in previous reporting period

- The Health Board has engaged with NHSBSA, NWSSP and Consortium as a pilot site for the new Future Workforce Solution, the following activities have been completed to enabled proceeding through Stage Gate 1.
- Scoping Document linked to FRG Part 1 completed and signed.
- Attended the Introduction to Future NHS Workforce solution and domain specific intro session webinars.
- Reporting and analytics capabilities, Workforce provider systems v1 and Interface list templates completed.
- The Systems landscape questionnaire completed.
- Confirmed the Health Board will implement all domains within the Future NHS Workforce solution – Core HR, Talent Acquisition, Career Development, Performance management, Compensation & Benefits, Payroll and Learning.
- Appointed a Transformation Lead and SRO, and identified our other programme roles required to support during Foundational Readiness, and identified individual benefit owners.
- Work is ongoing to establish a governance framework, and to assess resources need in preparation for FRG Part 2.

Activities planned for next milestone and reporting period

- Complete reflection on FRG Part 1 as an early adopter.
- Identify domain team members by L3 process to provide insights into the future solution set up.
- Develop an understanding of required business process changes and complete the change impact assessment template.
- Guidance and template to be shared with domain team members ahead of live kick-off and solution walkthrough videos.
- Data cleansing and mapping.

Matters for information:
Risks to delivery:
Any other comments:

3.5

11:00, 20 Mins

3.5 - Planning Goals aligned to PODCC Deep Dive: Goal 1 Healthy Thriving Teams

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

This will be a verbal update.

For assurance

4

11:30, 0 Mins

4 - OPERATIONAL FOCUS

4.1

11:30, 2 Mins

4.1 - Health Board Partnership Forum Report

Anthony Dean (Hywel Dda UHB - Estates)

For assurance

Attachments

4.1 SBAR - HBPF Update - 18 August 2026 - V1.pdf

4.1 Appendix 1 - Hywel Dda Fair Work Charter July 2026.pdf

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:**	Health Board 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 Health Board 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 through the People, Organisational Development and Culture Committee which receives updates from the Health Board Partnership Forum (HBPF) through appointed representatives.

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

This summary provides Committee with assurance and visibility of issues requiring oversight or further action.

Cefndir / Background

The Health Board Partnership Forum (HBPF) is the formal social partnership mechanism between management and trade unions where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

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

Asesiad / Assessment

The HB Partnership Forum met on 12 May 2026 and was chaired by the Management Side Chair. The Forum generally supported the recommendations presented, with several matters requiring further review, action or monitoring. The minutes were approved at the 14 July 2026 HBPF meeting with a minor amendment to ensure when Artificial Intelligence (AI) was used to generate notes, that a check was done to ensure appropriate reference of the correct speaker when individuals were in shared accommodation. Individuals were asked to identify themselves when speaking to assist with note taking going forward.

The unapproved minutes of the 14 July 2026 meeting were not available at the time of writing.

Issues Escalated from Local / County Partnership Forums

The following matters were escalated for discussion or resolution:

Training Access and Uptake
Concerns were raised regarding access to training, particularly Manual Handling training.
It was recognised that training capacity is available; however, staff uptake remains lower than expected. Members felt there is a need to strengthen communication and promotion of training opportunities to staff.

Action/Outcome
Improvement in communication and engagement around training opportunities to be considered locally.

Respect and Resolution (R&R) Process
Concerns were raised regarding inconsistencies in the application of the Respect and Resolution process across different counties with staff-side representatives highlighting variations in staff experience and local implementation.

Action/Outcome
Issue noted as requiring further review and consistency across the organisation.

Pembrokeshire Partnership Forum Arrangements
Concerns were raised regarding cancellation of local Partnership Forum meetings within Pembrokeshire. Concerns related to maintaining effective staff engagement and partnership working.

Action/Outcome
Matter noted for further consideration.

Physiotherapy Vacancy – Ceredigion
Staff-side raised concerns regarding the non-replacement of a Physiotherapy post in Ceredigion highlighting potential risks to service sustainability and workforce resilience.

Action/Outcome
Deputy Chief Operating Officer agreed to discuss the matter with relevant operational leads locally.

Policy Publication Delays
Concerns were raised regarding delays in publishing approved policies on the intranet.
Staff reported difficulties accessing current policies in a timely manner.

Action/Outcome
Assurance provided that approved All-Wales policies are awaiting final ratification and will be published shortly. A commitment was given to improve timeliness of publication.

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

Main Agenda – Summary of Issues, Discussion and Actions

Corridor Care

- Ongoing use of corridor and boarding areas was discussed as a consequence of sustained system pressures.
- Members discussed risks relating to patient dignity, privacy, infection prevention and staff wellbeing.
- Positive feedback was provided regarding the frailty pathway which has reduced reliance on corridor care in some areas.
- Concerns were also raised about the impact of negative publicity on staff morale.

Outcome

- Reaffirmation that corridor care is not accepted as standard practice.
- Continued organisational focus on eliminating corridor care as soon as practicable.

Clinical Services Plan

- Update provided on progress with the Clinical Services Plan.
- Task and Finish Groups have been established to support service planning.
- Additional representation from Pembrokeshire required.
- Public consultation on stroke services is planned, subject to Board approval.

Outcome

- Staff side confirmed they felt appropriately engaged in the process.
- No concerns raised regarding staff involvement or consultation arrangements

Salary Sacrifice Lease Car Scheme

- Issues identified within the Salary Deduction Scheme relating to mileage reporting and financial reconciliation.
- Concerns were raised regarding staff experiencing financial detriment and communication issues.
- Potential impacts on specific staff groups, including older employees and those nearing retirement, were discussed.

Outcome

- Forum supported progression of the proposal to close the Salary Deduction Scheme to new entrants.
- Further work to include Equality Impact Assessment and review of potential wider impacts.

Action: Executive Director of Finance

Partnership Forum Terms of Reference and Future Ways of Working

- Current Terms of Reference reviewed.

- Challenges identified around attendance, quoracy and alignment with organisational structures.
- The discussion paper with options for a review of the future Partnership Forum model to improve attendance, quoracy and alignment with operational structures was briefly discussed.

Outcome
- Terms of Reference endorsed for Board ratification.
- Members agreed to participate in a dedicated workshop to consider the options in the discussion paper. This would be arranged for July 2026.

Action: All Members to review proposals in advance of the workshop.

Fair Work Charter
- Proposal presented for organisational adoption of the Fair Work Charter.
- Members discussed adapting the Charter further to align more explicitly with our Values and broader workforce initiatives such as the “Good Work” agenda.

Outcome
Forum supported the adoption of the Charter with some minor revisions. The revised Charter has been submitted to the Executive Team, and is attached to this report for completeness. (See Appendix 1).

Organisational Pressures and Service Development
- Significant operational pressures continue across all services.
- Delayed discharges and patient flow remain major challenges.
- Importance of joint working across health, social care and community services was emphasised.
- Importance of supporting staff wellbeing and ensuring access to breaks was highlighted.

Outcome
There was agreement for continued focus on improving patient flow and supporting workforce wellbeing.

Estates and Facilities Update
- The rationale for the planned organisational change process was outlined to improve leadership visibility and staff voice.
- Concerns from staff and trade unions were acknowledged regarding the proposed catering and cleaning rota changes.

Outcome/Action
Proposed rota changes confirmed as paused and it was agreed for further engagement with staff and trade unions to identify alternative solutions.

Financial Performance
- Health Board achieved its planned deficit target for 2025/26.
- Financial outlook for 2026/27 remains challenging with a planned deficit of £41 million.
- Significant pressure attributed to rising clinical negligence costs across NHS Wales driven in part by a recent Supreme Court ruling for compensation to include projected lifetime earnings.

Outcome/Action
Recovery plan being developed for Board consideration and a summary will be shared with Partnership Forum once available.

Policies

- Policies presented to the Forum were considered for onward consideration by PODCC.
- Further concerns were reiterated regarding delays between approval and publication once they had completed the governance cycle.

Outcome
The policies presented were supported and a commitment was given to improve publication timescales once approval/adoption is complete.

Any Other Business (AOB)
Staff-Side Elections - members were advised that staff-side elections for Chair, Vice Chair and Secretary positions would take place at the next meeting.

Recognition - The Chair acknowledged and thanked Christina John's for her contribution to partnership working and staff representation.

Outcome
Formal thanks and appreciation were recorded on behalf of the Forum for her contribution and commitment over many years to supporting staff.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the report, 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)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.14 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, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
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:	Contained in body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	N/A

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

Tegwch Iechyd: **Health Equity:**	None arising from the report
Risg: **Risk:**	None arising from the report
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	None arising from the report
Gyfrinachedd: **Privacy:**	None arising from the report
Cydraddoldeb: **Equality:**	None arising from the report

Fair Work Charter

Work is a key building block to health and wellbeing. Being in good health supports people to stay in employment and benefits the economy. But it is not just any type of work that is important to health and wellbeing – it is about fair work.

"Fair work is where workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected."

(Fair Work Wales - Report of the Fair Work Commission 2019).

Hywel Dda University Health Board is committed to the six principles of Fair Work, and this Charter sets out what we will do to support our staff and people working in our communities. These principles also align with our Health Board values. We will report on our progress every year, as part of our Annual Reporting cycles.

Hywel Dda's Commitment

Employee voice and collective representation

Reach out to underrepresented voices in our workforce.

Promote and embed the Social Partnership Duty with our Trade Union colleagues

Fair reward

Encourage the use of job evaluation to ensure consistency and equity.

Simplify our workforce policies and highlight key information so that they are accessible for people of all abilities.

Opportunity for access, growth and progression

Explore opportunities to offer more work placements for unemployed people that don't have much experience of work.

Explore opportunities to collaborate on apprenticeships schemes with partner organisations, ensuring that they are more accessible, both to employers and to potential apprentices.

Security and flexibility

Work with partner organisations to develop and promote opportunities for secondments and work exchange to share best practice.

Safe, healthy and inclusive working environment

Continue to be a Disability Confident employer and support other organisations to do the same.

Explore and promote different approaches to flexible working so that the roles we advertise are as inclusive and accessible as possible.

Legal rights upheld and given substantive effect

Ensure Fair Work principles are considered as part of tendering and contract monitoring processes.

Consider the diversity and inclusion practices of providers and suppliers that we procure, proportional to the size and type of contract.

Identify ways to improve contractors' ability to deliver social value on larger contracts.

Continue to attend local and national networks to share good procurement practices

4.2

11:32, 4 Mins

4.2 - Strategic Equality Plan Annual Report 2025/26 (incorporating workforce equality and pay gap reports)

Helen Sullivan (Hywel Dda UHB - Head of Partnerships, Diversity and Inclusion)

For assurance

Attachments

4.2 SBAR PODCC - SEP Annual report 2025-26 August 2026.pdf

4.2 Appendix 1 - Workforce Equality Information 2025-26.pdf

4.2 Appendix 2 - Pay Gap Reports 2025-26.pdf

4.2 Appendix 3 - Executive Summary Strategic Equality Plan Annual Report 20~.pdf

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:**	Strategic Equality Plan Annual Report 2025/26 (incorporating workforce equality and pay gap reports)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce and Organisational Development, Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Helen Sullivan, Head of Partnerships, Diversity and Inclusion

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 Public Sector Equality Duty (PSED) Wales requires that the Health Board produces an annual report by 31 March each year for the preceding year which details the progress made against the Health Board's Strategic Equality Plan (SEP) and objectives. The requirement to publish an annual workforce equality report has been integrated into the SEP Annual Report and statistical information, presented at Appendix 1, is based on staff employed on 31 March 2026, in line with the PSED requirements.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6 April 2017 and requires employers with more than 250 employees to publish annual data on their gender pay gap. Although public sector organisations in Wales are exempt from these regulations, NHS Wales has agreed to work to publish its own gender pay data in line with the regulations using a report designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI). Alongside our Gender Pay Gap, we are publishing our pay gap position for Ethnicity and Disability.

The Strategic Equality Plan Annual Report 2025/2026 sets out progress made during the reporting period against the SEP 2024–2028 objectives. The report reflects the Health Board's role as both an employer and provider of services, and demonstrates the actions taken to advance equality, reduce inequalities and improve outcomes for staff, patients and communities. As we did last year, we have used an intersectional approach for the analysis of our workforce equality information as we know that people with more than one protected characteristic can experience greater disadvantage and multiple challenges.

The People, Organisational Development and Culture Committee (PODCC) is requested to receive the SEP Annual Report 2025-2026 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010 and agree its submission to Board for approval and publication.

Cefndir / Background

Hywel Dda University Health Board is committed to delivering fair, inclusive and person-centred care, supported by a diverse and valued workforce. Equality and inclusion are central to both service delivery and workforce practice.

The Equality Act 2010 covers discrimination relating to the following nine protected characteristic groups: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation. Public bodies are required to consider needs, by reference to these characteristics, when designing and delivering public services.

As a public sector body, the health board must, in its policies and practices, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not;
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

The public sector in Wales has an obligation to fulfil PSED as prescribed in law. These Duties include the development and implementation of a rolling 4-year Strategic Equality Plan (SEP) and objectives, and the publication of an annual report detailing the steps taken to meet the objectives in the SEP. The following four objectives were agreed for the health board:

- **Objective 1 – Leadership by All**
  Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation
- **Objective 2 – Working Together to improve health and well-being for all**
  Our staff will actively work to reduce health inequalities
- **Objective 3 – Embedding a person-centred approach**
  Our staff use the Health Board values to deliver a person-centred approach in everything they do
- **Objective 4 - Being an employer of choice**
  We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment

The Pay Gap report (Appendix 2) presents an analysis of the difference in average earnings between groups of colleagues within the organisation, regardless of what role they are in. This is a useful way to measure pay equality due to its simple calculation; however, it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age. This year, we have also focussed on the median pay gap, which shows the typical midpoint, not just the average (mean) which can be impacted by those few outliers with significantly higher salaries. While this shows that for our 'middle' earners, the gap between earnings for male and female staff is lower, and almost non-existent between our disabled and non-disabled staff, we recognise that more work is needed to understand and address the underlying causes of the more significant gap in earnings at the higher end.

It should be noted that the headcount figures in the Pay Gap report and the workforce equality data (Appendix 1) published in the annual report are different. The figures in the workforce equality data section of the SEP report includes all staff (including bank and locum) whether they have earned money in the year or not, whereas the Pay Gap report will only include staff that have earned money in the year and where an hourly rate can be calculated.

Although not required, reporting pay differences between ethnically diverse and disabled colleagues is encouraged as a means of improving inclusion and to tackle inequality in the workplace.

Asesiad / Assessment

During 2025–2026, the Health Board has continued to build on the foundations established in the previous year. There has been a clear shift from awareness-raising towards more structured delivery, with early signs of cultural change and improved practice across the organisation.

Overall progress against all four Strategic Equality Plan objectives is assessed as **on track**, with increased activity, stronger governance and improved organisational maturity in relation to equality, diversity and inclusion.

Some of the achievements outlined in the report include:

Leadership By All
There has been progress in strengthening inclusive leadership capability across all levels:

- Delivery of programmes such as Active Bystander, LEAP and the Hywel Dda Manager Programme
- Establishment of the Equality, Diversity and Inclusion (EDI) Taskforce to strengthen leadership accountability
- Continued progress against the Anti-Racist Wales Action Plan

Early impact includes increased staff confidence to challenge inappropriate behaviour, more open leadership styles and improved psychological safety within teams.

Working Together to Improving Health and Wellbeing for All
Progress has been made in reducing inequalities and improving access to services:

- Continued expansion of community outreach through the Community Development Outreach Team
- Targeted work with underserved communities, including refugees, Gypsy, Roma and Traveller communities, and people experiencing homelessness
- Strengthened partnership working and re-establishment of the Health Equity Group

This work is improving access, engagement and trust, alongside early increases in uptake of prevention and screening services.

Embedding a person-centred approach
There has been continued progress in ensuring services are inclusive and responsive to individual needs:

- Delivery of refreshed person-centred care training
- Preparation for Accessible Communication and Information Standards
- Practical initiatives including learning disability support and improved identification of carers and communication needs

Staff report increased confidence in adapting care, with improvements in personalised care and accessibility for patients.

Being an Employer of Choice
The Health Board continues to strengthen an inclusive workplace culture:

- Growth and influence of staff networks
- Increased delivery of equality, diversity and inclusion training
- Continued development of a speaking-up culture through initiatives such as Working in Confidence
- Improved quality and consistency of Equality Impact Assessments

There is evidence of increased staff confidence to speak up, stronger staff voice in decision-making and improved perceptions of fairness and wellbeing support.

Key Themes
Three key themes emerge from this year's report:

- **Cultural change is emerging**, with improvements in awareness, behaviour and confidence
- **Activity is translating into early impact**, with clearer links between actions and outcomes
- **Data remains a key limitation**, with further work required to evidence long-term impact and track inequalities over time

Workforce equality data and pay gap reports:
The Workforce Equality Report (Appendix 1) and Pay Gap Reports (Appendix 2) provide an overview of the characteristics of our workforce and highlight a number of areas where further action may be required in order to build a more inclusive and equitable workforce.

The ethnicity pay gap data shows that as an average overall, our Black, Asian and Minority Ethnic colleagues earn more than their White colleagues. However, when an analysis of difference in average pay has also been undertaken by staff group and pay band this shows that, apart from Additional Clinical Services, they earn less across all other staff groups. The same analysis by Agenda for Change (AfC) pay band shows that our Black, Asian and Minority Ethnic colleagues earn less than their White colleagues for band 4, band 7, band 8a and band 8d, with the highest difference at band 8d.

There are no staff from a minority ethnic background represented at Agenda for Change band 9 and only 4 members of staff across the senior bands 8b-8d

The gender pay gap has remained relatively static, with no significant improvement over the years, with the biggest decrease seen in 2021 and 2022 but for other years it has remained over 21%, with an increase from 22.33% in 2025 to 23.45% in 2026. The highest pay gap by staff group can be seen for Administration and Clerical, with the pay gap for Allied Healthcare Professionals decreasing for the second year, from 9.98% in 2025 to 7.98% in 2026. Male staff earn more than female staff for AfC bands 1-3, 6-7 and 9.

Overall Position
The Health Board is making steady progress and is moving in the right direction. There is clear evidence of improved governance, stronger leadership accountability and increased integration of equality considerations into practice.

However, much of the impact remains at an early stage. Sustained effort is required to embed consistency, strengthen data and ensure that equality, diversity and inclusion are reflected in everyday decision-making and outcomes across the organisation.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee (PODCC) is requested to:

- **RECEIVE** the SEP Annual Report 2025-2026 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and
- **AGREE** its submission to Board for approval and publication.
- **NOTE** the progress made in delivering the Strategic Equality Plan 2024–2028 objectives and the examples of work which have been undertaken to meet the Public Sector Equality Duties and SEP Objectives 2024-2028.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.9 Seek assurance on the effective integration of Equality, Diversity and Inclusion (EDI) across the organisation, ensuring a fair, inclusive culture and equitable experiences and outcomes for all staff.
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)	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
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable

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 6. Work with partners and communities to nurture and support everyone to achieve their best well-being
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)*	3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions. 4. Collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience and improve health equity
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	• Equality Act 2010 • Public Sector Equality Duties (Wales) 2011 Health Board's Strategic Equality Plan and Objectives
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Updates were provided by members of the Equality Implementation Group, and examples of good practice were sought from our staff networks. The current draft of the Strategic Equality Plan Annual Report has been shared with both the Equality Implementation Group and our staff networks for comment. An early draft of the report was shared with the Staff Partnership Forum at their meeting in July 2026, and Trade Union representatives were involved in workshop discussions where the findings of the workforce information and pay gap report were presented.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**

Ariannol / Gwerth am Arian: **Financial / Service:**	There will be costs associated with providing specialist training to staff in relation to meeting identified training needs on equality issues where external expertise and/or lived experience is required/recommended. While there is a dedicated budget for Strategic Partnerships, Diversity and Inclusion and some courses will be delivered corporately and through these funds, some external training provided to individuals as an identified training need will need to be met from relevant departmental and corporate budgets.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	There is evidence to show that generally, protected groups are disadvantaged 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 population as a whole.
Gweithlu: **Workforce:**	There is evidence to show that generally, protected groups are disadvantaged when seeking employment and during their careers, facing prejudice and discrimination within exclusive working environments. Also, it is known that staff perform better when they can be themselves in the workplace. Embedding equality into core functions and HDdUHB's value base, setting objectives which engender the recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups will lead to increased wellbeing amongst staff and can result in lower sickness absence levels, conserving valuable staff and financial resources.
Tegwch Iechyd: **Health Equity:**	Q. Have the potential impacts on health equity been considered? A. Yes The Strategic Equality Plan Annual Report demonstrates progress against the Health Board's equality objectives and supports the reduction of inequalities affecting staff, patients and communities. The report outlines actions taken to address barriers experienced by people with protected characteristics and other underserved groups, helping to promote fair access, inclusion and equitable outcomes. Continued monitoring of workforce, service user and population data enables the organisation to identify inequalities and target improvement activity where required. Q. Has an equity focussed health impact assessment been undertaken? A. No An Equity Focused Health Impact Assessment has not been undertaken as this paper is an annual progress report rather than a new policy, service redesign or

	programme proposal. However, the content of the report reflects ongoing work to advance equality, diversity and inclusion and supports the Health Board's wider commitment to reducing health inequalities and meeting its statutory duties under the Equality Act 2010 and Socio-economic Duty.
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:**	Non-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:**	The SEP Objectives are designed to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of staff and service users and taking action to meet the objectives. Producing an annual report on equality objectives is a requirement of the PSED. Non-compliance with the PSED would result in legal challenges and consequent financial and reputational damage to the organisation.
Gyfrinachedd: **Privacy:**	Information gathered for equality data monitoring purposes can include details on sensitive personal information, but this data is anonymised in reports and cannot be traced back to the individuals concerned. Information will already be held on Electronic Staff Records and Health Records if individuals have agreed to supply the information on a voluntary basis. An explanation of why the information is being collected and what it will be used for is included on the relevant data collection forms.
Cydraddoldeb: **Equality:**	The report describes progress towards meeting the PSED and meeting the health board's stated equality objectives. Publishing the Strategic Equality Plan annual report and Pay Gap reports within the prescribed timescale is one of the specific Public Sector Equality Duties.

Workforce Equality Information

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce.

In this section of the annual report we present an overview of our workforce equality information; the detailed data is included as Appendix 1 to this report. It should be noted that disability, ethnicity, religious belief and sexual orientation are self-reported categories on the Electronic Staff Record. As staff can reserve the right to decline the opportunity to complete equality data monitoring, we acknowledge that the data presented may not fully reflect the demographic profile of the workforce.

This section outlines comparisons between workforce equality data published as of 31st March 2026 against data published as of 31st March 2025.

Appendix 2 of this report outlines the narrative provided by the Workforce Team in respect of data presented in Appendix 1 covering Formal Disciplinary and Respect and Resolution cases.

The health board has separately published pay gap reports on disability, ethnicity and gender. The data within the pay gap reports reflect individuals who received payment during the year whilst the workforce equality data is based on all staff engaged as workers (including locum and bank staff).

Age

The 2021 Census identified between 57-60% of the population across the 3 counties being of working age (16-65 years). The majority of the workforce as of 31st March 2026 were aged between 31–60 years which accounted for approximately 71% of staff.

County	% of the population classed as of working age (16-65 years) Census 2021	% of the population classed as of working ages (16-65 years) Census 2011
Ceredigion	60%	68.5%
Pembrokeshire	57%	60%
Carmarthenshire	58.5%	60%

Source: Office of National Statistics, Census 2021

Compared to 2025, workforce information data on 31st March 2026 showed:

- The percentage of staff identifying within the age profile for the ages of 55 and below has decreased by 0.56%.
- The percentage of posts offered to candidates above 60 years is lower than the younger age groups. However, in comparison to the number of applications received from these age groups, candidates aged above 60 have a better success rate (10.63%) compared to those aged Under 24 (6.34%), 71 offers of employment were made to candidates over 60 years old.
- Around 34% of leavers are in the age bracket 16-35, 19% are in the age bracket 36-50, 36% are in the age bracket 51-65 and 11% in the age of 66 and above. The percentage of leavers per age group is proportionate to their population percentage with the exception of those aged 56 and over and those aged 26 and under where we see a comparably higher percentage of leavers.
- Analysis of the reasons why employees left the organisation shows:
  - The majority of employees aged 16-35 was as Voluntarily Resigned. The main reasons for Voluntary Resignation included: Other/Not Known, (31.36%) and Relocation, (14.69%).
  - The highest proportion of those aged 36-50 Voluntarily Resigned 35.64% of leavers in this category were shown as Other/Not Known and 10.89% left the organisation because of Work Life Balance.
  - Around 39.43% of leavers aged 51-65 were of Retirement Age. Around 11.49% opted for early retirement.

Disability

On 31st March 2026, the Health Board employed 834 staff who identified as Disabled, which accounted for 6.29% of our workforce. 9.93% of staff had not recorded their response to this characteristic on their ESR record. Based on 2021 Census data for Carmarthenshire, 23% of the population declared a limiting long-term illness. In Ceredigion 20% and in Pembrokeshire 20.3%. Whilst workforce data reflects those of working age, it is important to note that Census data captures people of all ages.

County	% of the population who are disabled under the Equality Act
Ceredigion	20%
Pembrokeshire	20.3%
Carmarthenshire	23%

Source: Office for National Statistics, Census 2021

Compared to 2025, workforce information data on 31st March 2026 showed:

- The percentage of staff identifying as not disabled has increased by 0.12%.
- The percentage of staff identifying as having a disability has increased in the reporting period by 0.92%.
- The percentage of staff preferring not to provide this information has decreased by 0.02%
- It should be noted that since 2024/25 the number of Employees having not recorded their Disability status on ESR has decreased by 1.02%, indicating an increased use of ESR for recording data.
- Of a total 76,097 applications submitted for vacancies, 3.2% (2,424) of candidates declared themselves as having a disability. Of those 2,424 applicants, 168 (6.3%) were offered employment, which is 6.3% of all offers made. 1.2% of applicants chose not to disclose whether they had a disability or not at the time of application.
- The conversion rate of shortlist to offer is 27.4% for those who have declared a disability and 28.8% for those who declared no disability on application. The overall rate for all offers in comparison to shortlist is 29.4%.
- 5% of those leaving the Health Board identified as having a disability which is less than the proportion of disabled staff (6.29%). Their top 3 reasons for leaving were:

    - Voluntary Resignation due to Other/Not Known
    - Retirement Age
    - Voluntary Resignation(s) – Promotion and Relocation.

Ethnicity

At 31st March 2026 the Health Board employed 1,353 staff who identified their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group. This accounted for 10.20% of our workforce and an increase of 104 staff compared with 2025 data. Based on 2021 Census data for Carmarthenshire and Pembrokeshire, over 2% of the population identified as being a minority ethnic group, whereas in Ceredigion, around 3% of the population identified as being a minority ethnic group. 653 employees (4.93%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate.

County	% of the population identifying as from a Black, Asian or Minority Ethnic background
Ceredigion	Approx. 3%
Pembrokeshire	Approx. 2%
Carmarthenshire	Approx. 2%

Compared to 2025, workforce information data on 31st March 2026 showed:

- The percentage of staff identifying as White has decreased by 0.65%.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.20%.
- The percentage of staff identifying as Asian or Asian British has increased by 0.43%.
- The percentage of staff identifying as having mixed ethnicity has increased by 0.09%.
- The percentage of staff identifying as from Any Other Ethnic Group has increased by 0.14%.
- Those staff whose ethnicity is not recorded on ESR has decreased by 0.21%.
- A higher proportion of candidates who are White are offered employment when compared to the percentage of candidates who apply from other ethnic minority groups.
- The success rate of ethnic minority groups in being offered the role once shortlisted is 18%, this is almost half that of white at 34%. The lowest of which is Black or Black British where 11.5% of the 1,291 shortlisted candidates are offered the role.
- 12% of those leaving the Health Board identified as being from an ethnic minority group, which is slightly higher than the proportion of Black Asian and Minority Ethnic staff (10.2%). The main reasons given by Black Asian and Minority Ethnic staff leaving the organisation include:
    - Voluntary Resignation – Other/Not Known
    - Voluntary Resignation – Relocation
    - Retirement Age

Sex

At 31st March 2026, the Health Board employed 13,262 staff of which 79.09% identified as female and 20.91% identified as male. Census data for 2021 showed the following male/female percentages

County	% of the population who identified as a Male	% of the population who identified as a Female
Ceredigion	48.9%	51.1%
Pembrokeshire	48.7%	51.3%
Carmarthenshire	48.8%	51.2%

Source: Office for National Statistics, Census 2021

- The medical and dental staff group is the only staff group where there are more males employed than females.
- Females represent a majority in all agenda for change (AfC) pay grades until band 9 where they become the minority and significantly under representative of the female workforce. This underrepresentation is also seen in the medical workforce in the Consultant, Specialty Doctor, Other Doctors in Training and Other Medical and Dental roles.
- Of a total 76.097 applications submitted for vacancies during the year 35.9% (27,285) were from male candidates compared to 63.8% (48,586) from females with 0.3% not disclosing their gender. Of the 9,033 applicants shortlisted, 30.0% were male applicants and 69.3% were female applicants. Of the total offers of employment (2,655 jobs), 25.5% (676) were male compared to 73.9% (1,963) of females. This shows that females were more successful in their applications at shortlisting and in offers of employment.
- The success rate for females from shortlisting to interview is 31.3% and 24.9% for males.
- 77.25% of those leaving the Health Board were female compared to 22.75% who were male which is broadly comparable to the proportion of females and males in the workforce. Reasons for voluntary resignation included:
    - Other/not known – Female 198/Male 62
    - Retirement Age – Female 185/Male 40
    - Relocation – Female 55/Male 35
    - Work Life Balance – Female 56/Male 13

Gender Reassignment

According to the Census 2021, 91-93% of the population across our three counties identify as being the same sex registered at birth.

County	Non-Binary	Trans Man	Trans Woman	Different to registered at birth (not specified)
Ceredigion	0.22%	0.06%	0.12%	0.14%
Carmarthenshire	0.04%	0.06%	0.06%	0.12%
Pembrokeshire	0.04%	0.06%	0.06%	0.12%

Source: Office for National Statistics, Census 2021

Statistics are not currently collected on the Health Board's Electronic Staff Record system so no further analysis of data is possible.

Marriage and Civil Partnership

According to the 2021 Census, between 43-47% of the population in our 3 counties identify as being “Married”, and around 31-38% reported as being “Single”.

County	% of the population who identify as being married	% of the population who identify as never married and never registered in a civil partnership
Ceredigion	43.1%	38.7%
Pembrokeshire	47.3%	31.8%
Carmarthenshire	47.3%	32.4%

Source: Office for National Statistics, Census 2021

Compared to 2025, workforce information data on 31st March 2026 showed:

- The percentage of staff detailing marital status information has decreased by 0.24%.
- The above decrease will be influenced by a decrease in headcount between the two years of 125.
- There are no large fluctuations in representation across marital groups between reporting periods. There has been a slight increase in civil partnerships and an equal reduction in legally separated (+/- 0.11%), a slight decrease (-0.05%) of divorced employees and a 0.03% increase in widowed employees.
- Overall leavers who have disclosed their marital status, only those declared as civil partnership or married have a higher proportion of staff leaving in the year than head count.
- A higher number of ‘Married’ employees left because of ‘Retirement Age’ compared to those who are single.
- More ‘Single’ employees left the organisation compared to the others, due to Voluntary Resignation - Other/Not Known, Relocation and to Undertake Further Education or Training. However, the percentage of single leavers is still proportionate to the percentage of single staff.

Pregnancy & Maternity

No pregnancy and maternity data was collected in the 2021 Census. However, the number of employees recorded as taking maternity and adoption leave is 627, which is 5.14% of the workforce. This is an increase of 0.54% on the data reported on 31st March 2025.

Religious Beliefs

According to the 2021 Census, around 46-48% of our counties' population are Christian, around 43-44% have no religion and 6-7% would prefer not to say. In all counties less than 1% of their population identified as Buddhist, Hindu, Jewish, Muslim, Sikh or 'other',

County	% Christian	% no religion	% did not answer	% Buddhist	% Hindu	% Jewish	% Muslim	% Sikh	% Other
Ceredigion	46.7%	43%	7.7%	0.5%	0.2%	0.1%	0.7%	0%	0.9%
Pembrokeshire	48.8%	43%	6.6%	0.4%	0.1%	0%	0.5%	0%	0.6%
Carmarthenshire	47.6%	44.4%	6.2%	0.3%	0.2%	0.1%	0.5%	0.1%	0.6%

Source: Office for National Statistics, Census 2021

- The percentage of staff identifying a specific religion or belief has risen by 0.69% compared to data reported on 31st March 2025. The workforce profile of Hywel Dda highlights that 42.81% are Christian, 18.23% reported as atheists and 17.48% preferred not to say. 7.22% of the workforce are not recorded on ESR, which makes drawing a conclusion on the data more difficult.
- 14.26% of our workforce identify as another religion (Buddhism, Hinduism, Islam, Jainism, Judaism, Sikhism, Other). All these religions are over represented in our workforce compared to the census data with the exception of Judaism.
- It is important to note that we currently do not have an option for staff to choose 'No Religion' in ESR and therefore staff that identify in this way may choose 'other' which makes up 10.51% of our workforce.
- Of a total 76,097 applications submitted for vacancies during the year 58.9% (44,798) were from Christian candidates compared to 15.4% (11,735) Islamic candidates, 8.9% (6,744) Hindu and 6% (4,571) from atheists with 5.9% not disclosing their religious belief. Of the 9,033 applicants shortlisted 29% were offered roles. Whilst proportionally a higher proportion of offers were made to those with Christian beliefs (38% of all offers made), when comparing the conversion rate by religious belief of shortlist to offer, 25% of Christian applicants shortlisted are offered, this is in line with Islam and is lower than Atheist (35% of those shortlisted are offered) and Buddhist at 29%.
- 37% of those leaving the Health Board identified as holding Christian beliefs, this is less than the proportion of Christian staff (42.8%). Conversely 4% of leavers held Islamic beliefs which is a higher proportion than the 1.7% of our workforce with this belief. The top reasons for leaving are:
    - Voluntary Resignation - Other/Not Known
    - Retirement Age
    - Voluntary Resignation – Relocation

Sexual Orientation

Data from the 2021 Census shows how the population across the three counties have identified their sexual orientation.

County	Bisexual	Gay/Lesbian	Heterosexual/Straight	Did not respond
Ceredigion	2.63%	1.5%	84.70%	10.43%
Carmarthenshire	1.02%	1.07%	89.80%	7.89%
Pembrokeshire	0.96%	1.9%	89.73%	7.92%

Source: Office for National Statistics, Census 2021

At 31st March 2026 Health Board data showed that 2.59% of staff had recorded their sexual orientation as Lesbian, Gay or Bisexual, which is a decrease of 0.02% from 31st March 2025.

Compared to 2025, workforce information data on 31st March 2026 showed:

- The percentage of staff identifying as heterosexual or straight has increased by 1.98%
- The percentage of staff choosing not to disclose this information has decreased by 3.05%.
- Those staff whose sexual orientation is not recorded on ESR has risen by 1.09% to 8.76%.
- Of a total 76,097 applications submitted for vacancies 2.3% of candidates identified themselves as lesbian, gay or bisexual (LGB) whilst 2.7% chose not to disclose their sexual orientation at the time of application. 4.3% of those who identified as LGB were offered employment. Of the 1,932 LGB+ applicants 123 (6.4%) were offered employment compared with the 3.2% conversion of heterosexual or straight applications. The success rate of LGB+ applicants from shortlisting to interview is comparable to heterosexual applicants (29.64% and 28.50% respectively).
- The highest proportion of leavers were heterosexual (74%) compared to a staff population of 81.2% with the second highest proportion not declaring a sexual orientation (12.8%) compared to a staff population of 7.10%. The proportion of leavers who were bisexual was 1.8% compared to staff population of 1.10%, the proportion of leavers who were gay or lesbian leavers was 1.5% which is the same as the staff population and the proportion of leavers who identified with an 'other' sexual orientation was 0.3% compared to a staff population of 0.2%.

Voluntary resignation – Other not known is the primary reason for leaving across most categories with the exception of those declared as bisexual, where 32% of these leavers were voluntary resignation – relocation.

Welsh Language

According to the National Population Survey 2022 published by the Welsh Government, around 48% of the Hywel Dda population are able to speak Welsh. The 2021 Census data reported significantly different profiles of Welsh Speaking across the three counties. Ceredigion has 45.3%, Carmarthenshire was slightly lower at 39.3% whilst Pembrokeshire has 17.2%.

County	% of the population who have Welsh speaking ability
Ceredigion	45.3%
Carmarthenshire	17.2%
Pembrokeshire	39.9%

Source: Office for National Statistics, Census 2021

On 31st March 2026, Health Board data recorded that:

- 34% of the workforce have Welsh language skills at foundational level or higher, which is 1% lower than that reported in 2024/25, there is an increase in headcount of an additional 408 employees at foundation level and above.
- 41% of the workforce have recorded their ability as having no Welsh language skills, which has seen an increase by 0.63% from the previous year.
- Those staff whose Welsh Language Skills are not recorded on ESR is 2% (312 employees). This has increased by 61, when compared to the headcount reported in 2024/25.

Appendix 1 – HDUHB Workforce Equality Data 2025-26 Age

Our Workforce

Headcount

	Headcount	%
<= 20 years	210	1.6%
21 to 25	832	6.3%
26 to 30	1,245	9.4%
31 to 35	1,533	11.6%
36 to 40	1,690	12.7%
41 to 45	1,591	12.0%
46 to 50	1,452	11.0%
51 to 55	1,655	12.5%
56 to 60	1,564	11.8%
61 to 65	1,097	8.3%
66 to 70	304	2.3%
>= 71 years	89	0.7%
Total	**13,262**	**100%**

1.2 Age Band Headcount by staff Group

	<= 20 years	%	21 to 25	%	26 to 30	%	31 to 35	%	36 to 40	%	41 to 45	%	46 to 50	%	51 to 55	%	56 to 60	%	61 to 65	%	66 to 70	%	>= 71 years	%	Total
Prof Scientific and Technical	1	0.2%	10	2.3%	46	10.8%	70	16.4%	78	18.3%	74	17.3%	57	13.4%	40	9.4%	31	7.3%	11	2.6%	4	0.9%	5	1.2%	**427**
Additional Clinical Services	114	3.8%	372	12.4%	318	10.6%	379	12.7%	343	11.5%	312	10.4%	257	8.6%	296	9.9%	295	9.9%	237	7.9%	60	2.0%	9	0.3%	**2,992**
Administration and Clerical	19	0.8%	62	2.5%	168	6.8%	209	8.5%	280	11.4%	304	12.3%	295	12.0%	394	16.0%	402	16.3%	241	9.8%	67	2.7%	24	1.0%	**2,465**
Allied Health Professionals	0	0.0%	67	7.6%	101	11.4%	144	16.3%	122	13.8%	137	15.5%	104	11.8%	92	10.4%	65	7.4%	39	4.4%	11	1.3%	1	0.1%	**883**
Estates and Ancillary	76	6.7%	93	8.1%	60	5.3%	83	7.3%	94	8.2%	102	8.9%	116	10.1%	107	9.4%	174	15.2%	168	14.7%	53	4.6%	17	1.5%	**1,143**
Healthcare Scientists	0	0.0%	13	5.8%	22	9.8%	31	13.8%	33	14.7%	29	13.0%	35	15.6%	25	11.2%	22	9.8%	9	4.0%	4	1.8%	1	0.5%	**224**
Medical and Dental	0	0.0%	2	0.2%	86	9.3%	113	12.2%	128	13.8%	141	15.2%	115	12.4%	127	13.7%	100	10.8%	60	6.5%	36	3.9%	20	2.2%	**928**
Nursing and Midwifery Registered	0	0.0%	213	5.1%	444	10.6%	504	12.0%	612	14.6%	492	11.7%	473	11.3%	574	13.7%	475	11.3%	332	7.9%	69	1.6%	12	0.3%	**4,200**
Total	**210**	**1.6%**	**832**	**6.3%**	**1,245**	**9.4%**	**1,533**	**11.6%**	**1,690**	**12.7%**	**1,591**	**12.0%**	**1,452**	**11.0%**	**1,655**	**12.5%**	**1,564**	**11.8%**	**1,097**	**8.47%**	**304**	**2.4%**	**89**	**0.7%**	**13,262**

1.3 Analysis of Pay by Age Band - Age Band Headcount and Pay Grade

	<= 20 years	%	21 to 25	%	26 to 30	%	31 to 35	%	36 to 40	%	41 to 45	%	46 to 50	%	51 to 55	%	56 to 60	%	61 to 65	%	66 to 70	%	>= 71 years	%	Total
Band 1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	1	14.3%	1	14.3%	1	14.3%	2	28.6%	1	14.3%	0	0.0%	**7**
Band 2	124	6.7%	231	12.6%	151	8.2%	164	8.9%	146	7.9%	156	8.5%	142	7.7%	155	8.4%	249	13.5%	215	11.7%	77	4.2%	31	1.7%	**1,841**
Band 3	81	3.2%	239	9.6%	237	9.4%	312	12.5%	279	11.2%	255	10.2%	233	9.3%	258	10.3%	291	11.7%	248	9.9%	55	2.2%	10	0.4%	**2,498**
Band 4	2	0.2%	35	3.2%	83	7.5%	110	9.9%	146	13.2%	131	11.8%	127	11.5%	184	16.6%	166	15.0%	91	8.2%	25	2.3%	7	0.6%	**1,107**
Band 5	3	0.1%	260	9.9%	388	14.8%	332	12.7%	386	14.7%	275	10.5%	237	9.0%	268	10.2%	254	9.7%	167	6.4%	48	1.8%	7	0.3%	**2,625**
Band 6	0	0.0%	57	2.7%	227	10.7%	295	13.9%	335	15.8%	269	12.7%	252	11.9%	285	13.4%	204	9.6%	158	7.5%	28	1.3%	12	0.6%	**2,122**
Band 7	0	0.0%	7	0.5%	59	4.5%	146	11.1%	171	13.0%	211	16.1%	196	14.9%	220	16.8%	176	13.4%	102	7.8%	24	1.8%	1	0.1%	**1,313**
Band 8a	0	0.0%	1	0.2%	13	2.7%	52	10.8%	68	14.1%	98	20.4%	88	18.3%	80	16.6%	58	12.1%	20	4.2%	3	0.6%	0	0.0%	**481**
Band 8b	0	0.0%	0	0.0%	1	0.7%	7	5.1%	20	14.6%	30	21.9%	29	21.2%	25	18.3%	17	12.4%	7	5.1%	0	0.0%	1	0.7%	**137**
Band 8c	0	0.0%	0	0.0%	0	0.0%	2	2.1%	9	9.5%	12	12.6%	18	19.0%	25	26.3%	23	24.2%	5	5.3%	1	1.1%	0	0.0%	**95**
Band 8d	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.0%	5	15.2%	16	48.5%	6	18.2%	5	15.2%	0	0.0%	0	0.0%	**33**
Band 9	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	29.2%	3	12.5%	3	12.5%	7	29.2%	4	16.7%	0	0.0%	0	0.0%	**24**
Consultant	0	0.0%	0	0.0%	0	0.0%	5	1.4%	27	7.7%	58	16.5%	54	15.3%	78	22.2%	58	16.5%	35	9.9%	25	7.1%	12	3.4%	**352**
Speciality Doctors	0	0.0%	0	0.0%	6	2.6%	24	10.4%	57	24.8%	48	20.9%	40	17.4%	24	10.4%	14	6.1%	7	3.0%	8	3.5%	2	0.9%	**230**
Other Doctors in Training	0	0.0%	2	0.9%	80	35.1%	74	32.5%	31	13.6%	22	9.7%	8	3.5%	3	1.3%	2	0.9%	6	2.6%	0	0.0%	0	0.0%	**228**
Hospital Practitioners & Clinical Assistants	0	0.0%	0	0.0%	0	0.0%	0	0.%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	**1**
Other Medical and Dental Staff	0	0.0%	0	0.0%	0	0.0%	1	1.8%	4	7.0%	6	10.5%	5	8.8%	14	24.6%	13	22.8%	8	14.0%	2	3.5%	4	7.0%	**57**
Other	0	0.0%	0	0.0%	0	0.0%	9	8.1%	11	9.9%	11	9.9%	14	12.6%	16	14.4%	25	22.5%	17	15.3%	6	5.4%	2	1.8%	**111**
Total	**210**	**1.6%**	**832**	**6.3%**	**1,245**	**9.39%**	**1,533**	**11.6%**	**1,690**	**12.7%**	**1,591**	**12.0%**	**1,452**	**11.0%**	**1,655**	**12.5%**	**1,564**	**11.8%**	**1,097**	**8.3%**	**304**	**2.3%**	**89**	**0.7%**	**13,262**

1.4 Average Salary by Age Band and Staff Group

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Total
>=20 years	£31,516.00	£25,844.25	£25,305.82	£0	£25,120.10	£0	£0	£0	**£25,662.19**
21 to 25	£43,337.70	£26,835.37	£27,205.50	£34,342.26	£25,155.64	£34,477.16	£40,857.00	£33,046.82	**£29,939.09**
26 to 30	£46,681.31	£27,699.06	£30,812.79	£40,077.66	£25,573.19	£41,566.20	£49,890.96	£36,791.38	**£35,066.53**
31 to 35	£51,844.86	£27,274.13	£32,433.74	£45,487.02	£26,497.27	£48,668.11	£63,008.98	£40,073.62	**£38,185.54**
36 to 40	£51,946.78	£27,703.53	£36,705.24	£47,061.22	£26,943.56	£46,859.14	£87,255.05	£41,717.23	**£41,652.58**
41 to 45	£56,623.07	£27,865.03	£41,736,39	£51,311.49	£26,829.87	£49,038.63	£105,463.75	£44,539.18	**£46,256.32**
46 to 50	£54,915.60	£27,798.24	£42,469.82	£52,233.49	£26,423.51	£52,010.65	£112,268.26	£46,066.17	**£46,926.96**
51 to 55	£57,010.16	£28,515.77	£40,665.52	£53,942.77	£26,652.17	£53,199.18	£126,162.34	£47,396.42	**£47,765.45**
56 to 60	£59,061.16	£27,991.36	£38,465.96	£54,099.84	£25,987.08	£56,753.70	£133,203.02	£47,830.91	**£45,348.77**
61 to 65	£51,338.46	£27,686.70	£35,507.09	£50,500.30	£26,571.10	£53,078.63	£131,100.21	£47,860.66	**£41,812.91**
66 to 70	£54,516.36	£27,370.45	£30,721.02	£55,565.28	£27,443.77	£52,781.33	£135,445.10	£44,761.57	**£46,592.26**
>= 71 years	£43,865.35	£27,557.78	£31,791.58	£47,280.00	£25,117.06	£0	£133,394.61	£43,503.81	**£58,245.56**
Total	**£53,148.52**	**£27,625.41**	**£37,618.34**	**£47,525.79**	**£26,362.03**	**£48,744.64**	**£103,135.19**	**£43,107.36**	£42,325.03

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2026.

1.5 Contract Type and Working Pattern

	Contract Type										
	Permanent	%	Fixed Term Temp	%	Locum	%	Non-Exec Director/Chair	%	Bank	%	Total
<= 20 years	140	66.7%	7	3.3%	0	0.0%	0	0.0%	63	30.0%	**210**
21 to 25	624	75.0%	51	6.1%	0	0.0%	0	0.0%	157	18.9%	**832**
26 to 30	1,010	81.1%	117	9.4%	2	0.2%	0	0.0%	114	9.2%	**1,245**
31 to 35	1,292	84.3%	116	7.6%	9	0.6%	0	0.0%	116	7.6%	**1,533**
36 to 40	1,502	88.9%	84	5.0%	8	0.5%	0	0.0%	96	5.7%	**1,690**
41 to 45	1,433	90.1%	71	4.5%	6	0.4%	0	0.0%	81	5.1%	**1,591**
46 to 50	1,334	91.9%	53	3.7%	1	0.1%	1	0.1%	63	4.3%	**1,452**
51 to 55	1,539	93.0%	46	2.8%	5	0.3%	1	0.1%	64	3.9%	**1,655**
56 to 60	1,464	93.6%	39	2.5%	2	0.1%	1	0.1%	58	3.7%	**1,564**
61 to 65	964	87.9%	42	3.8%	6	0.6%	2	0.2%	83	7.8%	**1,097**
66 to 70	241	79.3%	16	5.3%	3	1.0%	2	0.7%	42	13.8%	**304**
>= 71 years	67	75.3%	3	3.3%	5	5.6%	0	0.0%	14	15.7%	**89**
Total	**11,612**	**87.7%**	**645**	**4.9%**	**47**	**0.4%**	**7**	**0.1%**	**951**	**7.2%**	**13,262**

Working Pattern					
	Full Time	%	Part Time	%	Total
<= 20 years	83	39.5%	127	60.5%	**210**
21 to 25	471	56.6%	361	43.4%	**832**
26 to 30	801	64.3%	444	35.7%	**1,245**
31 to 35	810	52.8%	723	47.2%	**1,533**
36 to 40	895	53.0%	795	47.0%	**1,690**
41 to 45	879	55.3%	712	44.8%	**1,591**
46 to 50	889	61.2%	563	38.8%	**1,452**
51 to 55	985	59.5%	670	40.5%	**1,655**
56 to 60	668	42.7%	896	57.3%	**1,564**
61 to 65	266	24.3%	831	75.8%	**1,097**
66 to 70	57	18.8%	247	81.3%	**304**
>= 71 years	5	5.6%	84	94.4%	**89**
Total	**6,809**	**51.3%**	**6,453**	**48.7%**	**13,262**

1.6 Recruitment

Note: As the Recruitment data is extracted from Trac rather than ESR the Age Bands are reported differently to that in ESR.

	Total Number of Applications Received	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
<= 20 years	739	218	29.5%	74	33.9%
20 to 24	5,477	919	16.8%	320	34.8%
25 to 29	20,476	1,575	7.7%	431	27.4%
30 to 34	18,625	1,634	8.8%	441	27.0%
35 to 39	13,190	1,341	10.2%	390	29.1%
40 to 44	8,748	1,109	12.7%	349	31.5%
45 to 49	4,522	753	16.7%	222	29.5%
50 to 54	2,383	720	30.2%	204	28.3%
55 to 59	1,268	499	39.4%	153	30.7%
60 to 64	508	223	43.9%	59	26.5%
>= 65 years	160	41	25.6%	12	29.3%
Undisclosed	0	0	0.00%	0	0.0%
Total	**76,096**	**9032**	**12%**	**2,655**	**29%**

Note: The figure shown as 76,096 (rather than the overall total of 76,097) of the Total Number of Applications Received and the figure shown as 9,032 (rather than the overall total of 9,033 of the Total Number of Applications Shortlisted) were due to protecting confidentiality. Any reported number with a value less than 5 has been rounded down to zero.

1.7 Leavers

	Headcount	%
<= 20 years	29	2.8%
21 to 25	105	10.0%
26 to 30	128	12.1%
31 to 35	92	8.7%
36 to 40	85	8.1%
41 to 45	62	5.9%
46 to 50	55	5.2%
51 to 55	93	8.8%
56 to 60	137	13.0%
61 to 65	153	14.5%
66 to 70	96	9.1%
>= 71 years	20	1.9%
Total	**1,055**	**100%**

1.8 Training Attendance

	Attendance / Courses Completed	%
<= 20 years	2,520	3.2%
21 to 25	7,823	9.9%
26 to 30	9,270	11.8%
31 to 35	10,386	13.2%
36 to 40	10,408	13.2%
41 to 45	8,006	10.2%
46 to 50	7,740	9.8%
51 to 55	8,643	11.0%
56 to 60	7,906	10.0%
61 to 65	4,582	5.8%
66 to 70	1,438	1.8%
>= 71 years	167	0.2%
Total	**78,889**	**100%**

1.9 Staff Involved in Formal Disciplinary Procedures

	Headcount	%
<= 20 years	0	0.0%
21 to 25	7	11.7%
26 to 30	5	8.3%
31 to 35	5	8.3%
36 to 40	4	6.7%
41 to 45	7	11.7%
46 to 50	9	15.0%
51 to 55	10	16.7%
56 to 60	3	5.0%
61 to 65	8	13.3%
66 to 70	1	1.7%
>= 71 years	1	1.7%
Total	**60**	**100%**

1.10 Staff Involved in Formal Respect and Resolution Procedures

	Headcount	%
<= 20 years	0	0.0%
21 to 25	2	2.8%
26 to 30	2	2.8%
31 to 35	6	8.5%
36 to 40	11	15.5%
41 to 45	10	14.1%
46 to 50	11	15.5%
51 to 55	10	14.1%
56 to 60	8	11.3%
61 to 65	8	11.3%
66 to 70	3	4.2%
>= 71 years	0	0.0%
Total	**71**	**100%**

1.11 Staff involved in Formal Capability Procedures

	Headcount	%
26 to 30	1	20.0%
46 to 50	1	20.0%
51 to 55	3	60.0%
Total	**5**	**100%**

Disability

Our Workforce

2.1 Headcount

	Headcount	%
Disabled	834	6.3%
Not Disabled	11,061	83.4%
Prefer Not to Answer	50	0.4%
Not Recorded on ESR	1,317	9.9%
Total	**13,262**	**100%**

2.2 Headcount by Staff Group & Disability

	Disabled	%	Not Disabled	%	Prefer Not to Answer	%	Not Recorded on ESR	%	Total
Prof Scientific and Technic	29	6.8%	366	85.7%	1	0.2%	31	7.3%	**427**
Additional Clinical Services	168	5.6%	2,595	86.7%	10	0.3%	219	7.3%	**2,992**
Administrative and Clerical	193	7.8%	2,036	82.6%	16	0.7%	220	8.9%	**2,465**
Allied Health Professionals	79	9.0%	729	82.6%	1	0.1%	74	8.4%	**883**
Estates and Ancillary	64	5.6%	896	78.4%	2	0.2%	181	15.8%	**1,143**
Healthcare Scientists	10	4.5%	176	78.6%	0	0.0%	38	17.0%	**224**
Medical and Dental	21	2.3%	724	78.0%	2	0.2%	181	19.5%	**928**
Nursing and Midwifery Registered	270	6.4%	3,539	84.3%	18	0.4%	373	8.9%	**4,200**
Total	**834**	**6.3%**	**11,061**	**83.4%**	**50**	**0.4%**	**1,317**	**9.9%**	**13,262**

2.3 Analysis of Pay by Disability
Disability Headcount and Pay Grade

	Disabled	%	Not Disabled	%	Prefer Not to Answer	%	Not Recorded on ESR	%	Total
Band 1	0	0.0%	4	57.1%	0	0.0%	3	42.9%	**7**
Band 2	114	6.2%	1,517	82.4%	8	0.4%	202	11.0%	**1,841**
Band 3	169	6.8%	2,119	84.8%	7	0.3%	203	8.1%	**2,498**
Band 4	63	5.7%	904	81.7%	5	0.5%	135	12.2%	**1,107**
Band 5	161	6.1%	2,201	83.9%	12	0.5%	251	9.6%	**2,625**
Band 6	172	8.1%	1,769	83.4%	5	0.2%	176	8.3%	**2,122**
Band 7	92	7.0%	1,102	83.9%	8	0.6%	111	8.5%	**1,313**
Band 8a	21	4.4%	425	88.4%	3	0.6%	32	6.7%	**481**
Band 8b	8	5.9%	124	90.5%	0	0.0%	5	3.7%	**137**
Band 8c	4	4.2%	85	89.5%	0	0.0%	6	6.3%	**95**
Band 8d	2	6.1%	30	90.9%	0	0.0%	1	3.0%	**33**
Band 9	2	8.3%	20	83.3%	0	0.0%	2	8.3%	**24**
Consultant	6	1.7%	283	80.4%	1	0.3%	62	17.6%	**352**
Speciality Doctors	4	1.7%	185	80.4%	1	0.4%	40	17.4%	**230**
Other Doctors in Training	7	3.1%	176	77.2%	0	0.0%	45	19.7%	**228**
Hospital Practitioners & Clinical Assistants	0	0.0%	0	0.0%	0	0.0%	1	100.0%	**1**
Other Medical and Dental Staff	2	3.5%	36	63.2%	0	0.0%	19	33.3%	**57**
Other	7	6.3%	81	73.0%	0	0.0%	23	20.7%	**111**
Total	**834**	**6.3%**	**11,061**	**83.4%**	**50**	**0.4%**	**1,317**	**9.9%**	**13,262**

2.4 Average Salary by Disability and Staff Group

	Disabled	Not Disabled	Prefer not to Answer	Not Recorded on ESR	Total
Prof Scientific & Technical	£53,129.96	£53,619.83	£55,532.00	£46,426.60	**£53,148.52**
Additional Clinical Services	£27,596.57	£27,582.73	£26,532.99	£28,205.22	**£27,625.41**
Admin & Clerical	£35,301.14	£37.913.86	£40,415.79	£36,626.95	**£37,618.34**
Allied Health Professionals	£45,552.29	£47,342.59	£47,280.00	£51,512.40	**£47,525.79**
Estates and Ancillary	£26,070.07	£26,519.88	£24,833.00	£25,773.52	**£26,362.03**
Healthcare Scientists	£47,564.14	£48,272.08	£0	£51,411.44	**£48,744.64**
Medical & Dental	£96,732.13	£101,865.96	£121,896.74	£109,834.25	**£103,135.19**
Nursing & Midwifery Registered	£43,145.15	£43,281.36	£43,429.25	£41,331.03	**£43,107.36**
Total	**£39,043.29**	**£42,239.71**	**£42,465.22**	**£45,222.42**	**£42,325.03**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2026.

2.5 Contract Type and Working Pattern

Contract Type											
	Permanent	%	Fixed Term Temp	%	Locum	%	Non-Exec Director/Chair	%	Bank	%	Total
Disabled	754	90.4%	30	3.6%	1	0.1%	1	0.1%	48	5.8%	**834**
Not Disabled	9,659	87.3%	554	5.0%	39	0.4%	5	0.0%	804	7.3%	**11,061**
Prefer Not to Answer	47	94%	1	2.0%	0	0.0%	0	0.0%	2	4.0%	**50**
Not Recorded on ESR	1,152	87.5%	60	4.6%	7	0.5%	1	0.1%	97	7.4%	**1,317**
Total	**11,612**	**87.6%**	**645**	**4.9%**	**47**	**0.4%**	**7**	**0.1%**	**951**	**7.2%**	**13,262**

Working Pattern					
	Full Time	%	Part Time	%	Total
Disabled	402	48.2%	432	51.8%	**834**
Not Disabled	5,766	52.1%	5,295	47.9%	**11,061**
Prefer Not to Answer	27	54.0%	23	46.0%	**50**
Not Recorded on ESR	614	46.6%	703	53.4%	**1,317**
Total	**6,809**	**51.3%**	**6,453**	**48.7%**	**13,262**

2.6 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Disability: Yes	2,424	3.2%	614	6.8%	168	6.3%
Disability: No	72,789	95.7%	8.046	89.1%	2,316	87.2%
Disability: Undisclosed	884	1.2%	373	4.1%	171	6.4%
Total	**76,097**	**100%**	**9,033**	**100%**	**2,655**	**100%**

2.7 Shortlist to Offer

	Total Number of Applications Received	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Disability: Yes	2,424	614	25.3%	168	27.4%
Disability: No	72,789	8,046	11.05%	2,316	28.8%
Disability: Undisclosed	884	373	42.2%	171	45.8%
Total	**76,097**	**9,033**	**100%**	**2,655**	**100%**

2.8 Leavers

	Headcount	%
Disabled	51	4.8%
Not Disabled	855	81.1%
Prefer Not to Answer	4	0.4%
Not Recorded on ESR	145	13.7%
Total	**1,055**	**100%**

2.9 Training Attendance

	Attendance / Courses Completed	%
Disabled	2,836	3.6%
Not Disabled	40,859	51.8%
Prefer Not to Answer	168	0.2%
Not Recorded on ESR	35,026	44.4%
Total	**78,889**	**100%**

2.10 Staff Involved in Formal Disciplinary Procedures

	Headcount	%
Disabled	6	10.0%
Not Disabled	45	75.0%
Prefer Not to Answer	1	1.7%
Not Recorded on ESR	8	13.3%
Total	**60**	**100%**

2.11 Staff Involved in Formal Respect and Resolution Procedures

	Headcount	%
Disabled	11	15.5%
Not Disabled	54	76.1%
Prefer Not to Answer	1	1.4%
Not Recorded on ESR	5	7.0%
Total	**71**	**100%**

2.12 Staff Involved in Formal Capability Procedures

	Headcount	%
Disabled	4	80.0%
Not Disabled	1	20.0%
Total	**5**	**100%**

Ethnicity

Our Workforce

3.1 Headcount

	Headcount	%
Ethnic Minority Total	1,353	10.2%
Asian or Asian British	786	5.9%
Black or Black British	210	1.6%
Mixed	130	1.0%
Any Other Ethnic Group	227	1.7%
White	11,256	84.9%
Not Recorded on ESR	653	4.9%
Total	**13,262**	**100%**

3.2 Headcount by Staff Group & Ethnicity

	Asian or Asian British	%	Black or Black British	%	Mixed	%	White	%	Any Other Ethnic Group	%	Not Recorded on ESR	%	Total
Prof Scientific and Technic	8	1.9%	6	1.4%	7	1.6%	389	91.1%	7	1.6%	10	2.3%	**427**
Additional Clinical Services	101	3.4%	38	1.3%	28	0.9%	2,725	91.1%	26	0.9%	74	2.5%	**2,992**
Administrative and Clerical	28	1.1%	12	0.5%	21	0.9%	2,333	94.7%	11	0.5%	60	2.4%	**2,465**
Allied Health Professionals	30	3.4%	27	3.1%	6	0.7%	777	88.0%	8	0.9%	35	4.0%	**883**
Estates and Ancillary	46	4.0%	5	0.4%	7	0.6%	1,004	87.8%	14	1.2%	67	5.9%	**1,143**
Healthcare Scientists	9	4.0%	7	3.1%	2	0.9%	191	85.3%	2	0.9%	13	5.8%	**224**
Medical and Dental	287	30.9%	57	6.1%	24	2.6%	302	32.5%	75	8.1%	183	19.7%	**928**
Nursing and Midwifery Registered	277	6.6%	58	1.4%	35	0.8%	3,535	84.2%	84	2.0%	211	5.0%	**4,200**
Total	**786**	**5.9%**	**210**	**1.6%**	**130**	**1.0%**	**11,256**	**84.9%**	**227**	**1.7%**	**653**	**4.9%**	**13,262**

3.3 Analysis of Pay by Ethnicity

Ethnicity Headcount and Pay Grade

	Asian or Asian British	%	Black or Black British	%	Mixed	%	White	%	Any Other Ethnic Group	%	Not Recorded on ESR	%	Total
Band 1	0	0.0%	0	0.0%	0	0.0%	6	85.7%	0	0.0%	1	14.3%	**7**
Band 2	96	5.2%	21	1.1%	14	0.8%	1,621	88.1%	19	1.0%	70	3.8%	**1,841**
Band 3	56	2.2%	24	1.0%	23	0.9%	2,300	92.1%	23	0.9%	72	2.9%	**2,498**
Band 4	10	0.9%	4	0.4%	7	0.6%	1,062	95.9%	4	0.4%	20	1.8%	**1,107**
Band 5	252	9.6%	56	2.1%	27	1.0%	2,046	77.9%	63	2.4%	181	6.9%	**2,625**
Band 6	54	2.5%	36	1.7%	20	0.9%	1,927	90.8%	25	1.2%	60	2.8%	**2,122**
Band 7	21	1.6%	8	0.6%	8	0.6%	1,231	93.8%	11	0.8%	34	2.6%	**1,313**
Band 8a	9	1.9%	3	0.6%	4	0.8%	446	92.7%	7	1.5%	12	2.5%	**481**
Band 8b	0	0.0%	0	0.0%	1	0.7%	136	99.3%	0	0.0%	0	0.0%	**137**
Band 8c	0	0.0%	0	0.0%	2	2.1%	91	95.8%	0	0.05%	2	2.1%	**95**
Band 8d	1	3.0%	0	0.0%	0	0.0%	32	97.0%	0	0.05%	0	0.0%	**33**
Band 9	0	0.0%	0	0.0%	0	0.0%	24	100.0%	0	0.0%	0	0.0%	**24**
Consultant	107	30.4%	17	4.8%	7	2.0%	161	45.7%	21	6.0%	39	11.1%	**352**
Speciality Doctors	89	38.7%	25	10.9%	9	3.9%	45	19.6%	23	10.0%	39	17.0%	**230**
Other Doctors in Training	63	27.6%	13	5.7%	7	3.1%	36	15.8%	24	10.5%	85	37.3%	**228**
Hospital Practitioners & Clinical Assistants	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	**1**
Other Medical and Dental Staff	17	29.8%	1	1.8%	0	0.0%	26	45.6%	4	7.0%	9	15.8%	**57**
Other	11	9.9%	2	1.8%	1	0.9%	65	58.6%	3	2.7%	29	26.1%	**111**
Total	**786**	**5.9%**	**210**	**1.6%**	**130**	**1.0%**	**11,256**	**84.9%**	**227**	**1.7%**	**653**	**4.9%**	**13,262**

3.4 Average Salary by Ethnicity and Staff Group

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific & Technical	£55,508.74	£45,091.00	£53,739.25	£53,255.27	£53,769.11	£51,813.03	**£53,148.52**
Additional Clinical Services	£26,389.18	£26,042.44	£28,179.69	£27,673.79	£26,970.96	£27,763.08	**£27,625.41**
Admin & Clerical	£34,807.30	£32,536.08	£34,778.39	£37,790.45	£36,823.65	£34,351.05	**£37,618.34**
Allied Health Professionals	£43,788.19	£41,208.68	£43,950.25	£48,031.98	£41,787.38	£47,049.35	**£47,525.79**
Estates and Ancillary	£25,142.87	£24,833.00	£24,833.00	£26,501.34	£25,028.48	£25,590.37	**£26,362.03**
Healthcare Scientists	£44,145.91	£41,790.46	£38,448.50	£49,287.74	£44,358.50	£51,304.67	**£48,744.64**
Medical & Dental	£98.570.16	£91,732.98	£96,197.37	£123,708.18	£93,400.76	£85,562.91	**£103,135.19**
Nursing & Midwifery Registered	£35,552.41	£36,572.29	£41,264.22	£44,435.48	£39,586.38	£37,138.11	**£43,107.36**
Total	**£58,292.44**	**£51,705.88**	**£48,610.22**	**£40,316.52**	**£56,494.35**	**£47,027.20**	**£42,325.03**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2026.

3.5 Contract Type and Working Pattern

Contract Type											
	Permanent	%	Fixed Term Temp	%	Locum	%	Non-Exec Director/Chair	%	Bank	%	Total
Asian or Asian British	592	75.3%	111	14.1%	10	1.3%	0	0.0%	73	9.3%	**786**
Black or Black British	150	71.4%	33	15.7%	0	0.0%	1	0.5%	26	12.4%	**210**
Mixed	107	82.3%	11	8.5%	0	0.0%	0	0.0%	12	9.2%	**130**
White	10,103	89.8%	395	3.5%	25	0.2%	2	0.0%	731	6.5%	**11,256**
Any Other Ethnic Group	189	83.3%	27	11.9%	2	0.9%	0	0.0%	9	4.0%	**227**
Not Recorded on ESR	471	72.1%	68	10.4%	10	1.5%	4	0.6%	100	15.3%	**653**
Total	**11,612**	**87.6%**	**645**	**4.9%**	**47**	**0.4%**	**7**	**0.1%**	**961**	**7.3%**	**13,262**

Working Pattern					
	Full Time	%	Part Time	%	Total
Asian or Asian British	562	71.5%	224	28.5%	**786**
Black or Black British	158	75.2%	52	24.8%	**210**
Mixed	73	56.2%	57	43.9%	**130**
White	5,525	49.1%	5,731	50.9%	**11,256**
Any Other Ethnic Group	158	69.6%	69	30.4%	**227**
Not Recorded on ESR	333	51.0%	320	49.0%	**653**
Total	**6,809**	**51.3%**	**6,453**	**48.7%**	**13,262**

3.6 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Asian or Asian British	20,922	27.5%	1,287	14.2%	287	10.8%
Black or Black British	36,681	48.2%	1,291	14.3%	149	5.6%
Mixed	1,770	2.3%	194	2.2%	49	0.9%
White	13,722	18.0%	5,822	64.5%	1,979	74.5%
Any Other Ethnic Group	1,946	2.5%	206	2.2%	54	2.0%
Undisclosed	1,056	1.4%	233	2.6%	132	5.0%
Total	**76,097**	**100%**	**9,033**	**100%**	**2,650**	**99.8%**

Note: The figure shown as 2,660 (rather than the overall total of 2,655) of the Total Number of Applicants Offered was due to protecting confidentiality any reported number within the Ethnic Group sub categories of a value less than 5 has been rounded down to zero and therefore the percentage rate was 99.8% rather than 100%.

3.7 Shortlist to Offer

	Total Number of Applications Received	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Asian or Asian British	20,922	1,287	6.2%	287	22.3%
Black or Black British	36,681	1,291	3.5%	149	11.5%
Mixed	1,770	194	11.0%	49	25.3%
White	13,722	5,822	42.4%	1,979	34.0%
Any Other Ethnic Group	1,946	206	10.6%	54	26.2%
Undisclosed	1,056	233	22.1%	132	56.7%
Total	**76,097**	**9,033**	**12%**	**2,650**	**29.3%**

3.8 Leavers

	Headcount	%
Asian or Asian British	75	7.1%
Black or Black British	21	2.0%
Mixed	15	1.4%
White	847	80.3%
Any Other Ethnic Group	16	1.5%
Not Recorded on ESR	81	7.7%
Total	**1,055**	**100%**

3.9 Training Attendance

	Attendance / Courses Completed	%
Asian or Asian British	7,422	9.4%
Black or Black British	2,386	3.0%
Mixed	1,012	1.3%
White	61,128	77.5%
Any Other Ethnic Group	1,839	2.3%
Not Recorded on ESR	5,097	6.5%
Total	**78,889**	**100%**

3.10 Staff Involved in Formal Disciplinary Procedures

	Headcount	%
White	51	85.0%
Black or Black British	4	6.7%
Mixed	1	1.7%
Any Other Ethnic Group	1	1.7%
Not Recorded on ESR	3	5.0%
Total	**60**	**100%**

3.11 Staff Involved in Formal Respect and Resolution Procedures

	Headcount	%
White	62	87.3%
Asian or Asian British	3	4.2%
Black or Black British	2	2.8%
Any Other Ethnic Group	3	4.2%
Not Recorded on ESR	1	1.4%
Total	**71**	**100%**

3.12 Staff Involved in Formal Capability Procedures

	Headcount	%
White	4	80%
Asian or Asian British	1	20%
Total	**5**	**100%**

Sex

Our Workforce

4.1 Headcount

	Headcount	%
Female	10,489	79.1%
Male	2,773	20.9%
Total	**13,262**	**100%**

	FTE	%
Female	8,222.33	78.0%
Male	2,315.62	22.0%
Total	**10,537.94**	**100%**

4.2 Headcount by Staff Group & Sex

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Prof Scientific and Technic	337	78.9%	90	21.1%	**427**	**3.2%**
Additional Clinical Services	2,499	83.5%	493	16.5%	**2,992**	**22.6%**
Administrative and Clerical	2,013	81.7%	452	18.3%	**2,465**	**18.6%**
Allied Health Professionals	687	77.8%	196	22.2%	**883**	**6.7%**
Estates and Ancillary	605	52.9%	538	47.1%	**1,143**	**8.6%**
Healthcare Scientists	120	53.6%	104	46.4%	**224**	**1.7%**
Medical and Dental	345	37.2%	583	62.8%	**928**	**7.0%**
Nursing and Midwifery Registered	3,883	92.5%	317	7.6%	**4,200**	**31.7%**
Total	**10,489**	**79%**	**2,773**	**21%**	**13,262**	**100%**

4.3 Analysis of Pay by Sex
Sex Headcount and Pay Grade

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 1	5	71.4%	2	28.7%	**7**	**0.05%**
Band 2	1,339	72.7%	502	27.3%	**1,841**	**13.9%**
Band 3	2,040	81.7%	458	18.3%	**2,498**	**18.8%**
Band 4	968	87.4%	139	12.6%	**1,107**	**8.4%**
Band 5	2,303	87.7%	322	12.3%	**2,625**	**19.8%**
Band 6	1,782	84.0%	340	16.0%	**2,122**	**16.0%**
Band 7	1,103	84.0%	210	16.0%	**1,313**	**9.9%**
Band 8a	372	77.3%	109	22.7%	**481**	**3.6%**
Band 8b	102	74.5%	35	25.6%	**137**	**1.0%**
Band 8c	57	60.0%	38	40.0%	**95**	**0.7%**
Band 8d	24	72.7%	9	27.3%	**33**	**0.3%**
Band 9	11	45.8%	13	54.2%	**24**	**0.2%**
Consultants	112	31.8%	240	68.2%	**352**	**2.7%**
Specialty Doctors	89	38.7%	141	61.3%	**230**	**1.7%**
Other Doctors in Training	93	40.8%	135	59.2%	**228**	**1.7%**
Hospital Practitioners & Clinical Assistants	0	0.0%	1	100.0%	**1**	**0.00%**
Other Medical and Dental	26	45.6%	31	54.4%	**57**	**0.4%**
Other	63	56.8%	48	43.2%	**111**	**0.8%**
Total	**10,489**	**79.1%**	**2,773**	**20.9%**	**13,262**	**100%**

4.4 Average Salary by Sex and Staff Group

	Female	Male	Total
Prof Scientific & Technical	£52,282.84	£56,206.65	**£53,148**
Additional Clinical Services	£27,618.35	£27,657.06	**£27,625.41**
Admin & Clerical	£35,613.36	£45,723.52	**£37,618.34**
Allied Health Professionals	£47,643.73	£47,140.12	**£47,525.79**
Estates and Ancillary	£25,218.80	£27,379.93	**£26,362.03**
Healthcare Scientists	£48,838.47	£48,635.02	**£48,744.64**
Medical & Dental	£96,606.13	£106,963.65	**£103,135.19**
Nursing & Midwifery Registered	£43,043.49	£43,825.90	**£43,107.36**
Total	**£39,750.20**	**£51,467.79**	**£41,325.03**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2026.

4.5 Contract Type and Working Pattern

Contract Type						
	Female		Male		Total	
Assignment Category	Headcount	%	Headcount	%	Headcount	%
Permanent	9,315	88.8%	2,297	82.8%	**11,612**	**87.6%**
Fixed Term Temp	437	4.2%	208	7.5%	**645**	**4.9%**
Locum	9	0.1%	38	1.4%	**47**	**0.4%**
Non-Exec Director/Chair	2	0.0%	5	0.2%	**7**	**0.0%**
Bank	726	6.9%	225	8.1%	**951**	**7.2%**
Total	**10,489**	**100%**	**2,773**	**100%**	**13,262**	**100%**

Working Pattern						
	Female		Male		Total	
Employee Category	Headcount	%	Headcount	%	Headcount	%
Full-Time	4,883	46.6%	1,926	69.5%	**6,809**	**51.4%**
Part-Time	5,606	53.5%	847	30.5%	**6,453**	**48.7%**
Total	**10,489**	**100%**	**2,773**	**100%**	**13,262**	**100%**

4.6 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Female	48,586	63.8%	6,262	69.3%	1,963	73.9%
Male	27,285	35.9%	2,710	30.0%	676	25.5%
Undisclosed	226	0.3%	61	0.7%	16	0.6%
Total	**76,097**	**100%**	**9,033**	**100%**	**2,655**	**100%**

4.7 Shortlist to Offer

	Total Number of Applications Received	Total Number of Applicants Shortlisted	% of applicants shortlisted within own group	Total Number of Applicants Offered	% of shortlisted offered within own group
Female	48,586	6,262	12.3%	1,963	31.3%
Male	27,285	2,710	9.9%	676	24.9%
Undisclosed	226	61	27.0%	16	26.2%
Total	**76,097**	**9,033**	**11.9%**	**2,655**	**29.4%**

4.8 Leavers

	Headcount	%
Female	815	77.25%
Male	240	22.75%
Total	**1,055**	**100%**

4.9 Training Attendance

	Attendance / Courses Completed	%
Female	62,997	79.9%
Male	15,892	20.1%
Total	**78,889**	**100%**

4.10 Staff Involved in Formal Disciplinary Procedures

	Headcount	%
Female	34	56.7%
Male	26	43.3%
Total	**60**	**100%**

4.11 Staff Involved in Formal Respect and Resolution Procedures

	Headcount	%
Female	52	73.2%
Male	19	26.8%
Total	**71**	**100%**

4.12 Staff Involved in Formal Capability Procedures

	Headcount	%
Female	4	80%
Male	1	20%
Total	**5**	**100%**

Marital Status (Marriage and Civil Partnership)

Our Workforce

5.1 Headcount

	Headcount	%
Civil Partnership	294	2.2%
Divorced	938	7.1%
Legally Separated	86	0.7%
Married	6,566	49.5%
Single	4,369	32.9%
Widowed	163	1.2%
Not Recorded on ESR	846	6.4%
Total	**13,262**	**100%**

5.2 Headcount by Staff Group & Marital Status

	Civil Partnership	%	Divorced	%	Legally Separated	%	Married	%	Single	%	Widowed	%	Not Recorded on ESR	%	Total
Prof Scientific and Technic	9	2.1%	22	5.2 %	0	0.0 %	223	52.2 %	145	34.0 %	2	0.5 %	26	6.1 %	**427**
Additional Clinical Services	107	3.6%	196	6.6 %	28	0.9 %	1,225	40.9 %	1,267	42.3 %	40	1.3 %	129	4.3 %	**2,992**
Administrative and Clerical	43	1.7%	225	9.1 %	19	0.7 %	1,324	53.7 %	685	27.8 %	38	1.5 %	131	5.3 %	**2,465**
Allied Health Professionals	11	1.2%	49	5.5 %	4	0.5 %	437	49.5 %	322	36.5 %	7	0.8 %	53	6.0 %	**883**
Estates and Ancillary	27	2.4%	91	8.0 %	7	0.6 %	467	40.9 %	457	40.0 %	22	1.9 %	72	6.3 %	**1,143**
Healthcare Scientists	2	0.9%	8	3.6 %	2	0.9 %	120	53.6 %	72	32.1 %	0	0.0 %	20	8.9 %	**224**
Medical and Dental	9	1.0%	29	3.1 %	3	0.3 %	601	64.8 %	192	20.7 %	5	0.5 %	89	9.6 %	**928**
Nursing and Midwifery Registered	86	2.0%	318	7.6 %	23	0.5 %	2,169	51.6 %	1,229	29.3 %	49	1.2 %	326	7.8 %	**4,200**
Total	**294**	**2.2%**	**938**	**7.1 %**	**86**	**0.6 %**	**6,566**	**49.5 %**	**4,369**	**32.9 %**	**163**	**1.2 %**	**846**	**6.4 %**	**13,262**

5.3 Analysis of Pay by Marital Status - Marital Status Headcount and Pay Grade

	Civil Partnership	%	Divorced	%	Legally Separated	%	Married	%	Single	%	Widowed	%	Not Recorded on ESR	%	Total
Band 1	0	0.0%	0	0.0%	0	0.0%	3	42.9%	2	28.6%	0	0.0%	2	28.6%	**7**
Band 2	43	2.3%	135	7.3%	12	0.7%	703	38.2%	832	45.2%	33	1.8%	83	4.5%	**1,841**
Band 3	102	4.1%	180	7.2%	22	0.8%	1,050	42.0%	989	39.6%	40	1.6%	115	4.6%	**2,498**
Band 4	19	1.7%	102	9.2%	11	1.0%	599	54.1%	313	28.3%	16	1.4%	47	4.2%	**1,107**
Band 5	49	1.9%	170	6.5%	6	0.2%	1,146	43.7%	963	36.7%	31	1.2%	260	9.9%	**2,625**
Band 6	44	2.1%	151	7.1%	14	0.7%	1,132	53.3%	638	30.1%	16	0.8%	127	6.0%	**2,122**
Band 7	18	1.4%	93	7.1%	10	0.8%	797	60.7%	298	22.7%	12	0.9%	85	6.5%	**1,313**
Band 8a	7	1.5%	35	7.3%	4	0.8%	317	65.9%	96	20.0%	3	0.6%	19	4.0%	**481**
Band 8b	2	1.5%	14	10.2%	3	2.2%	87	63.5%	22	24.1%	2	1.5%	7	5.1%	**137**
Band 8c	1	1.1%	11	11.6%	0	0.0%	65	68.4%	12	12.6%	3	3.2%	3	3.2%	**95**
Band 8d	0	0.0%	7	21.2%	1	3.0%	21	63.6%	4	12.1%	0	0.0%	0	0.0%	**33**
Band 9	0	0.0%	4	16.7%	0	0.0%	17	70.8%	1	4.2%	0	0.0%	2	8.3%	**24**
Consultant	1	0.3%	15	4.3%	0	0.0%	267	75.9%	38	10.8%	2	0.6%	29	8.2%	**352**
Speciality Doctors	2	0.9%	7	3.0%	0	0.0%	167	72.6%	39	17.0%	1	0.4%	14	6.1%	**230**
Other Doctors in Training	4	1.8%	2	0.9%	0	0.0%	86	37.7%	99	43.4%	1	0.4%	36	15.8%	**228**
Hospital Practitioners & Clinical Assistants	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	**1**
Other Medical and Dental Staff	1	1.8%	2	3.5%	0	0.0%	42	73.7%	9	15.8%	0	0.0%	3	5.3%	**57**
Other	1	0.9%	10	9.0%	3	2.7%	66	59.5%	14	12.6%	3	2.7%	14	12.6%	**111**
Total	**294**	**2.2%**	**938**	**7.1%**	**86**	**0.6%**	**6,566**	**49.5%**	**4,369**	**32.9%**	**163**	**1.2%**	**846**	**6.4%**	**13,262**

5.4 Average Salary by Marital Status and Staff Group

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific & Technical	£51,700.33	£47,198.70	£0	£56,298.07	£49,692.61	£90,013.00	£51,304.28	**£53,148.52**
Additional Clinical Services	£26,997.88	£27,595.58	£28,011.38	£27.926.40	£27,337.40	£27,205.51	£28,095.79	**£27,625.41**
Admin & Clerical	£31,206.29	£39,782.55	£40,824.24	£39,921.55	£33,019.00	£34,644.28	£38,232.95	**£37,618.34**
Allied Health Professionals	£46,950.51	£50,226.05	£55,967.33	£51,181.32	£42,683.40	£57,855.76	£46,557.75	**£47,525.79**
Estates and Ancillary	£25,950.09	£26,608.96	£24,833.00	£26,817.38	£25,891.15	£25,549.89	£26,162.50	**£26,362.03**
Healthcare Scientists	£47,280.00	£51,951.39	£43,911.29	£51,300.58	£44,652.51	£0	£48,581.63	**£48,744.64**
Medical & Dental	£82,112.40	£120,429.66	£141,425.61	£109,956.45	£79,873.96	£108,226.32	£96,669.51	**£103,135.19**
Nursing & Midwifery Registered	£42,574.67	£47,209.14	£50,697.72	£44,986.48	£40,167.84	£43,500.87	£38,726.29	**£43,107.36**
Total	**£34,996.76**	**£42,179.22**	**£41,943.53**	**£46,584.77**	**£36,711.23**	**£38,306.73**	**£41,780.41**	**£42,325.03**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2026.

5.5 Contract Type and Working Pattern

Contract Type											
	Permanent	%	Fixed Term Temp	%	Locum	%	Non-Exec Director/Chair	%	Bank	%	Total
Civil Partnership	260	88.4%	15	5.1%	2	0.7%	0	0.0%	17	5.8%	**294**
Divorced	848	90.4%	30	3.2%	2	0.2%	1	0.1%	57	6.1%	**938**
Legally Separated	80	93.0%	2	0.2%	0	0.0%	0	0.0%	4	4.7%	**86**
Married	5,888	89.7%	301	4.6%	24	0.4%	4	0.1%	349	5.3%	**6,566**
Single	3,654	83.6%	246	5.6%	16	0.4%	1	0.0%	452	10.3%	**4,369**
Widowed	144	88.3%	7	4.3%	0	0.0%	1	0.6%	11	6.7%	**163**
Not Recorded on ESR	738	87.2%	44	5.2%	3	0.4%	0	0.0%	61	7.2%	**846**
Total	**11,612**	**87.2%**	**645**	**4.9%**	**47**	**0.4%**	**7**	**0.1%**	**951**	**7.2%**	**13,262**

Working Pattern					
	Full Time		Part Time		Total
Civil Partnership	141	48.0%	153	52.0%	**294**
Divorced	448	47.8%	490	52.2%	**938**
Legally Separated	47	54.7%	39	45.3%	**86**
Married	3,140	47.8%	3.426	52.2%	**6,566**
Single	2,447	56.0%	1,922	44.0%	**4,369**
Widowed	57	35.0%	106	65.0%	**163**
Not Recorded on ESR	529	62.5%	317	37.5%	**846**
Total	**6,809**	**51.3%**	**6,453**	**48.7%**	**13,262**

5.6 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Civil Partnership	1,163	1.5%	272	3.0%	87	3.3%
Divorced	1,209	1.6%	349	3.9%	102	3.8%
Legally Separated	175	0.2%	42	0.5%	15	0.6%
Married	41,417	54.4%	4,162	46.1%	1,071	40.3%
Other	1,085	1.4%	397	4.4%	141	5.3%
Single	29,971	39.4%	3,493	38.7%	1,069	40.3%
Widowed	174	0.2%	48	0.5%	16	0.6%
Unknown	767	1.0%	146	1.6%	40	1.5%
Unspecified	136	0.2%	124	1.4%	114	4.3%
Total	**76,097**	**100%**	**9,033**	**100%**	**2,655**	**100%**

5.7 Shortlist to Offer

	Total Number of Applications Received	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Civil Partnership	1,163	272	23.4%	87	32.0%
Divorced	1,209	349	28.9%	102	29.2%
Legally Separated	175	42	24.0%	15	35.7%
Married	41,417	4,162	10.1%	1,071	25.7%
Other	1,085	397	36.6%	141	35.5%
Single	29,971	3,493	11.7%	1,069	30.6%
Widowed	174	48	27.6%	16	33.3%
Unknown	767	146	19.0%	40	27.4%
Unspecified	136	124	91.2%	114	91.9%
Total	**76,097**	**9,033**	**12%**	**2,655**	**29%**

5.8 Leavers

	Headcount	%
Civil Partnership	21	1.99%
Divorced	89	8.44%
Legally Separated	9	0.85%
Married	493	46.73%
Single	376	35.64%
Widowed	23	2.18%
Not Recorded on ESR	44	4.17%
Total	**1,055**	**100%**

5.9 Staff Involved in Formal Disciplinary Procedures

	Headcount	%
Civil Partnership	2	3.3%
Divorced	9	15.0%
Legally Separated	1	1.7%
Married	21	35.0%
Single	24	40.0%
Widowed	1	1.7%
Not Recorded on ESR	2	3.3%
Total	**60**	**100%**

5.10 Staff Involved in Formal Respect and Resolution Procedures

	Headcount	%
Civil Partnership	2	2.8%
Divorced	7	9.9%
Legally Separated	1	1.4%
Married	39	54.9%
Single	19	26.8%
Widowed	1	1.4%
Not Recorded on ESR	2	2.8%
Total	**71**	**100%**

5.11 Staff Involved in Formal Capability Procedures

	Headcount	%
Married	3	60%
Single	1	20%
Not Recorded on ESR	1	20%
Total	**5**	**100%**

Maternity and Adoption (Pregnancy and Maternity)

Our Workforce

6.1 Headcount

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	627	5.1%

6.2 Leavers

	Headcount	%
Leaving Reason due to Maternity or Adoption	0	0.0%

Religion and Belief (Including No Belief)

Our Workforce

7.1 Headcount

	Headcount	%
Atheism	2,417	18.2%
Buddhism	89	0.7%
Christianity	5,678	42.8%
Hinduism	158	1.2%
Islam	231	1.7%
Jainism	2	0.0%
Judaism	7	0.1%
Sikhism	10	0.1%
Other	1,395	10.5%
I Do Not Wish to Disclose my Religion/Belief	2,318	17.5%
Not Recorded on ESR	957	7.2%
Total	**13,262**	**100%**

7.2 Headcount by Religious Belief and Staff Group

	Atheism	%	Buddhism	%	Christianity	%	Hinduism	%	I do not wish to disclose my religion/ belief	%	Islam	%	Jainism	%	Judaism	%	Other	%	Sikhism	%	Not Recorded on ESR	%	Total
Prof Scientific and Technic	101	23.7 %	3	0.7 %	191	44.7 %	4	0.9 %	55	12.9 %	3	0.7 %	0	0.0 %	0	0.0 %	44	10.3 %	0	0.0 %	26	6.1%	**427**
Additional Clinical Services	611	20.4 %	6	0.2 %	1,258	42.0 %	18	0.6 %	488	16.3 %	21	0.7 %	0	0.0 %	1	0.0 %	408	13.6 %	0	0.0 %	181	6.0%	**2,992**
Administrative and Clerical	459	18.6 %	8	0.3 %	1,161	47.0 %	9	0.4 %	372	15.1 %	9	0.4 %	0	0.0 %	2	0.1 %	257	10.4 %	1	0.0 %	187	7.6%	**2,465**
Allied Health Professionals	201	22.8 %	2	0.2 %	383	43.4 %	7	0.8 %	138	15.6 %	11	1.2 %	1	0.1 %	0	0.0 %	80	9.1 %	1	0.1 %	59	6.7%	**883**
Estates and Ancillary	180	15.7 %	4	0.3 %	479	41.9 %	5	0.4 %	198	17.3 %	2	0.2 %	0	0.0 %	0	0.0 %	111	9.7 %	0	0.0 %	164	14.3%	**1,143**
Healthcare Scientists	52	23.2 %	2	0.9 %	73	32.6 %	4	1.8 %	39	17.4 %	3	1.3 %	0	0.0 %	0	0.0 %	21	9.4 %	0	0.0 %	30	13.4%	**224**
Medical and Dental	48	5.2%	46	5.0 %	156	16.8 %	84	9.1 %	286	30.8 %	168	18.1 %	1	0.1 %	1	0.1 %	23	2.5 %	4	0.4 %	111	12.0%	**928**
Nursing and Midwifery Registered	765	18.2 %	18	0.4 %	1,977	47.0 %	27	0.6 %	742	17.7 %	14	0.3 %	0	0.0 %	3	0.1 %	451	10.7 %	4	0.1 %	199	4.7%	**4,200**
Total	**2,417**	**18.2 %**	**89**	**0.7 %**	**5,678**	**42.8 %**	**158**	**1.2 %**	**2,318**	**17.5 %**	**231**	**1.7 %**	**2**	**0.0 %**	**7**	**0.1 %**	**1,395**	**10.5 %**	**10**	**0.1 %**	**1,395**	**10.5%**	**13,262**

7.3 Analysis of Pay by Religious Belief - Religious Belief Headcount and Pay Grade

	Atheism	%	Buddhism	%	Christianity	%	Hinduism	%	I do not wish to disclose my	%	Islam	%	Jainism	%	Judaism	%	Other	%	Sikhism	%	Not Recorded on ESR	%	Total
Band 1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	5	71.4%	**7**
Band 2	357	19.4%	5	0.3%	801	43.5%	14	0.8%	289	15.7%	10	0.5%	0	0.0%	0	0.0%	193	10.5%	0	0.0%	172	9.3%	**1,841**
Band 3	475	19.0%	5	0.2%	1,074	43.0%	10	0.4%	414	16.6%	17	0.7%	0	0.0%	0	0.0%	335	13.4%	0	0.0%	168	6.7%	**2,498**
Band 4	173	15.6%	6	0.5%	496	44.8%	3	0.3%	172	15.5%	2	0.2%	0	0.0%	2	0.2%	128	11.6%	0	0.0%	125	11.3%	**1,107**
Band 5	527	20.1%	10	0.4%	1,110	42.3%	29	1.1%	495	18.9%	14	0.5%	0	0.0%	2	0.1%	288	11.0%	1	0.0%	149	5.7%	**2,625**
Band 6	455	21.4%	10	0.5%	966	45.5%	10	0.5%	340	16.0%	11	0.5%	0	0.0%	1	0.0%	217	10.2%	2	0.1%	110	5.2%	**2,122**
Band 7	222	16.9%	2	0.2%	654	49.8%	5	0.4%	201	15.3%	4	0.3%	1	0.1%	0	0.0%	147	11.2%	2	0.2%	75	5.7%	**1,313**
Band 8a	106	22.0%	3	0.6%	240	49.9%	2	0.4%	64	13.3%	4	0.8%	0	0.0%	0	0.0%	41	8.5%	1	0.2%	20	4.2%	**481**
Band 8b	32	23.4%	1	0.7%	74	54.0%	0	0.0%	19	13.9%	0	0.0%	0	0.0%	0	0.0%	8	5.8%	0	0.0%	3	2.2%	**137**
Band 8c	13	13.7%	1	1.1%	54	56.8%	0	0.0%	13	13.7%	0	0.0%	0	0.0%	1	1.1%	5	5.3%	0	0.0%	8	8.4%	**95**
Band 8d	6	18.1%	0	0.0%	21	63.6%	1	3.0%	2	6.0%	0	0.0%	0	0.0%	0	0.0%	2	6.0%	0	0.0%	1	3.0%	**33**
Band 9	2	8.3%	0	0.0%	12	50.0%	0	0.0%	6	25.0%	0	0.0%	0	0.0%	0	0.0%	3	12.5%	0	0.0%	1	4.2%	**24**
Consultant	21	6.0%	17	4.8%	71	20.2%	38	10.8%	101	28.7%	45	12.8%	0	0.0%	1	0.3%	10	2.8%	2	0.6%	46	13.1%	**352**
Speciality Doctors	11	0.5%	11	0.5%	35	15.2%	21	9.1%	71	30.9%	66	28.7%	1	0.4%	0	0.0%	2	0.9%	1	0.4%	11	0.5%	**230**
Other Doctors in Training	4	1.8%	16	7.0%	23	10.1%	15	6.6%	81	35.5%	52	22.8%	0	0.0%	0	0.0%	6	2.6%	1	0.4%	30	13.2%	**228**
Hospital Practitioner & Clinical Assistants	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	**1**
Other Medical and Dental Staff	4	7.0%	1	0.2%	13	22.8%	5	8.8%	15	26.3%	2	3.5%	0	0.0%	0	0.0%	2	3.5%	0	0.0%	15	26.3%	**57**
Other	9	8.1%	1	0.9%	33	29.7%	5	4.5%	34	30.6%	4	3.6%	0	0.0%	0	0.0%	8	7.2%	0	0.0%	17	15.3%	**111**
Total	**2,417**	**18.2%**	**89**	**0.7%**	**5,677**	**42.8%**	**158**	**1.2%**	**2,318**	**17.5%**	**231**	**1.7%**	**2**	**0.0%**	**7**	**0.1%**	**1,396**	**10.5%**	**10**	**0.0%**	**0**	**0.0%**	**13,262**

7.4 Average Salary by Religious Belief and Staff Group

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Total
Atheism	£50,923,07	£27,591.22	£37,559.16	£44,545.24	£26,657.40	£45,933.17	£113,049.07	£42,134.39	**£39,133.55**
Buddhism	£57,655.27	£29,096.62	£34,065.29	£41,707.50	£25,457.81	£51,897.00	£92,274.90	£45,736.26	**£69,663.17**
Christianity	£56,475.59	£27,555.79	£38,324.81	£48,155.03	£26,713.01	£50,724.64	£108,535.17	£44,314.30	**£40,995.35**
Hinduism	£61,251.00	£26,260.47	£34,203.06	£41,183.29	£24,833.00	£41,393.50	£104,668.99	£36,064.32	**£73,882.48**
I do not wish to disclose my religion/belief	£53,921.37	£27,600.69	£36,953.73	£48,551.69	£26,219.19	£47,799.83	£108,200.28	£41,567.29	**£43,801.70**
Islam	£59,358.00	£26,160.62	£47,966.38	£38,979.11	£24,833.00	£42,214.29	£87.276.51	£37,667.43	**£75,007.59**
Jainism	£0	£0	£0	£51,028.00	£0	£0	£88,389	£0	**£77,714.43**
Judaism	£0	£27,898.00	£63,733.65	£0	£0	£0	£121,264.00	£38,882.65	**£59,822.62**
Sikhism	£0	£0	£55,532.00	£0	£0	£0	£95,453.50	£49,487.75	**£70,588.56**
Other	£45,342.25	£27,758.48	£35,248.71	£49,346.15	£25,723.00	£49,911.72	£111,102.30	£43,100.65	**£37,606.35**
Not Recorded on ESR	£46,860.46	£28,159.07	£37,493.73	£52,016.83	£25,786.20	£50,626.90	£113,982.53	£41,572.53	**£44,148.71**
Total	**£53,148.52**	**£27,626.41**	**£37,618.34**	**£47,525.79**	**£26,362.03**	**£48,744.64**	**£103,135.19**	**£43,107.36**	£42,325.03

The table above shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2026.

7.5 Contract Type and Working Pattern

	Contract Type										
	Permanent	%	Fixed Term Temp	%	Locum	%	Non-Exec Director/Chair	%	Bank	%	Total
Atheism	2,095	86.7%	111	4.6%	2	0.1%	0	0.0%	209	8.6%	**2,417**
Buddhism	62	69.7%	24	27.0%	0	0.0%	0	0.0%	3	3.4%	**89**
Christianity	5,107	89.9%	202	3.6%	1	0.0%	4	0.1%	364	6.4%	**5,678**
Hinduism	122	77.2%	25	15.8%	1	0.6%	0	0.0%	10	6.3%	**158**
I do not wish to disclose my religion/belief	1,955	84.3%	116	5.0%	35	1.5%	2	0.0%	210	9.1%	**2,318**
Islam	135	58.4%	79	34.2%	3	1.3%	0	0.0%	14	6.1%	**231**
Jainism	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**2**
Judaism	5	71.4%	1	14.3%	0	0.0%	0	0.0%	1	14.3%	**7**
Other	1,259	90.3%	52	3.7%	1	0.1%	0	0.0%	83	5.9%	**1,395**
Sikhism	8	80.0%	1	10.0%	0	0.0%	0	0.0%	1	10.0%	**10**
Not Recorded on ESR	862	90.1%	34	3.6%	4	0.4%	1	0.1%	56	5.9%	**957**
Total	**11,612**	**87.6%**	**645**	**4.9%**	**47**	**0.4%**	**7**	**0.1%**	**951**	**7.2%**	13,262

Working Pattern					
	Full Time	%	Part Time	%	Total
Atheism	1,325	54.8%	1,092	45.4%	**2,417**
Buddhism	63	70.8%	26	29.2%	**89**
Christianity	2,859	50.4%	2,819	49.6%	**5,678**
Hinduism	121	76.6%	37	23.4%	**158**
I do not wish to disclose my religion/belief	1,116	48.1%	1,202	51.9%	**2,318**
Islam	184	79.7%	47	20.3%	**231**
Jainism	1	50.0%	1	50.0%	**2**
Judaism	4	57.1%	3	42.9%	**7**
Other	691	49.5%	704	50.5%	**1,395**
Sikhism	9	90.0%	1	10.0%	**10**
Not Recorded on ESR	436	45.6%	521	54.4%	**957**
Total	**6,809**	**51.3%**	**6,453**	**48.7%**	**13,262**

7.6 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Atheism	4,571	6.0%	1,819	20.1%	641	24.1%
Buddhism	1,006	1.3%	119	1.3%	35	1.3%
Christianity	44,798	58.9%	4,056	44.9%	1,019	38.4%
Hinduism	6,744	8.9%	350	3.9%	67	2.5%
Islam	11,735	15.4%	655	7.3%	163	6.1%
Jainism	53	0.1%	5	0.1%	0	0%
Judaism	8	0.0%	5	0.1%	0	0%
Sikhism	258	0.3%	22	0.2%	5	0.2%
Other	2,410	3.2%	827	9.2%	264	9.9%
Undisclosed	4,514	5.9%	1,175	13.0%	460	17.3%
Total	**76,097**	**100%**	**9,033**	**100%**	**2,654**	**100%**

Note: The figure shown as 2,654 (rather that the overall total of 2,655) of the Applications Offered was due to protecting confidentiality any reported number with a value less than 5 has been rounded down to zero.

7.7 Leavers

	Headcount	%
Atheism	181	17.2%
Buddhism	14	1.3%
Christianity	397	37.6%
Hinduism	14	1.3%
Islam	42	4.0%
Other	105	10.0%
I Do Not Wish to Disclose my Religion/Belief	204	19.4%
Not Recorded on ESR	98	9.3%
Total	1.055	100%

7.8 Training Attendance

	Attendance / Courses Completed	%
Atheism	15,517	19.7%
Buddhism	805	1.0%
Christianity	31,547	40.0%
Hinduism	1,583	2.0%
Islam	2,800	3.6%
Judaism	22	0.00%
Jainism	14	0.0%
Sikhism	64	0.1%
I Do Not Wish to Disclose my Religion/Belief	13,771	17.5%
Other	8,287	10.5%
Not Recorded on ESR	4,479	5.7%
Total	78,889	100%

7.9 Staff Involved in Formal Disciplinary Procedures

	Headcount	%
Atheism	14	23.3%
Christianity	28	46.7%
I Do Not Wish to Disclose my Religion/Belief	7	11.7%
Islam	1	1.7%
Other	4	6.7%
Not Recorded on ESR	6	10.0%
Total	60	100%

7.10 Staff Involved in Formal Respect and Resolution Procedures

	Headcount	%
Atheism	12	16.9%
Christianity	32	45.1%
Hinduism	2	2.8%
Islam	1	1.4%
I Do Not Wish to Disclose my Religion/Belief	7	9.9%
Other	10	14.1%
Not Recorded on ESR	7	9.9%
Total	71	100%

7.11 Staff Involved in Formal Capability

	Headcount	%
Christianity	2	40%
I Do Not Wish to Disclose my Religion/Belief	3	60%
Total	5	100%

Sexual Orientation

Our Workforce

8.1 Headcount

	Headcount	%
Bisexual	140	1.1%
Gay or Lesbian	203	1.5%
Heterosexual or Straight	10,769	81.2%
Not Stated – Person Asked but Declined to Provide a Response	1,162	7.1%
Not Recorded on ESR	943	8.8%
Other Sexual Orientation Not Listed	25	0.2%
Undecided	20	0.2%
Total	13,262	100%

8.2 Headcount by Sexual Orientation and Staff Group

	Bisexual	%	Gay or Lesbian	%	Heterosexual or Straight	%	Not stated (Person Asked but Declined to provide a Response)	%	Other sexual orientation Not Listed	%	Undecided	%	Not Recorded on ESR	%	Total
Add Prof Scientific and Technic	7	1.6%	7	1.6%	361	84.5%	24	5.6%	2	0.5%	0	0.0%	26	6.1%	427
Additional Clinical Services	37	1.2%	45	1.5%	2,571	85.9%	152	5.1%	8	0.3%	5	0.2%	174	5.8%	2,992
Administrative and Clerical	30	1.2%	42	1.7%	2,061	83.6%	141	5.7%	5	0.2%	3	0.1%	183	7.4%	2,465
Allied Health Professionals	12	1.4%	17	1.9%	716	81.1%	79	8.9%	1	0.1%	2	0.2%	56	6.3%	883
Estates and Ancillary	9	0.8%	20	1.7%	850	74.4%	100	8.7%	4	0.3%	3	0.3%	157	13.7%	1,143
Healthcare Scientists	2	0.9%	3	1.3%	165	73.7%	23	10.3%	0	0.0%	1	0.5%	30	13.4%	224
Medical and Dental	6	0.6%	4	0.4%	546	58.8%	257	27.7%	1	0.1%	2	0.2%	112	12.1%	928
Nursing and Midwifery Registered	37	0.9%	65	1.5%	3,499	83.3%	386	9.2%	4	0.1%	4	0.1%	205	4.9%	4,200
Total	140	1.1%	203	1.5%	10,769	81.2%	1,162	8.8%	25	0.2%	20	0.2%	943	7.1%	13,262

8.3 Analysis of Pay be Sexual Orientation - Sexual Orientation Headcount and Pay Grade

	Bisexual	%	Gay or Lesbian	%	Heterosexual or straight	%	Not Stated (Person Asked but Declined to Provide a Response)	%	Not Recorded on ESR	%	Other Sexual Orientation not Listed	%	Undecided	%	Total
Band 1	0	0.0%	0	0.0%	1	14.3%	1	14.3%	5	71.4%	0	0.0%	0	0.0%	7
Band 2	23	1.2%	34	1.8%	1,470	79.8%	140	7.6%	165	9.0%	5	0.3%	4	0.2%	1,841
Band 3	29	1.2%	36	1.4%	2,139	85.6%	119	4.8%	163	6.5%	8	0.3%	4	0.2%	2,498
Band 4	13	1.2%	15	1.4%	895	80.8%	57	5.1%	124	11.2%	2	0.2%	1	0.1%	1,107
Band 5	28	1.1%	40	1.5%	2,103	80.1%	292	11.1%	156	5.9%	1	0.0%	5	0.2%	2,625
Band 6	22	1.0%	35	1.6%	1,797	84.7%	157	7.4%	106	5.0%	1	0.0%	4	0.2%	2,122
Band 7	10	1.0%	24	1.8%	1,121	85.4%	85	6.5%	69	5.3%	4	0.3%	0	0.0%	1,313
Band 8a	6	1.2%	10	2.1%	427	88.8%	16	3.3%	20	4.2%	1	0.2%	1	0.2%	481
Band 8b	3	2.2%	2	1.5%	120	87.6%	8	5.8%	4	2.9%	0	0.0%	0	0.0%	137
Band 8c	0	0.0%	2	2.1%	74	77.9%	10	10.5%	8	8.4%	1	1.1%	0	0.0%	95
Band 8d	0	0.0%	0	0.0%	30	90.9%	1	3.0%	1	3.0%	1	3.0%	0	0.0%	33
Band 9	0	0.0%	0	0.0%	19	79.2%	4	16.7%	1	4.2%	0	0.0%	0	0.0%	24
Consultant	1	0.3%	4	1.1%	213	60.5%	85	24.1%	48	13.6%	0	0.0%	1	0.3%	352
Speciality Doctors	2	0.9%	0	0.0%	144	62.6%	72	31.3%	11	4.8%	1	0.4%	0	0.0%	230
Other Doctors in Training	2	0.9%	0	0.0%	118	51.8%	77	33.8%	30	13.2%	0	0.0%	1	0.4%	228
Hospital Practitioner & Clinical Assistants	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1
Other Medical and Dental Staff	1	1.8%	0	0.0%	29	50.9%	12	21.1%	15	26.3%	0	0.0%	0	0.0%	57
Other	0	0.0%	1	0.9%	68	61.3%	26	23.4%	16	14.4%	0	0.0%	0	0.0%	111
Total	140	1.1%	203	1.5%	10,768	81.2%	1,162	8.8%	943	7.1%	25	0.2%	21	0.2%	13,262

8.4 Average Salary by Sexual Orientation and Staff Group

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not Stated (Person Asked but declined to Provide a Response)	Other Sexual Orientation	Undecided	Not Recorded on ESR	Total
Prof Scientific & Technical	£52,571.80	£42,006.94	£53,598.70	£55,116.88	£73,776.57	£0	£46,860.56	£53,148.52
Additional Clinical Services	£27,886.36	£26,986.61	£27,567.18	£28,150.05	£30,281.98	£25,767.20	£28,095.63	£27,625.41
Admin & Clerical	£31,602.57	£38,096.21	£37,714.06	£37,745.11	£42,515.50	£31,085.79	£37,277.59	£37,618.34
Allied Health Professionals	£42,485.94	£40,736.41	£47,334.61	£48,727.12	£55,532.00	£39,398.00	£52,188.93	£47,525.79
Estates and Ancillary	£24,833.00	£25,439.25	£26,602.32	£25,658.36	£24,833.00	£24,833.00	£25,827.49	£26,362.03
Healthcare Scientists	£47,280.00	£39,444.00	£48,622.42	£48,235.97	£0	£39,263.00	£51,527.35	£48,744.64
Medical & Dental	£86,849.40	£127,603.00	£100,279.97	£106,146.85	£62,117.00	£95,702.00	£115,226.63	£103,135.19
Nursing & Midwifery Registered	£42,937.07	£44,890.28	£43,597.23	£39,174.61	£47,479.22	£46,358.50	£41,021.20	£43,107.36
Total	£38,262.41	£39,433.64	£41,569.40	£49,556.88	£41,422.05	£40,911.27	£44,564.99	£42,325.03

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2026.

8.5 Contract Type and Working Pattern

	Contract Type										
	Permanent	%	Fixed Term Temp	%	Locum	%	Non-Exec Director/Chair	%	Bank	%	Total
Bisexual	117	83.6%	6	4.3%	0	0.0%	0	0.0%	17	12.1%	140
Gay or Lesbian	185	91.1%	2	1.0%	0	0.0%	0	0.0%	15	7.4%	203
Heterosexual or Straight	9,501	88.2%	515	4.8%	10	0.1%	4	0.0%	730	6.8%	10,769
Not Stated (Person Asked but Declined to Provide a Response)	913	78.6%	81	7.0%	33	2.8%	2	0.2%	133	11.4%	1,162
Not Recorded on ESR	850	90.1%	34	3.6%	4	0.4%	1	0.1%	54	5.7%	943
Other Sexual Orientation Not Listed	23	92.0%	1	4.0%	0	0.0%	0	0.0%	1	4.0%	25
Undecided	14	70.0%	5	25.0%	0	0.0%	0	0.0%	1	5.0%	20
Total	11,612	87.6%	645	4.9%	47	0.4%	7	0.1%	951	7.2%	13,262

Working Pattern					
	Full Time	%	Part Time	%	Total
Bisexual	84	60.0%	56	40.0%	140
Gay or Lesbian	134	66.0%	69	34.0%	203
Heterosexual or Straight	5,599	52.0%	5,170	48.0%	10,769
Not Stated (Person Asked but Declined to Provide a Respond)	529	45.5%	633	54.5%	1,162
Not Recorded on ESR	440	46.7%	503	53.3%	943
Other Sexual Orientation Not Listed	10	40.0%	15	60.0%	25
Undecided	13	65.0%	7	35.0%	20
Total	6,809	51.3%	6,453	48.7%	13,262

8.6 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Bisexual	1,155	1.5%	206	2.3%	58	2.2%
Gay or Lesbian	644	0.8%	184	2.0%	56	2.1%
Heterosexual or Straight	72,057	94.7%	8,139	90.1%	2,320	87.4%
Other	133	0.2%	25	0.3%	9	0.3%
Undecided	71	0.1%	17	0.2%	7	0.3%
Undisclosed	2,037	2.7%	462	5.1%	205	7.7%
Total	76,097	0%	9,033	100%	2,655	100%

8.7 Shortlist to Offer

	Total Number of Applications Received	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Bisexual	1,155	206	17.8%	58	28.2%
Gay or Lesbian	644	184	28.6%	56	30.4%
Heterosexual or Straight	72,057	8,139	11.3%	2,320	28.5%
Other	133	25	18.8%	9	36.0%
Undecided	71	17	23.9%	7	41.2%
Undisclosed	2,037	462	22.7%	205	44.4%
Total	76,097	9,033	12%	2,655	29%

8.8 Leavers

	Headcount	%
Bisexual	19	1.8%
Gay or Lesbian	16	1.5%
Heterosexual or Straight	783	74.2%
Not Stated (person asked but declined to provide a response)	135	12.8%
Other sexual orientation not listed	3	0.3%
Undecided	3	0.3%
Not Recorded on ESR	96	9.1%
Total	1,055	100%

8.9 Training Attendance

	Attendance / Courses Completed	%
Bisexual	1,115	1.4%
Gay or Lesbian	1,279	1.6%
Heterosexual or Straight	64,088	81.2%
Not Stated (person asked but declined to provide a response)	7,603	9.6%
Other sexual orientation not listed	164	0.2%
Undecided	211	0.3%
Not Recorded on ESR	4,429	5.6%
Total	78,889	100%

8.10 Staff Involved in Formal Disciplinary Procedures

	Headcount	%
Gay or Lesbian	3	5.0%
Heterosexual or Straight	46	76.7%
Not Stated (person asked but declined to provide a response)	4	6.7%
Not Recorded on ESR	7	11.7%
Total	60	100%

8.11 Staff Involved in Formal Respect and Resolution Procedures

	Headcount	%
Gay or Lesbian	1	1.4%
Heterosexual or Straight	57	80.3%
Not Stated (person asked but declined to provide a response)	9	12.7%
Not Recorded on ESR	4	5.6%
Total	71	100%

8.12 Staff Involved in Formal Capability Procedures

	Headcount	%
Bisexual	1	20%
Heterosexual or Straight	3	60%
Not Stated (person asked but declined to provide a response)	1	20%
Total	5	100%

Welsh Language

Our Workforce

9.1 Headcount by Staff Group

	0 – No Skills	1 – Entry	2 – Foundation	3 – Intermediate	4 – Higher	5 – Proficiency	Not Recorded on ESR	Total
Add Prof Scientific and Technic	142	103	42	22	44	78	1	432
Additional Clinical Services	1,023	584	240	238	232	283	20	2,620
Admin & Clerical	860	701	273	225	178	245	16	2,498
Allied Health Professional	360	179	80	59	65	131	5	879
Estates and Ancillary	498	198	71	53	65	114	42	1,041
Healthcare Scientists	81	45	16	14	24	36	2	218
Medical & Dental	552	106	32	15	7	30	83	825
Nursing & Midwifery Registered	1,679	821	353	288	307	483	82	4,013
Total	5,195	2,737	1,107	914	922	1,400	251	12,526
%	41%	22%	9%	7%	7%	11%	2%	100%

9.2 Leavers – Welsh Language Skills 2025/26

	Primary Headcount	%
Not Recorded / NA	143	13.55%
0 – No Skills / Dim Sgiliau	440	41.71%
1 – Entry / Mynediad	182	17.25%
2 – Foundation / Sylfaen	73	6.92%
3 – Intermediate / Canolradd	60	5.69%
4 – Higher / Uwch	60	5.69%
5 – Proficiency / Hyfedredd	97	9.19%
Total	1,055	100%

9.3 Hires – Welsh Language Skills 2025/26

	Primary Headcount	%
Not Recorded / NA	201	15.27%
0 – No Skills / Dim Sgiliau	617	46.85%
1 – Entry / Mynediad	176	13.36%
2 – Foundation / Sylfaen	84	6.38%
3 – Intermediate / Canolradd	73	5.54%
4 – Higher / Uwch	61	4.63%
5 – Proficiency / Hyfedredd	105	7.97%
Total	1,317	100%

Appendix 2 – Formal Respect and Resolution, Disciplinary and Capability Narrative

Analysis has been undertaken of the equality data for all formal cases in regard to Respect & Resolution, Disciplinary and Capability cases and a summary has been provided in this section.

This analysis indicates an overall increase in activity, consistent with the continued emphasis on encouraging staff to raise concerns and speak up. There were 60 formal disciplinary cases, 71 Respect & Resolution cases, and 5 capability cases recorded in 2025/26.

As in previous years, the Workforce Team continues to promote early resolution and informal approaches, although informal activity is not fully captured corporately. The relatively low number of capability cases (5) should be considered when interpreting trends, as small numbers limit statistical reliability. Overall, the data suggests that case volumes are concentrated within mid-career staff groups, broadly aligning with workforce composition.

The Workforce team continues to encourage a compassionate approach to its processes and where necessary every effort is made to address concerns and conduct issues in an informal manner to encourage learning from events and a compassionate approach to such matters.

Respect and Resolution

The 2025/26 data demonstrates that there is a continued increase in the use of the Respect & Resolution process, indicating a positive cultural shift toward staff feeling more able and willing to raise concerns. Respect and Resolution cases remain the most frequently utilised of the formal employee relations processes, with a total of 71 cases recorded during the reporting period.

The distribution of cases continues to reflect the organisation's workforce profile, with activity concentrated predominantly within mid-career age groups. The highest proportion of cases is observed within the 36–40 age band, with no cases recorded among those aged 20 and under. This pattern suggests that case volumes are largely influenced by workforce composition and the increasing complexity of roles and interpersonal dynamics that can arise as staff progress through their careers, rather than age acting as a determining factor in itself.

A notable feature of the data is the higher proportional involvement of disabled staff within Respect and Resolution cases. Staff with a declared disability, who make up approximately 6.3% of the workforce, account for 15.5% of cases. This trend was present in 2024/25 but is now more clearly defined.

This pattern may reflect a number of factors, including the possibility that disabled staff experience additional workplace barriers or challenges that lead to concerns being raised more frequently. These may relate to working conditions, access to adjustments, or broader aspects of workplace inclusion. It may also indicate a greater likelihood of disabled staff engaging with formal processes where issues arise. Importantly, the data does not indicate that disability is the cause of the concerns raised, and it may reflect a more open culture and improved confidence in raising concerns, but it does highlight the importance of ensuring that inclusive practices and early support mechanisms are consistently applied across the organisation.

In terms of ethnicity, the distribution of Respect and Resolution cases is broadly proportionate to the workforce profile, with the majority of cases involving staff who identify as White. There are no clear or consistent trends indicating disproportionate representation among minority ethnic groups within this process. This suggests that, overall, the Respect and Resolution framework is being accessed in a way that reflects the diversity of the workforce, and there is no indication from the data that ethnicity is a contributing factor in the raising of concerns or in the processes themselves.

From a gender perspective, female staff account for approximately 73% of Respect and Resolution cases. While this appears high in isolation, it is broadly reflective of the overall workforce profile, where the majority of employees are female. The data may also suggest a greater propensity for female staff to engage with formal mechanisms for raising concerns, potentially reflecting differing approaches to conflict resolution or willingness to utilise organisational processes. However, there is no evidence to suggest that gender itself is a significant driver of cases beyond this proportional representation.

Analysis of marital status shows that married staff represent the largest group within Respect and Resolution cases, followed by those who are single. This mirrors the general workforce distribution and does not indicate any disproportionality linked to marital status. Similarly, there are no discernible trends in relation to religion and belief or sexual orientation, with case distribution broadly aligned to workforce demographics and no evidence that these characteristics have contributed to the concerns raised.

Overall, the Respect and Resolution data suggests that while most characteristics are proportionately represented, the higher involvement of disabled staff warrants ongoing attention. This should be considered within the wider context of workplace experience and the need to ensure that organisational practices are inclusive and responsive to individual needs.

Disciplinary

The number of disciplinary cases in 2025/26 (60 cases) shows broad consistency with the previous year, suggesting that the use of formal disciplinary processes remains stable. Thus indicating that there has been no significant escalation in conduct-related issues, and that thresholds for entering formal disciplinary processes have remained consistent. This stability is generally a positive indicator, reflecting controlled and proportionate use of formal procedures within the organisation.

The distribution of cases demonstrates a similar pattern to Respect and Resolution, with activity concentrated within mid- to late-career age groups. The highest proportion of cases is observed within the 51–55 age band, although overall the spread of cases reflects the workforce age profile. As with previous years, there is no evidence of a significant or consistent age-related disproportionality.

As with Respect and Resolution, disabled staff are proportionately more represented within disciplinary cases, accounting for 10% of cases compared to approximately 6.3% of the workforce i.e. 6 cases of the 60 raised. This overrepresentation is likely to be influenced by a combination of factors, including the impact of long-term health conditions on attendance and performance, as well as the increased level of engagement with formal organisational processes that disabled staff may experience. It may also reflect situations where earlier intervention or adjustments could have mitigated the escalation of issues. The data does not suggest that disability itself is a causal factor in conduct-related issues and given in context we should not be alarmed rather be mindful of this trend and reinforce the importance of consistent and proactive support.

Ethnicity data indicates that the majority of disciplinary cases involve staff who identify as White, which is consistent with overall workforce composition. However, there are some indications of slight overrepresentation among Black and Mixed ethnicity staff when compared to their respective proportions within the workforce. While these differences are based on relatively small numbers, they highlight an area that would benefit from continued monitoring to determine whether this represents an emerging trend or statistical variation. When considered alongside wider workforce data, including recruitment and contract patterns, it may reflect broader structural factors rather than issues directly related to the disciplinary process itself.

The gender profile of disciplinary cases shows a more balanced distribution than that seen in Respect and Resolution, with approximately 57% of cases involving female staff and 43% involving male staff. Given the predominantly female workforce, this suggests that male staff may be proportionately more represented within disciplinary processes, although the difference is not substantial. This may reflect differences in role types, working environments, or exposure to situations that give rise to conduct-related issues, rather than any systemic bias in the application of processes.

Marital status within disciplinary cases shows that single staff represent the largest group, followed by married staff, which again reflects the underlying workforce profile. There is no evidence of any disproportionate impact associated with marital status. Similarly, the distribution of cases across religion and belief and sexual orientation aligns with workforce demographics, with no clear trends indicating unequal treatment or impact.

In summary, disciplinary cases in 2025/26 are broadly proportionate across most characteristics, although the data highlights areas, particularly disability and some aspects of ethnicity, where continued monitoring and further qualitative understanding would be beneficial.

Capability

Capability cases remain very low in number, with only five formal cases recorded during 2025/26. and this stability is itself a positive indicator, suggesting that formal performance management processes are used only where necessary.

Given the low numbers recorded any analysis must be treated with caution, as small numbers can significantly distort proportional representation and limit the ability to draw firm conclusions.

The age profile of capability cases shows a concentration within the 51–55 age group, which may reflect the intersection of longer service, cumulative workplace demands, and the potential impact of health conditions over time. However, given the small number of cases, this does not constitute a definitive trend.

The most notable feature of the capability data is the high proportion of cases involving disabled staff, with four of the five recorded cases relating to individuals with a declared disability. While this appears disproportionately high, it is important to recognise that this reflects a very small number of individuals. The pattern is likely to be influenced by the relationship between long-term health conditions and sustained performance, as well as the extent to which appropriate adjustments and support mechanisms are in place. It may also indicate opportunities to strengthen early intervention and ensure that managers are effectively supported to manage performance in the context of disability.

Ethnicity data suggests that the majority of capability cases involve White staff, with a smaller proportion involving Asian staff. While this represents a higher proportional involvement for Asian staff compared to their workforce representation, the very small number of cases means that this finding cannot be considered statistically reliable and should instead be viewed as a prompt for continued observation over time.

The gender distribution indicates that the majority of cases involve female staff, which is consistent with the overall workforce profile. Similarly, marital status data shows that most individuals involved are married, again reflecting the broader workforce demographic rather than indicating any causal relationship.

There are no discernible patterns in relation to religion and belief or sexual orientation within capability cases, although again this is influenced by the very small dataset.

Overall, the capability data does not indicate systemic inequality but does highlight areas where further qualitative analysis would be valuable. In particular, the interaction between disability, health, and performance management requires careful consideration to ensure that processes remain supportive, fair, and focused on enabling staff to succeed.

Overall Position

Across all three processes, the 2025/26 data indicates that most demographic groups are represented in a way that broadly reflects workforce composition. Variations that do exist, particularly in relation to disability and, to a lesser extent, ethnicity, appear to reflect the interaction between workforce characteristics and organisational processes rather than clear evidence of inequity. The data reinforces the importance of continued monitoring, alongside deeper qualitative exploration, to ensure that any emerging themes are understood and addressed appropriately.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

www.hywelddahb.wales.nhs.uk

Pay Gap Report for Disability, Ethnicity & Gender

Reporting Period 01 April 2025 - 31 March 2026

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Introduction

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce.

We are working hard to create an inclusive and compassionate culture and to ensure that equality is considered throughout the employee life cycle.

This report provides an overview of our data but should be read alongside our Strategic Equality Plan Annual Report which includes information on the actions that we have taken to promote diversity and inclusion in the workplace.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 06 April 2017 and requires employers with more than 250 employees to publish annual data on their gender pay gap. Although public sector organisations in Wales are exempt from these regulations, NHS Wales has agreed to work to publish its own gender pay data in line with the regulations using reports designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI).

Alongside our Gender Pay Gap, we are publishing our Ethnicity and Disability Pay Gap. Hywel Dda University Health Board is committed to ensuring that our pay practices are transparent, fair and equitable. It should be noted that the data within this report is based on staff who have earned money during the reporting period. The figures may vary from those reported within the Workforce Equality Data chapter of our Strategic Equality Plan Annual Report which includes staff engaged as workers and employees and will include bank and locum staff.

What is the Pay Gap?

The pay gap is the difference in average earnings between group of colleagues within the organisation, regardless of what role they are in.

The pay gap is useful in measuring pay equality due to its simple calculation; however, it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age.

We aim to look at the pay differences between men and women, our Black, Asian & Minority Ethnic and white colleagues, and those identified as having a disability and those who do not.

Gathering the Information

The following data was produced using the ESRBI report. The report includes all employees (those with a contract of employment) who have earned money in the reporting period whereby an hourly rate can be calculated. Agency workers and contracted staff are excluded from the report on the basis that they will form part of the headcount of the agency/company that provides them, and not the employer to which they are on assignment.

All pay gap data provided in this report was obtained through the national Pay Gap dashboards via the ESR Business Intelligence report as of 31 March 2026. The data includes staff on Agenda for Change, staff on non-Agenda for Change terms and conditions. Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

Agenda for Change and Medical and Dental pay evaluation ensures that jobs are evaluated and not the post holder. Some of our employees are appointed on a fixed rate salary such as our apprentices, whilst other staff groups are employed on a band which includes salary progression through a national scale.

Regulatory Requirements for Gender Pay Gap

According to the Regulations, this report presents the following:

1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Proportion of males/females when divided into four groups, ordered from lowest to highest pay
4. Average bonus gender pay gap as a mean average
5. Average bonus gender pay gap as a median average
6. Proportion (ratio) of males/females receiving a bonus payment

Gender Pay Gap

Our Workforce

The calculations used within this report are based on a total of 12,211 employees as at 31 March 2026. Analysis of our internal equality data indicates our gender split is:

79%
Female
Employees (9,625)

21%
Male
Employees (2,586)

Rates of Pay

The gender pay gap is defined as the difference between the mean or median hourly rate of pay of females and males.

The mean gender pay gap is the difference between the average hourly earnings of females and males.

Gender	Ave Hourly Rate
Male	**£27.98**
Female	**£21.42**
Difference	**£6.56**
Pay Gap %	**23.45%**

The average hourly rate of pay is calculated from a specific pay period, in this case March 2026. The hourly rate is calculated for each employee based on 'ordinary pay', which includes basic pay and allowances such as unsocial enhancements.

The figures above shows that the mean hourly rate for a male is £27.98 compared to £21.42 for female staff members; males received on average £6.56/hour more than females, a pay gap as a mean average of 23.45% (the 2025 figure was 22.33%).

The median hourly pay gap is the difference between the midpoints in the ranges of hourly earnings between men and women and excludes payments of overtime but includes enhancements for shifts and weekend working.

Gender	Ave Hourly Rate
Male	**£21.19**
Female	**£19.62**
Difference	**£1.57**
Pay Gap %	**7.42%**

As a median average, males received £1.57/hour more than females, a pay gap at a median of 7.42% (the 2025 figure was 6.64%).

Yearly Comparison of our Mean Gender Pay Gap

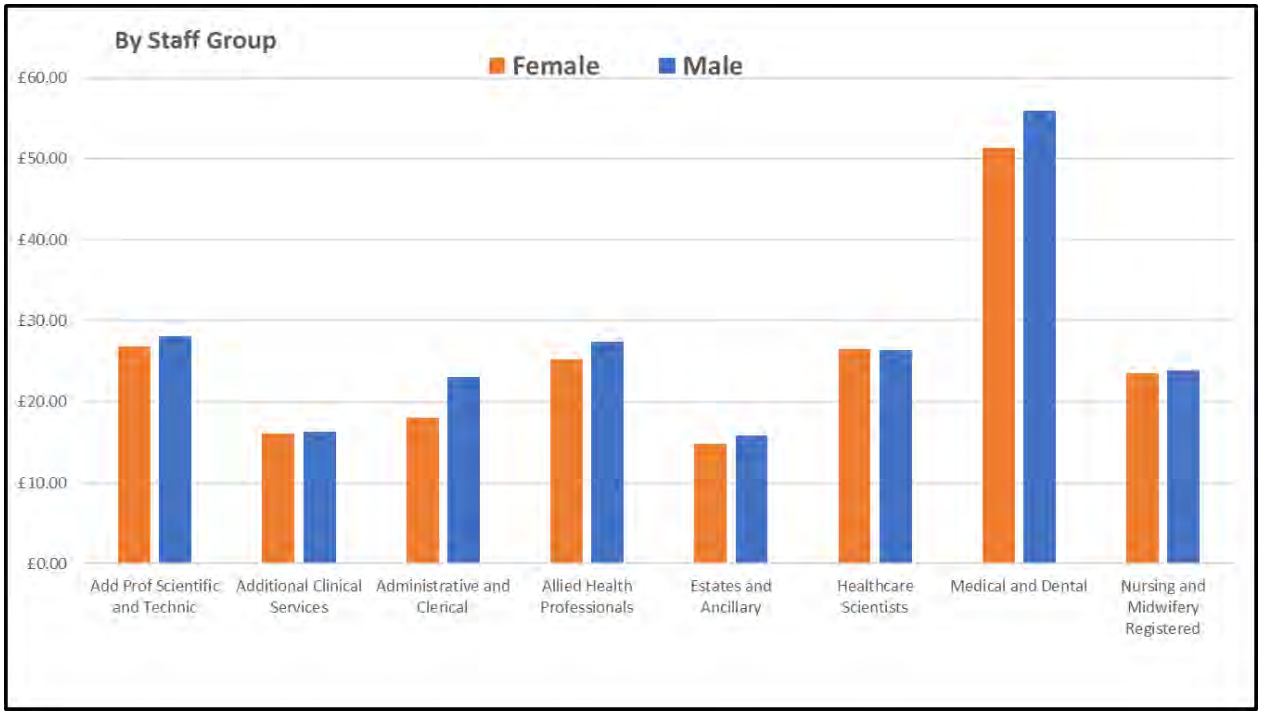
Our first Gender Pay Gap report was published in 2018, where there was a difference of 22.88% between the average earnings of male and females. Since then, we have seen fluctuations in the gender pay gap with the lowest mean pay gap reported in 2021 (17.6%). In 2026, the percentage mean pay gap has risen 1.12% since 2025 and is currently 23.45%.

	Average Hourly Rate			
Year	**Male**	**Female**	**Difference**	**% Pay Gap**
2018	£19.86	£15.12	£4.74	22.88%
2019	£20.09	£15.48	£4.61	22.90%
2020	£21.06	£15.87	£5.19	24.65%
2021	£20.63	£17.01	£3.62	17.60%
2022	£21.67	£17.56	£4.11	18.95%
2023	£22.49	£17.49	£5.00	22.24%
2024	£23.89	£18.85	£5.04	21.11%
2025	£26.06	£20.24	£5.82	22.33%
2026	£27.98	£21.42	£6.56	23.45%

Our median pay gap has also fluctuated since 2018 with the lowest pay gap reported in 2021 at 0.69%. In 2026 the median pay gap is currently 7.42%. which is a 0.78% increase since 2025 but a 0.22% decrease since 2018.

	Median Hourly Rate			
Year	Male	Female	Difference	% Pay Gap
2018	£14.70	£13.58	£1.12	7.64%
2019	£15.24	£13.96	£1.27	8.37%
2020	£16.54	£14.45	£2.09	12.64%
2021	£15.66	£15.55	£0.11	0.69%
2022	£16.27	£16.13	£0.14	0.86%
2023	£17.12	£15.89	£1.23	7.20%
2024	£18.37	£17.37	£1.00	5.46%
2025	£20.28	£18.94	£1.35	6.64%
2026	£21.19	£19.62	£1.57	7.42%

By Staff Group



Males have a higher average hourly rate in all the staff groups except Healthcare Scientists:

- Additional Professional Scientific and Technical
- Admin and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Medical and Dental
- Nursing and Midwifery
- Additional Clinical Services

Administration and Clerical have the highest percentage gender pay gap of 21.73% (£5.01 per hour), followed by Medical and Dental with a pay gap of 8.21% (£4.59 per hour).

The pay gap for Allied Healthcare Professionals fell again from 9.98% last year to 7.98% this year (£2.19 per hour).

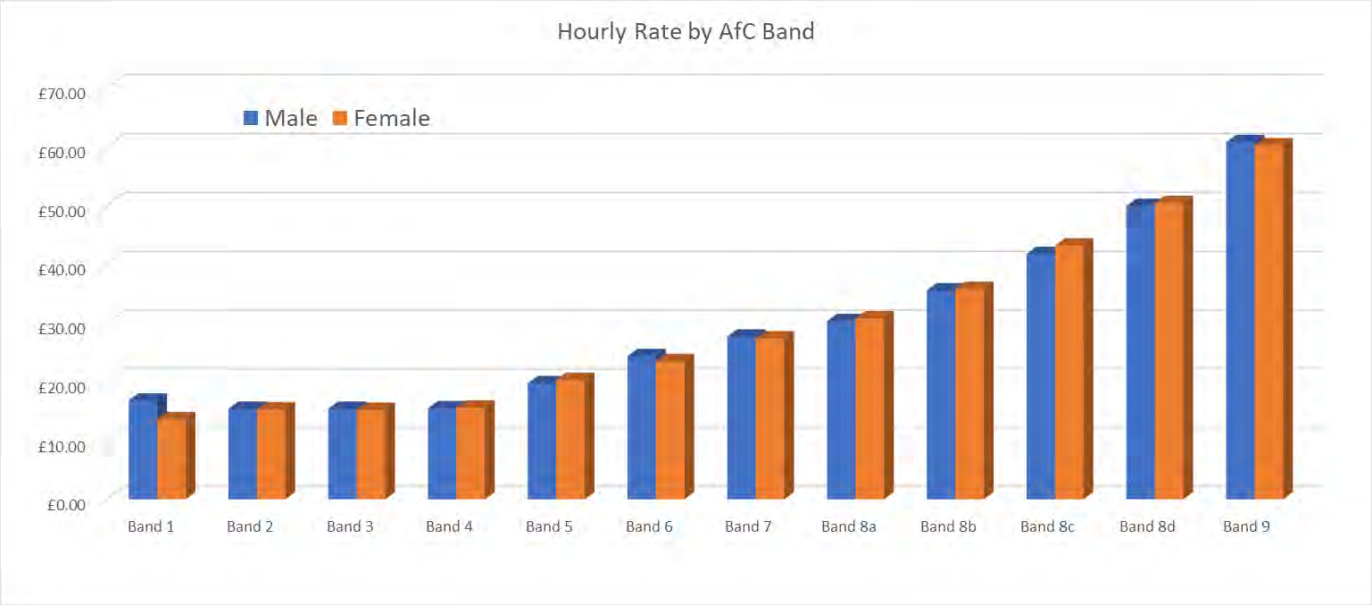
The male average hourly rate for Medical and Dental was £4.59 higher than females (the 2025 figure was £1.54). This is an average hourly pay gap of 8.21%, which is higher than the previous year (the figure was 3.04%).

By pay band

This is the third year that we have provided gender pay gap data by Agenda for Change (AfC) pay bands, showing that:

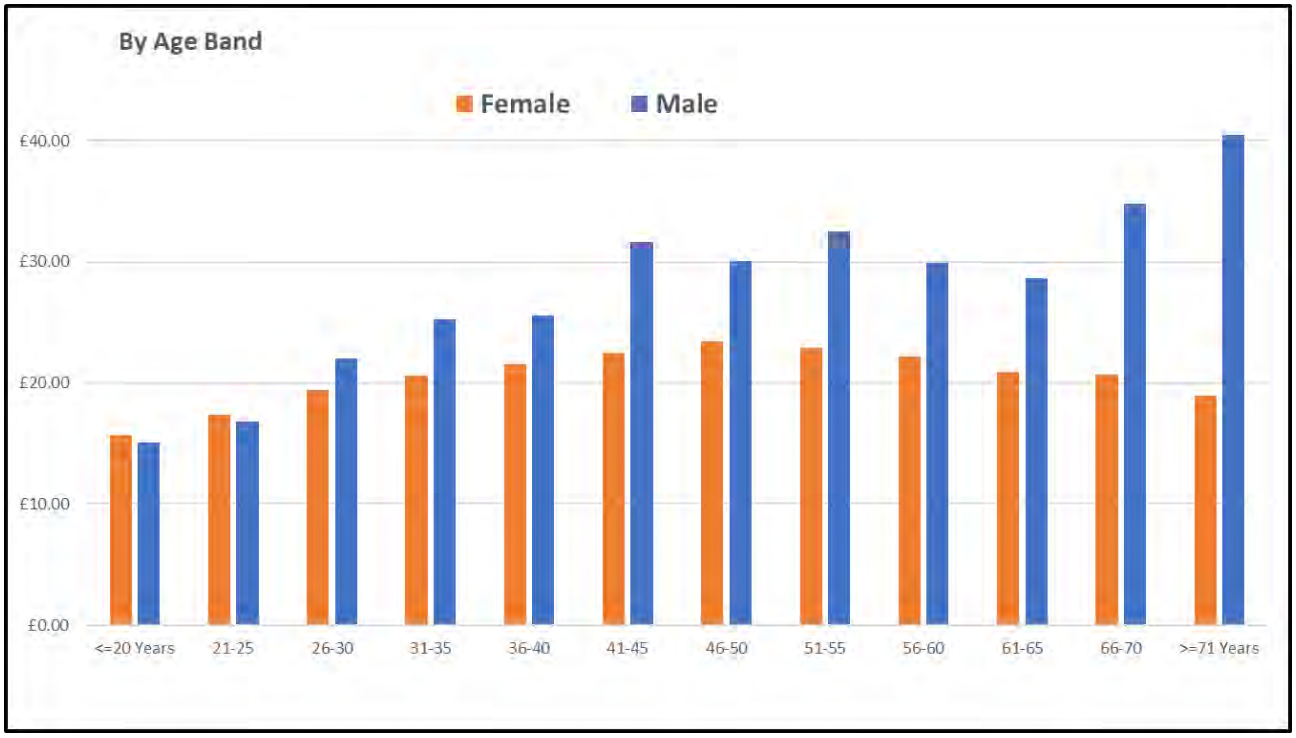
Males have a higher hourly rate than females for AfC pay bands 1-3, 6-7 and band 9, where the highest difference is band 1 at 18.86%, band 6 at 3.40% and band 7 at 1.13%.

Females have a higher average hourly rate than males for bands 4-5, & 8a – 8d, where the highest difference is band 8c with a negative pay gap of -3.49% & band 5 at -2.89%.



Pay Band	Male	Female	Difference	Gap
Band 1	£16.78	£13.62	£3.16	18.86%
Band 2	£15.38	£15.30	£0.09	0.56%
Band 3	£15.38	£15.21	£0.17	1.10%
Band 4	£15.47	£15.59	-£0.12	-0.77%
Band 5	£19.72	£20.29	-£0.57	-2.89%
Band 6	£24.34	£23.51	£0.83	3.40%
Band 7	£27.67	£27.36	£0.31	1.13%
Band 8a	£30.29	£30.77	-£0.48	-1.58%
Band 8b	£35.51	£35.76	-£0.26	-0.72%
Band 8c	£41.71	£43.16	-£1.45	-3.49%
Band 8d	£49.88	£50.37	-£0.48	-0.97%
Band 9	£60.72	£60.20	£0.53	0.87%

By Age Band



Females aged 25 years of age and under have a higher average hourly rate than males of the same age. In other age bands, males have a higher average hourly rate than females of the same age.

There is a pay gap of 53.12% (£21.48 per hour) for those aged 71 years and over, and a pay gap of 40.69% (£14.17 per hour) for those aged 66 - 70 years old.

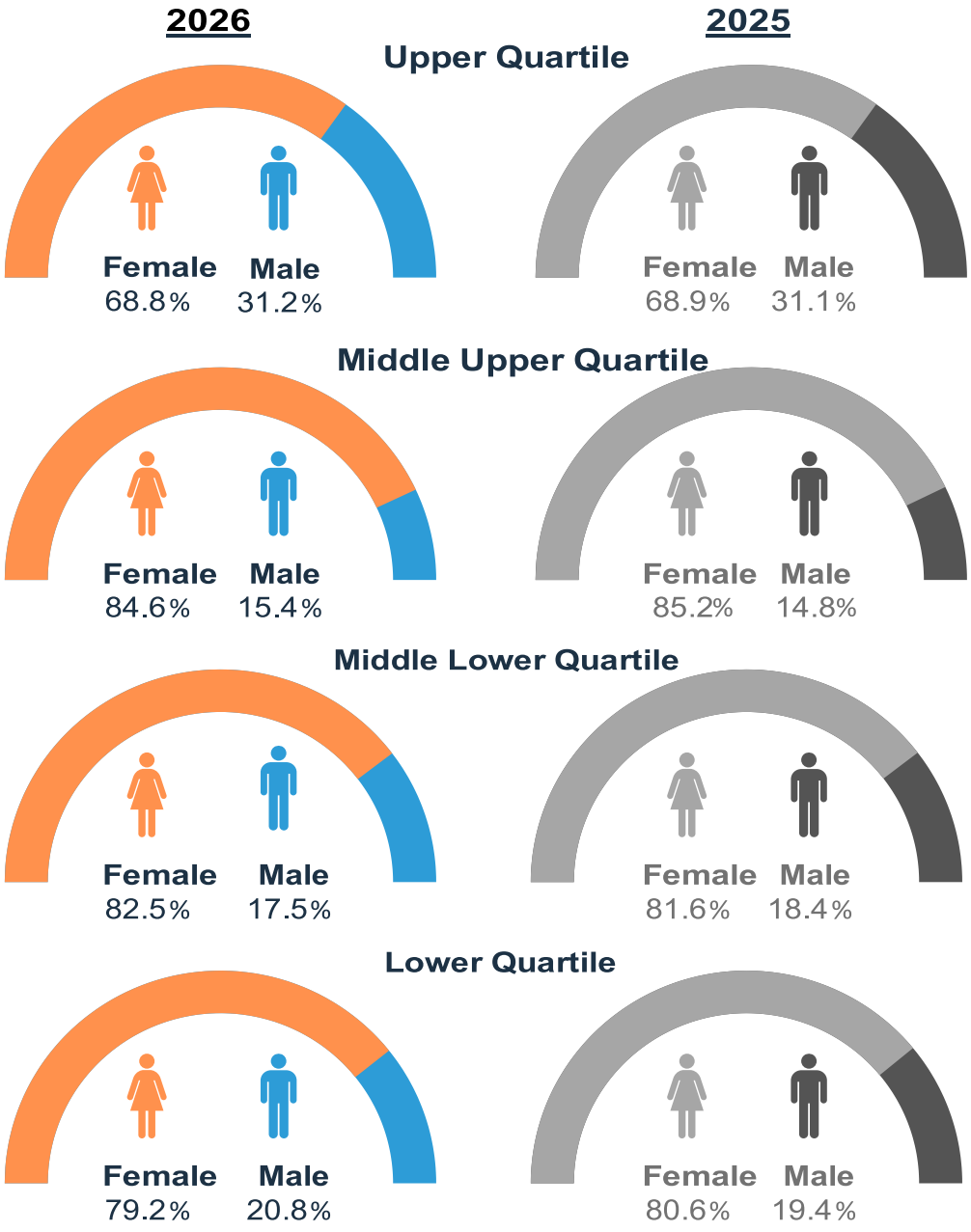
Pay Quartiles

Quartiles are calculated by ranking pay for all colleagues from lowest to highest, and splitting into four groups, showing the percentage of males and females in each group.

Quartile	Hourly Rate Range (from)	Hourly Rate Range (to)
Upper	£25.58	and over
Middle Upper	£19.65	£25.58
Middle Lower	£15.66	£19.64
Lower	up to	£15.66

Pay Quartiles Split

The infographics below shows the proportion of males and females divided into four pay band quartiles.



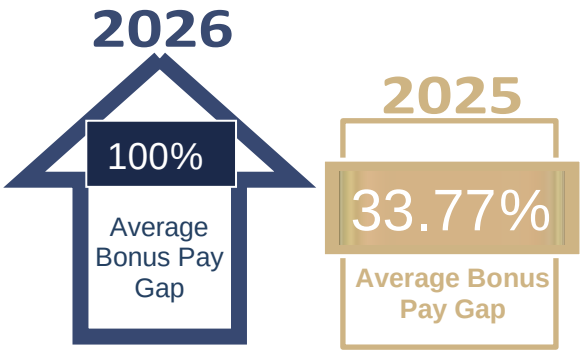
Females were over-represented in the middle two quartiles (83% and 85%) and underrepresented in the upper quartile (69%), compared to the proportion of women in the workforce (79%).

Bonus Payments

Consultants receive payments called ‘Clinical Excellence Awards’. Although contractually these are classed as a bonus.

£0
Average Bonus Pay for Female employees

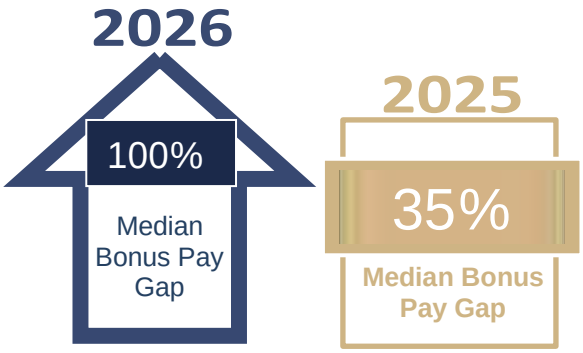
£15,500.00
Average Bonus Pay for Male employees



Male bonus pay as an average was £15,500.00 higher than females (2025 was £1,378.44). This equates to a 100% average bonus pay gap, which is higher than the previous year, although the numbers involved are now extremely small.

£0
Median Bonus Pay for Female employees

£15,500.00
Median Bonus Pay for Male employees



Male median bonus pay was £15,500.50 higher than females (2025 was £1458.61). This equates to a 100% median bonus pay gap, which is higher than the previous year, although the numbers involved are now extremely small.

Staff Receiving a Bonus

0%
Female employees
Received bonus payment
compared to 0.46% in 2025

0.07%
Male employees
Received bonus payment
compared to 3.98% in 2025

0.01%
Overall Workforce
Received bonus payment
compared to 1.19% in 2025

Disability Pay Gap

Yearly Comparison of our Mean Disability Pay Gap

This is the fifth year that we are voluntarily publishing our information on our disability pay gap. This helps us to be more open and transparent about our people. Although not required, reporting pay differences between disabled and non-disabled colleagues is encouraged as a means of improving inclusion and to tackle inequality in the workplace.

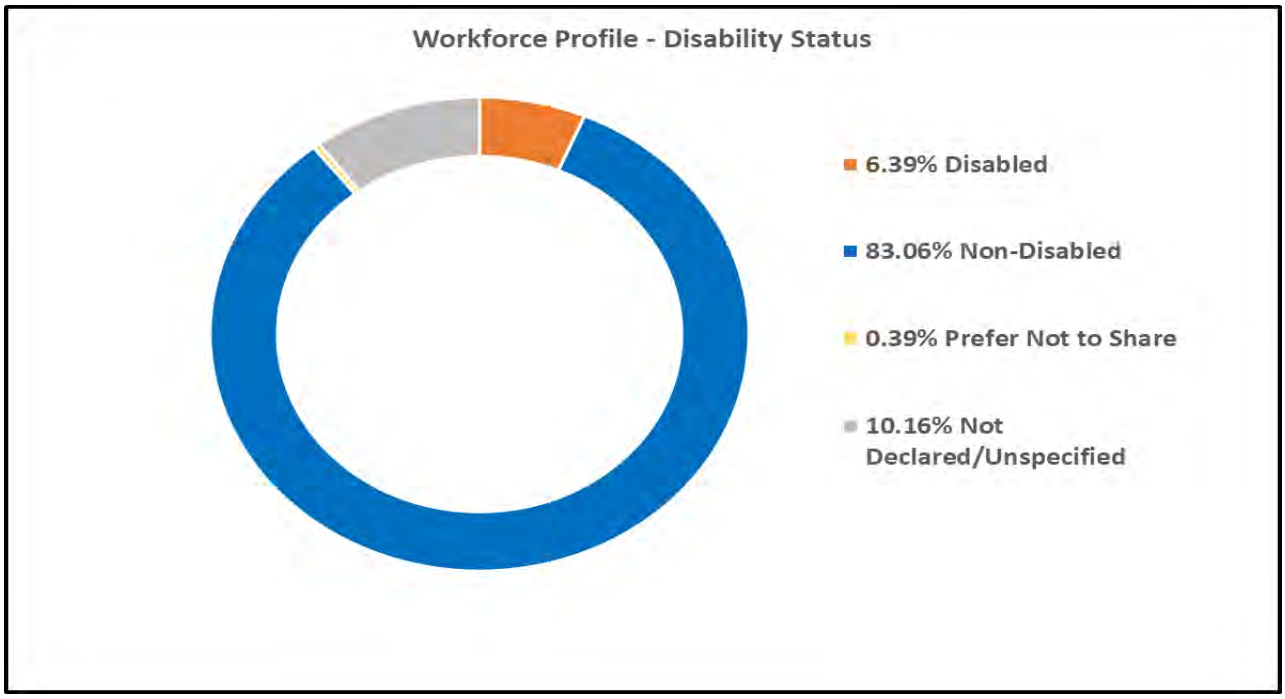
Over the past five years, the average and median disability pay gap has been:

	Average Hourly Rate			
Year	Non-Disabled	Disabled	Difference	% Pay Gap
2022	£18.05	£16.76	£1.29	7.15%
2023	£18.22	£16.78	£1.44	7.90%
2024	£19.69	£18.09	£1.60	8.13%
2025	£21.34	£19.55	£1.79	8.39%
2026	£22.61	£20.56	£2.05	9.07%

	Median Hourly Rate			
Year	Non-Disabled	Disabled	Difference	% Pay Gap
2022	£16.03	£15.07	£0.96	5.99%
2023	£16.05	£16.09	-£0.04	-0.25%
2024	£17.80	£17.17	£0.63	3.54%
2025	£18.94	£18.85	£0.09	0.48%
2026	£19.64	£19.62	£0.02	0.10%

We hope that publishing these reports will also encourage more people to share their disability information in order for us to better understand our workforce and remove barriers that may be impacting their day-to-day lives.

According to the Office for National Statistics, around 21.1% of people in Wales and the Hywel Dda area have some form of disability that affects their daily lives. Analysis of our internal equality data indicates our workforce profile as:



The 6.39% disabled percentage represents 780 staff, and the 85.01% non-disabled percentage represents 10,142 staff.

6.39% of our workforce have shared with us that they have a disability, which is considerably lower than the percentage of disabled people in Wales and the Hywel Dda area (21.1%), however it is an increase on 5.53% of our workforce in 2025 and 4.45% in 2024.

The percentage of people that preferred not to share this information was 0.39%, which is a decrease since last year (0.42%).

10.16% of people have not declared this information on ESR, which is a decrease since last year (11.22%) and is better than the NHS Wales average of 15.6%.
The above indicates a growing confidence in sharing this information.

To get a more accurate understanding of our disability pay gap, we need more colleagues to share their diversity data and this continues to be an organisational aim. As a result, our pay gap is likely to fluctuate as more people share this information.

Rates of Pay

The mean disability pay gap is defined as the difference between the average hourly rate of pay of our disabled and non-disabled colleagues.

Disability	Ave Hourly Rate
Non-Disabled	£22.61
Disabled	£20.56
Difference	£2.05
Pay Gap %	**9.07%**

The average hourly rate of pay is calculated from a specific pay period, in this case March 2026. The hourly rate is calculated for each employee based on 'ordinary pay', which includes basic pay and allowances such as unsocial enhancements.

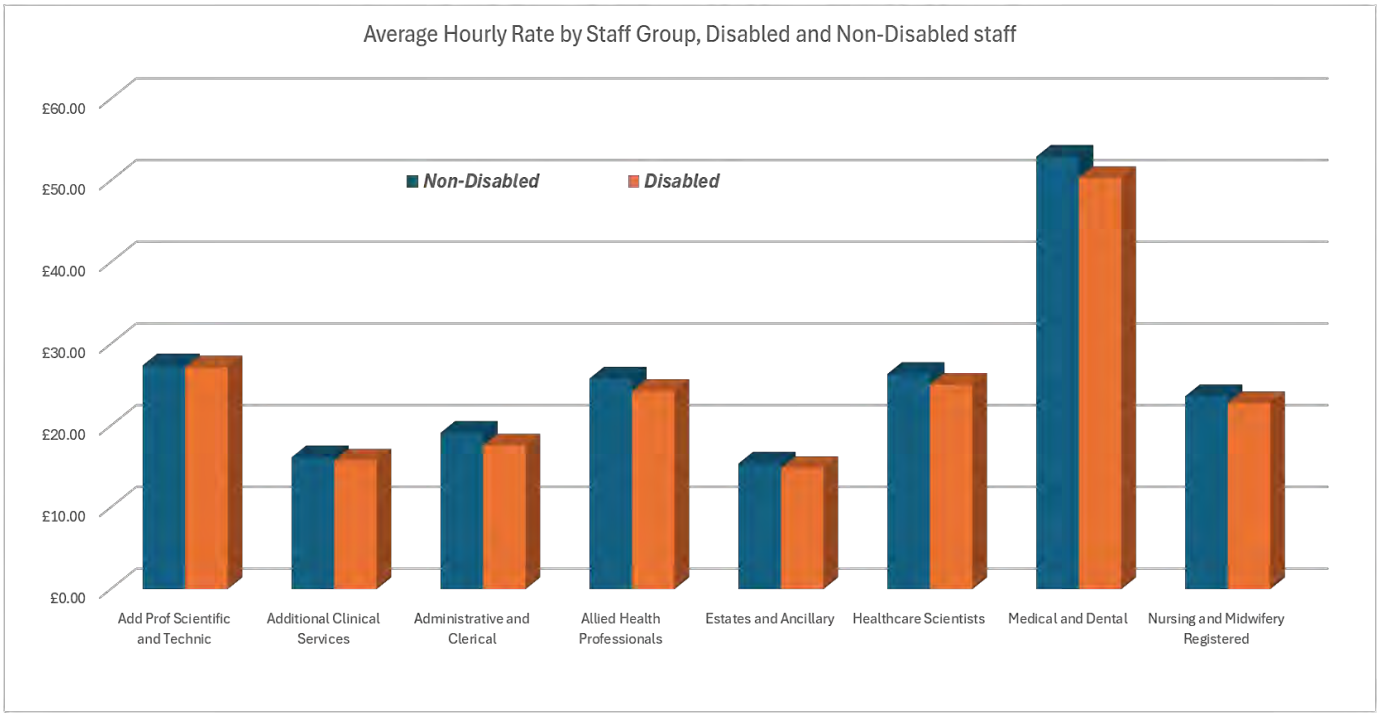
The figures above shows that the mean hourly rate for colleagues identifying as having a disability is £20.56 compared to £22.61 for non-disabled colleagues; our colleagues identifying as having a disability received on average £2.05/hour less than non-disabled colleagues, a pay gap as a mean average of 9.07%.

The split by gender was:

Male	Ave Hourly Rate
Non-Disabled	£27.38
Disabled	£20.75
Difference	£6.63
Pay Gap %	**24.21%**

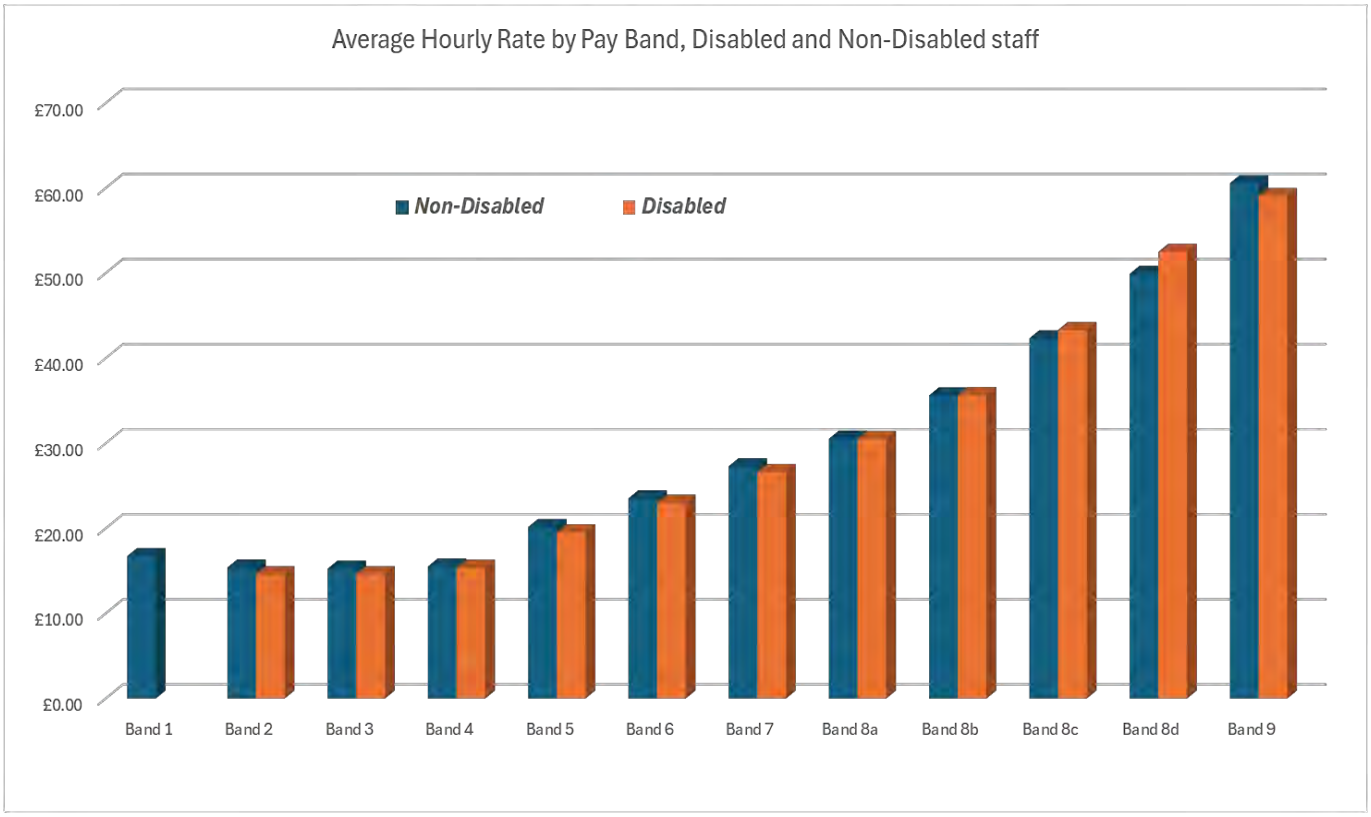
Female	Ave Hourly Rate
Non-Disabled	£21.38
Disabled	£20.51
Difference	£0.87
Pay Gap %	**4.07%**

By Staff Group



Further analysis of the information by staff group has highlighted that non-disabled staff have a higher average hourly rate of pay in all staff groups.

By Pay Band



Further analysis of the information by AfC pay bands shows that disabled staff have a higher average hourly rate of pay than non-disabled staff in bands 8c and 8d. For all other bands non-disabled staff have a higher average hourly rate of pay. It should also be noted that there are no disabled staff at band 1.

Pay Quartiles

Quartiles are calculated by ranking pay for all colleagues from lowest to highest, and splitting into four groups, showing the percentage of disabled staff and non-disabled staff in each group. The percentage of staff by disability in each of the quartiles is:

	Disabled?			
Quartile	**No**	**Not Declared / Unspecified**	**Prefer Not To Answer**	**Yes**
Lower	83.2%	8.7%	0.4%	7.6%
Middle Lower	82.9%	10.4%	0.4%	6.3%
Middle Upper	83.3%	9.3%	0.3%	7.1%
Upper	82.8%	12.1%	0.5%	4.6%

Ethnicity Pay Gap

Yearly Comparison of our Mean Ethnicity Pay Gap

This is the fifth year that we are voluntarily publishing our information on our ethnicity pay gap. This helps us to be more open and transparent about our people. Although not required, reporting pay differences between Black, Asian & Minority Ethnic and White colleagues is encouraged as a means of improving inclusion and to tackle inequality in the workplace.

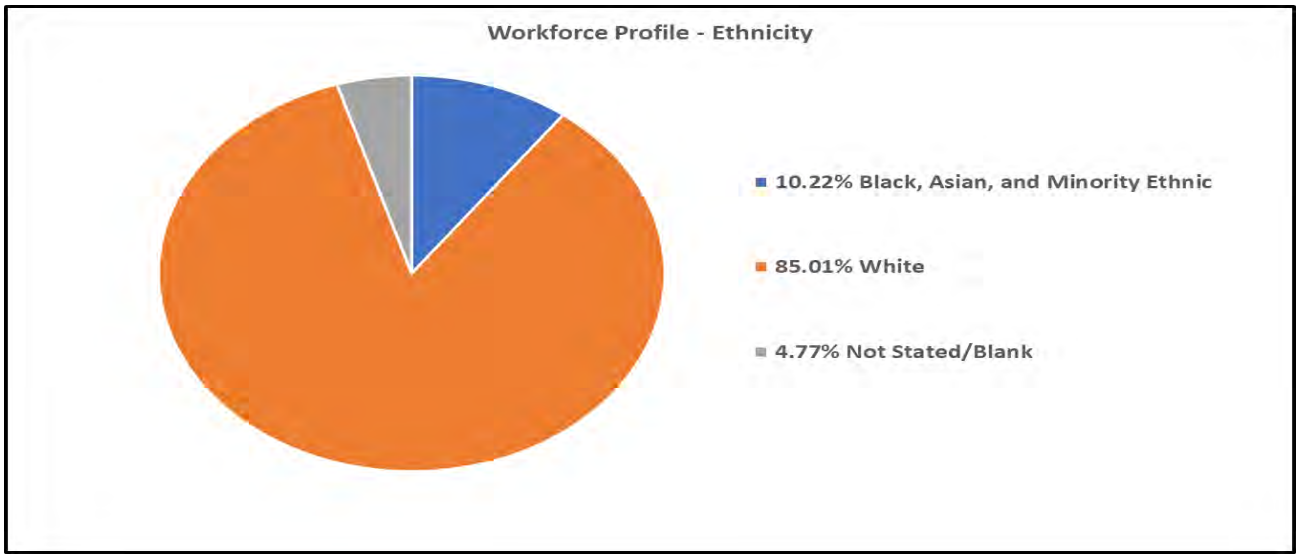
Over the past five years, the average and median ethnicity pay gap has been:

	Average Hourly Rate			
Year	White	Black, Asian & Minority Ethnic	Difference	% Pay Gap
2022	£17.63	£28.01	-£10.38	-58.88%
2023	£17.76	£26.62	-£8.86	-49.89%
2024	£19.10	£27.61	-£8.51	-44.55%
2025	£20.44	£28.89	-£8.45	-41.34%
2026	£21.57	£30.63	-£9.06	-42.00%

	Median Hourly Rate			
Year	White	Black, Asian & Minority Ethnic	Difference	% Pay Gap
2022	£15.53	£24.07	-£8.54	-54.99%
2023	£15.58	£21.53	-£5.95	-38.19%
2024	£17.00	£22.64	-£5.64	-33.18%
2025	£18.62	£22.26	-£3.64	-19.55%
2026	£19.62	£23.37	-£3.75	-19.11%

We hope that publishing these reports will also encourage more people to share their ethnicity information in order for us to better understand our workforce and remove barriers that may be impacting their day-to-day lives.

According to the Office for National Statistics, 6.2% of the population of Wales and around 2.79% of the Hywel Dda population identify as being from a Black, Asian and Minority Ethnic background. Analysis of our internal equality data indicates our workforce profile as:



The 10.22% Black Asian and Minority Ethnic percentage represents 1,248 staff, and the 85.01% white percentage represents 10,380 staff.

10.22% of our workforce identify as being from a Black, Asian and Minority Ethnic background, which is significantly higher than the percentage of the Hywel Dda population (2.79%) and is also an increase on 9.41% reported last year and 7.81% the previous year showing a steady increase in the diversity of our workforce.

4.77% of employees have not provided this information on ESR or have left this section blank. This is a decrease from 4.9% last year and 4.94% the previous year indicating an increasing confidence in sharing this information. It is also significantly less than the NHS Wales average for ethnicity information not recorded (9.8%).

To get a more accurate understanding of our ethnicity pay gap, we need more colleagues to share their diversity data and this continues to be an organisational aim. As a result, our pay gap is likely to fluctuate as more people share this information.

Rates of Pay

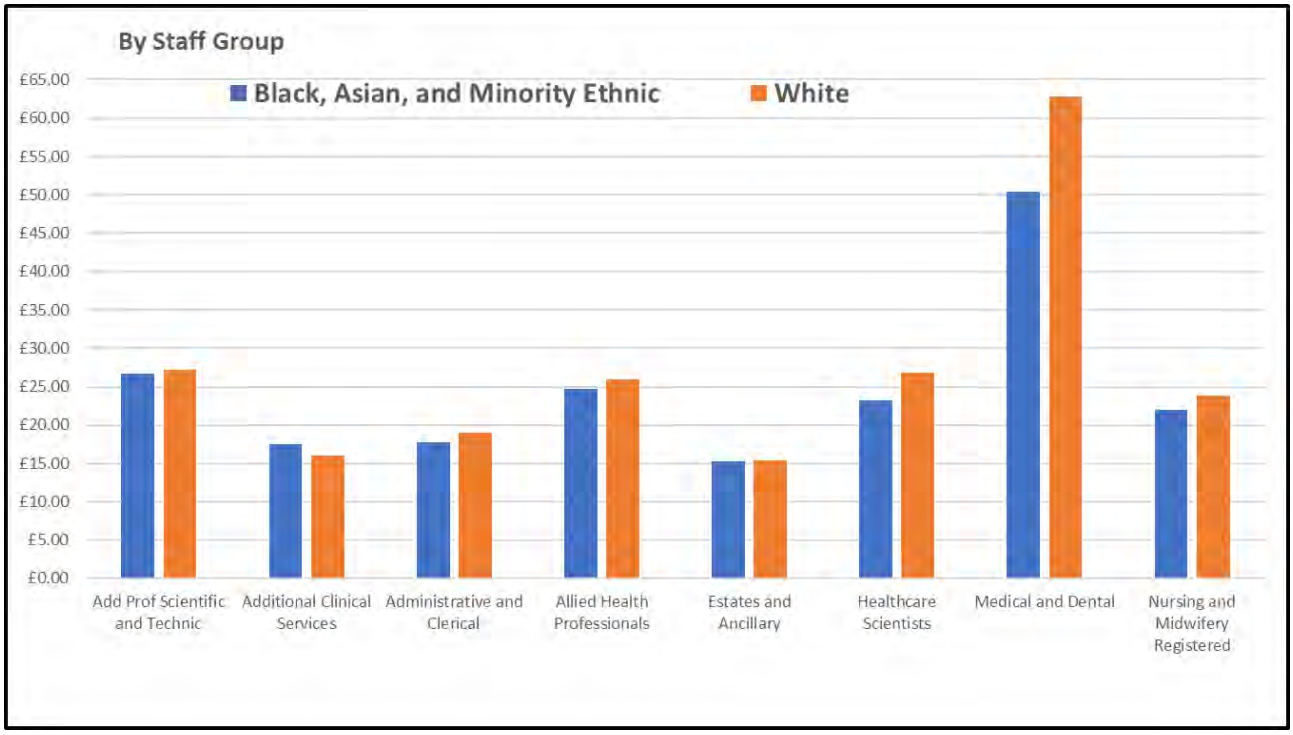
The mean ethnicity pay gap is defined as the difference between the average hourly rate of pay of our Black, Asian & Minority Ethnic and white colleagues.

Ethnicity	Ave Hourly Rate
White	£21.57
Black, Asian, and Minority Ethnic	£30.63
Difference	-£9.06
Pay Gap %	**-42.00%**

The average hourly rate of pay is calculated from a specific pay period, in this case March 2026. The hourly rate is calculated for each employee based on ‘ordinary pay’, which includes basic pay and allowances such as unsocial enhancements.

The figures above show that the mean hourly rate for our Black, Asian & Minority Ethnic colleagues is £30.63 compared to £21.57 for white colleagues; our Black, Asian & Minority Ethnic colleagues received on average £9.06/hour more than white colleagues, a negative pay gap as a mean average of -42.00%. However, it is important to note that while the pay gap is useful in measuring pay equality, it is calculated using average hourly rates and it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. As you will see demonstrated by the data below, while there will be Black, Asian & Minority Ethnic colleagues who have a higher hourly rate, which increases the average overall, for most staff groups, white colleagues earn more than our Black, Asian & Minority Ethnic colleagues.

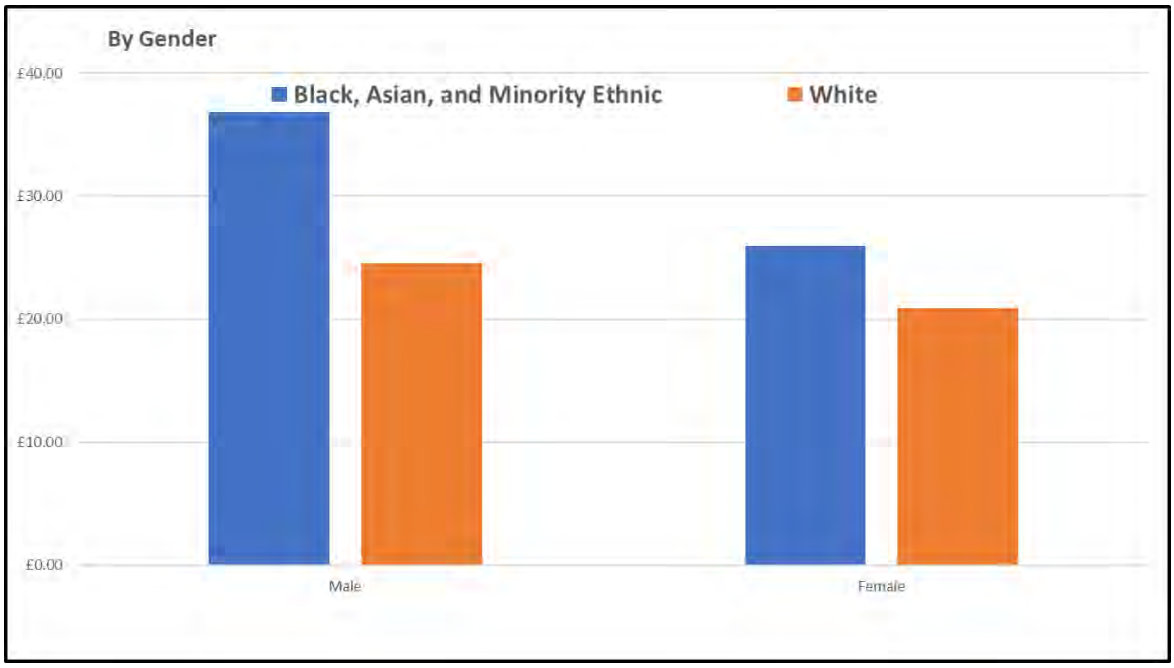
By Staff Group



Further analysis of the information by staff group has highlighted that there is a negative pay gap for Black, Asian & Minority Ethnic colleagues working in Additional Clinical Services. This means that Black, Asian & Minority Ethnic colleagues within this staff group earn more than white colleagues.

In all other staff groups there is a pay gap whereby white colleagues earn more than our Black, Asian & Minority Ethnic colleagues. This is most significant in the Medical and Dental staff group with a pay gap of £12.36 per hour (19.68%).

By Gender



The figures show that the mean hourly rate for our Black, Asian & Minority Ethnic male colleagues is £36.85 compared to £24.55 for white male colleagues; our Black, Asian & Minority Ethnic male colleagues received on average £12.30/hour more than white male colleagues, a negative pay gap as a mean average of -50.10%.

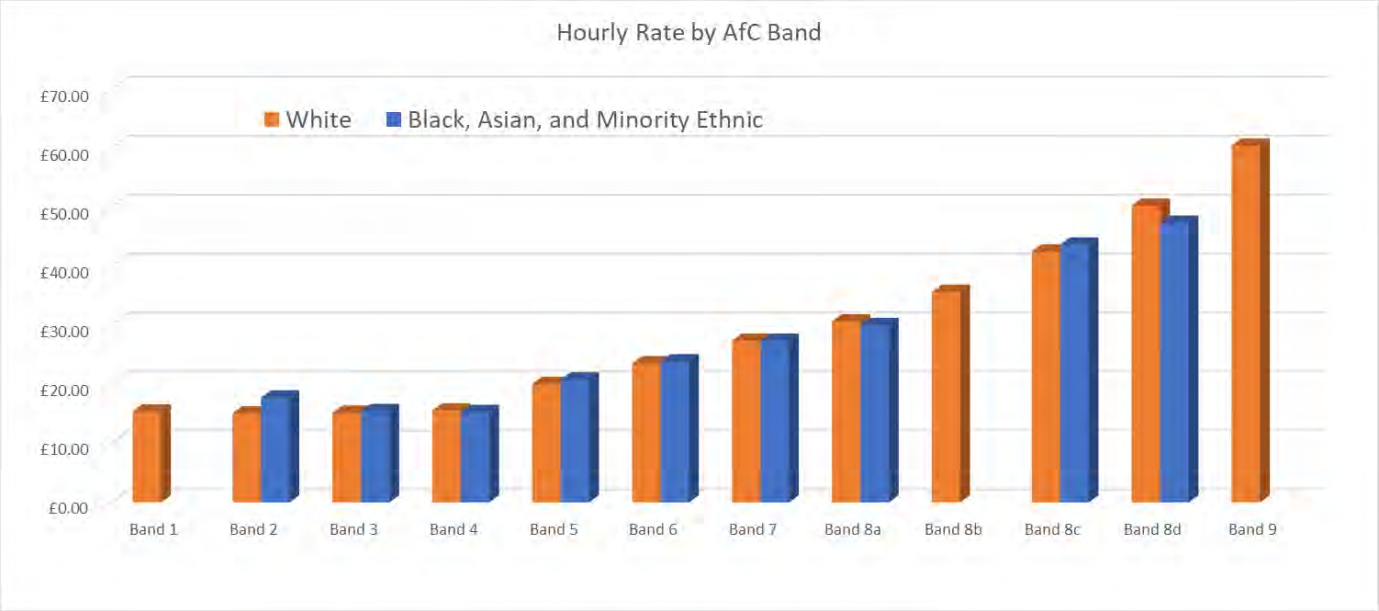
The mean hourly rate for our Black, Asian & Minority Ethnic female colleagues is £25.96 compared to £20.91 for white female colleagues; our Black, Asian & Minority Ethnic female colleagues received on average £5.05/hour more than white female colleagues, a negative pay gap as a mean average of -24.15%.

By Pay Band

This is the third year that we have provided ethnicity pay gap data by Agenda for Change (AfC) pay bands, showing that:

The AfC pay bands where Black, Asian & Minority Ethnic colleagues have a lower average hourly rate than their white colleagues are band 4 (1.65%), band 7 (0.04%), band 8a (1.96%) and Band 8d (5.78%) and the highest gap is seen for band 8d (5.78%). The highest negative pay gap, where Black, Asian & Minority Ethnic colleagues have a higher average hourly rate than their white colleagues is for band 2 with a negative pay gap of –17.70%.

It should also be noted that there are no Black, Asian & Minority Ethnic colleagues represented at band 1, band 8b and band 9, but we have seen representation at band 8d since last year.



Pay Band	White	Black, Asian, and Minority Ethnic	Difference	Gap
Band 1	£15.42			
Band 2	£15.10	£17.77	-£2.67	-17.70%
Band 3	£15.20	£15.48	-£0.28	-1.86%
Band 4	£15.58	£15.32	£0.26	1.65%
Band 5	£20.07	£20.81	-£0.74	-3.69%
Band 6	£23.58	£23.91	-£0.33	-1.39%
Band 7	£27.41	£27.40	£0.01	0.04%
Band 8a	£30.68	£30.08	£0.60	1.96%
Band 8b	£35.70			
Band 8c	£42.54	£43.73	-£1.19	-2.81%
Band 8d	£50.32	£47.41	£2.91	5.78%
Band 9	£60.48			

Pay Quartiles

Quartiles are calculated by ranking pay for all colleagues from lowest to highest, and splitting into four groups, showing the percentage of Black, Asian and Minority Ethnic staff and White staff in each group. The percentage of staff by ethnicity in each of the quartiles is:

	Ethnicity		
Quartile	Black, Asian & Minority Ethnic	Not Stated / Black	White
Lower	4.8%	3.2%	92.0%
Middle Lower	7.6%	3.9%	88.5%
Middle Upper	11.2%	5.1%	83.7%
Upper	17.2%	6.9%	75.9%

Actions to support an Inclusive Workplace

We continue to make efforts to address any pay gaps within our workforce. Pay gaps are still present in the Health Board, and the gender pay gap has increased slightly since last year.

Our Strategic Equality Plan and Objectives 2024 - 2028 for the Health Board states that we *"will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all. Within the theme of being an employer of choice and the associated objective, we are developing our understanding of the issues impacting on pay gaps, in particular gender, disability and ethnicity and continue to analyse and report on pay gap data and will use this to take action to address identified issues."*

An Equality Diversity and Inclusion Task Force has been established to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation. With support from the Health Board's Quality Improvement team, the Task Force has adopted a quality improvement approach, to achieve system-wide change.

In addition, we are committed to taking the following actions:

Data analysis:

- In addition to the analysis of bonus payments received by staff, we will include overtime and unsocial hours payments (for evening and weekend working).

Recruitment:

- Encourage those who need reasonable adjustments to come forward during recruitment drives.
- Volunteers and those on work experience who require reasonable adjustments will also be encouraged to come forward.
- Continue the Pathway 4 programme, which is a work experience programme for individuals with additional learning needs to access work experience opportunities to suit their needs.
- Actively support Appointing Managers to ensure awareness regarding reasonable adjustments, providing one to one support if required.
- Identify how we can encourage people to apply for roles and development opportunities in sectors where there are greater pay gaps.
- Continually review and monitor policies and processes to ensure there is no bias in the starting salaries of new employees.
- Implement recruitment practices which include ensuring mixed gender panels for selection and remuneration purposes.
- Continually review and monitor policies and processes to ensure accessibility for all.
- Audit/observation of recruitment/selection processes to ensure fair and kind processes.

Employee experience:

- Progress our evidence towards achieving 'Disability Confident Leader - Level 3' whereby the Health Board will actively promote and show disabled people that we are leading the way in getting businesses to become a more inclusive workplace.
- Continue to reinforce our health board values through senior leaders and managers, to develop a working environment that fosters diversity and does not tolerate bias towards people with a protected characteristic, even if it is unconscious.
- Cultural intelligence training.
- NHS staff survey 2025 results highlighted 3 lowest scoring themes:

    - Staff engagement
    - Patient safety
    - Morale

  As such actions have been recommended focussed on

    - Local ownership and application
    - Staff experience
    - Act on burnout as a system risk, not an individual issue
    - Staff involvement in change
    - Protect and scale what is working

- Continue the success of programmes to raise awareness of individual needs including learning disabilities, disability, dyslexia, ASD, ADD/ADHD. For example Autism Wales allowed the Health Board to deliver its 'Introduction to Autism' online training session via the Health Board's electronic staff record system and this is now mandatory for all staff. As of March 2026, 94% of Health Board staff are compliant with the Autism Awareness competency on ESR; [the highest compliance of all Health Boards across Wales].
- Roll out a programme of bite size learning sessions remain ongoing on a broad variety of topics e.g. sensory loss awareness, carer awareness etc. that are open to all Health Board staff.
- Support a climate of disclosure, whereby employees feel comfortable to disclose their equality information (e.g. disability which is not reported by over 10% of employees) and request any additional organisational support they may need.
- Continue to increase promotion and recognition of the Health Board's staff networks, including our networks for Black, Asian and Minority Ethnic staff, those with a disability, long term condition or are neurodivergent and our Menopause cafe.
- Continue to explore and understand the reasons why our Black, Asian & Minority Ethnic employees consider leaving/leave the organisation by using the exit interview process.
- Adopt the recommendations outlined in the Welsh Government's Anti-racist Wales Action Plan and as a result of the annual Workforce Equality Standard reports and align these with our cultural development plan.

Career progression:

- Continue to work with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities e.g. apprenticeship, work experience and volunteering programmes.
- Work in conjunction with the Black, Asian and Minority Ethnic Staff Network to enhance our understanding of the experiences of minority ethnic staff and the actions which could be taken to support them to enhance and develop their careers.
- Explore how we can better support female employees and encourage the next generation of female leaders.
- Continue to foster a culture of continuous professional development (CIPD) with clear pathways to support career progression for all staff. Progression frameworks for Agenda for Change Bands 2-4 are currently in development, aimed at addressing and overcoming barriers to CPD, promoting engagement, and enhancing progression opportunities.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategic Equality Plan Annual Report Executive Summary 2025/2026

Introduction

Hywel Dda University Health Board continues to recognise that equality, diversity and inclusion (EDI) is complex and requires sustained focus. During 2025–2026, the organisation has built on the foundations established in 2024–2025, moving from raising awareness and strengthening governance towards embedding more consistent practice and early cultural change.

This report outlines progress against the four Strategic Equality Plan (SEP) objectives:

1. Leadership by all
2. Working together to improve health and wellbeing for all
3. Embedding a person-centred approach
4. Being an employer of choice

The report reflects the Health Board's role both as a provider of healthcare and as an employer. It demonstrates continued commitment to reducing inequalities, improving access and ensuring fair treatment for staff, patients and communities.

There is now clear evidence that equality considerations are more visible within leadership, workforce practice and service delivery. Early indicators show improvements in staff confidence, engagement and access to services. However, measurable outcomes remain at an early stage and will require continued focus.

About the Hywel Dda Area

The Health Board serves approximately 383,000 residents across Carmarthenshire, Ceredigion, and Pembrokeshire, covering a quarter of the landmass of Wales. The region is characterised by a diverse population, including high numbers of Welsh speakers, socio-economically deprived communities and seasonal population fluctuations due to tourism and student migration.

The Health Board acknowledges the impact of socio-economic deprivation and other wider determinants on health outcomes and is committed to addressing these disparities. Our work is aligned to duties within other key legislation which include, but are not limited to, the Wellbeing of Future Generations (Wales) Act 2015, the Social Services and Wellbeing (Wales) Act 2024, the Armed Forces Covenant Duty.

Overall progress

Overall, the Health Board is making steady and measurable progress in delivering its Strategic Equality Plan 2024–2028. All four strategic objectives are currently assessed as on track, with clear evidence of increased activity, stronger governance and growing organisational maturity in relation to equality, diversity and inclusion.

This year has seen a shift from building awareness to more structured, evidence-based delivery. There is stronger leadership accountability through the establishment of the EDI Taskforce, alongside increased use of workforce data, equality impact assessments and lived experience to inform decision-making.

There are clear signs of progress in staff capability and culture. Training, leadership development programmes and speaking-up initiatives are improving confidence to challenge inappropriate behaviour, support inclusion and create psychologically safe environments. Staff engagement activity and survey results also point to improvements in areas such as wellbeing support and reporting concerns.

In service delivery, there is growing evidence of more inclusive and accessible care. Targeted community outreach, improvements in accessible communication, and practical initiatives such as learning disability support and carers' identification are helping reduce barriers for some of the most underserved groups.

However, the report also highlights that inequalities persist, particularly in workforce representation, career progression and data quality. While progress has been made in building the foundations for change, the full impact will take time and requires sustained, targeted action.

Overall, the organisation is moving in the right direction. The next phase will focus on embedding consistency, strengthening accountability, and ensuring that equality, diversity and inclusion are reflected in everyday decisions and outcomes across the Health Board.

Leadership by All

Progress

There has been clear progress in developing inclusive leadership at all levels. Programmes such as Active Bystander training, the LEAP leadership programme and the Hywel Dda Manager Programme have strengthened staff confidence to challenge inappropriate behaviour, lead inclusively and create psychologically safe teams. Participation has increased, with strong feedback showing improved awareness and confidence in addressing discrimination.

The establishment of the Equality, Diversity and Inclusion (EDI) Taskforce marks an important step in strengthening leadership accountability. It brings together leadership, data and lived experience to drive more focused and coordinated action.

Work to implement the Anti-Racist Wales Action Plan has also progressed. Training compliance has increased, governance has been strengthened, and there is clearer alignment between workforce data and action planning. However, workforce data continues to show inequalities in progression and representation, particularly for Black, Asian and Minority Ethnic staff.

Impact

There are early signs of meaningful cultural change:

- Staff report increased confidence to raise concerns and challenge behaviour
- Leaders are demonstrating more open and collaborative approaches
- Teams are reporting improved communication and reduced unresolved conflict
- There is greater visibility of leadership commitment to inclusion

These changes are contributing to more psychologically safe environments.

Ongoing challenges

- Workforce data continues to show inequalities in experience for some groups
- Improvements are not yet consistently reflected in staff survey outcomes

Working Together to Improve Health and Wellbeing for All

Progress

The Health Board has continued to strengthen its work with communities to reduce health inequalities and improve access to services.

The Community Development Outreach Team has expanded its reach, delivering targeted engagement with seldom-heard groups, including refugees, asylum seekers, Gypsy, Roma and Traveller communities, and people experiencing homelessness. This community-based approach is improving access to prevention, screening and wider health services.

Targeted work has also supported specific groups. This includes improving support for gender diverse individuals through updated action plans and training, introducing women's health hubs to provide more accessible and coordinated care, and strengthening partnership work to address wider health inequalities through the re-established Health Equity Group.

There are early signs of improved access, increased engagement and stronger relationships with communities. This work provides a stronger foundation for reducing inequalities over time.

Impact

This work is improving access and engagement:

- More individuals from under-served communities are accessing healthcare services
- Increased uptake of screening, vaccination and prevention programmes
- Improved health literacy and understanding of how to navigate services
- Stronger relationships and trust between communities and the Health Board

There is also improved coordination between health, local authorities and third sector partners.

Ongoing challenges

- The impact on long-term health outcomes and inequalities is not yet measurable
- Greater use of population health data is needed to demonstrate sustained change

Embedding a Person-Centred Approach

Progress

Progress continues in ensuring services are inclusive, accessible and responsive to individual needs.

The refreshed Person-Centred Approach training is improving staff understanding of equality, unconscious bias and inclusive care. Feedback shows increased confidence in adapting care to meet individual needs.

Work to improve accessible communication has also advanced. Preparation for the Accessible Communication and Information Standards, alongside practical tools such as the sensory loss marker and updated assessment checklists, is helping staff better identify and respond to communication needs.

Other initiatives, including learning disability packs in emergency care, improved support for veterans and stronger recognition of unpaid carers, demonstrate practical changes that are making services more inclusive.

Together, these actions are helping reduce barriers and improve both patient experience and access to care.

Impact

These actions are improving how services are experienced:

- Staff report increased confidence in adapting care to individual needs
- Improved recording of communication needs is enabling more personalised care
- Carers and veterans are being identified earlier and supported more consistently
- Patients are receiving more accessible information and communication

There is also a growing recognition of person-centred care as a core aspect of quality and safety.

Ongoing challenges

- Impact is primarily evidenced through staff feedback
- Limited data is available to demonstrate improvements in patient experience and outcomes

Being an Employer of Choice

Progress

The Health Board continues to build a more inclusive and supportive workplace.
Staff networks have grown and play a key role in shaping organisational culture and decision-making. Alongside this, a wide programme of equality, diversity and inclusion training has improved staff knowledge, confidence and behaviour, supporting more inclusive practice.

Work to strengthen a speaking-up culture has progressed through initiatives such as Working in Confidence and local culture programmes. Staff survey results show improvements in areas such as reporting concerns and perceptions of wellbeing support.

Equality Impact Assessments have also improved in quality and consistency, supporting more informed and equitable decision-making across services.

Impact

There is clear evidence of positive cultural change:

- Increased staff confidence in speaking up about concerns
- Improved perceptions of fairness and organisational response
- Stronger staff voice influencing policy and decision-making
- Increased sense of belonging and support through staff networks

These changes are contributing to a more open and inclusive workplace.

Ongoing challenges

- Workforce inequalities remain in areas such as progression and representation
- Data quality and disclosure continue to limit full understanding of inequality.

Key themes

1. Cultural change is emerging

There is clear progress in awareness and behaviour. Staff feel more confident and supported. However, this is not yet consistently embedded across all areas.

2. Activity has translated into early impact

Compared to 2024–2025, there is stronger evidence that actions are influencing culture, access and practice.

3. Data remains a key limitation

While progress has been made, improved data is needed to demonstrate sustained impact and track inequalities over time.

Workforce equality data insights

The Health Board publishes workforce equality data as well as pay gap reports for gender, disability and ethnicity. Some of the key insights are:

- Since we began reporting on the gender pay gap, the overall figures have remained largely unchanged—except for 2021 and 2022, when we saw a slight improvement. This year, we have also focussed on the median pay gap, which shows the typical midpoint, not just the average (mean) which can be impacted by those few outliers with significantly higher salaries. While this shows that for our ‘middle’ earners, the gap between earnings for male and female staff is lower, we recognise that more work is needed to understand and address the underlying causes of the more significant gap in earnings at the higher end.
- Medical and Dental staff have the highest levels of underreporting equality information on the Electronic Staff Record (ESR) system.
- Non-disclosure rates for equality information are half that of the NHS Wales average and are improving year on year.
- Older staff are less likely to self-report their equality information on ESR.
- Younger staff are more likely to share their sexual orientation status. This may reflect growing confidence among younger people and the impact of our efforts to be a visibly inclusive and welcoming employer for LGBTQ+ communities.
- Workforce data shows that females represent a majority in all Agenda for Change pay grades until band 9 where they become the minority and significantly under representative of the female workforce. This underrepresentation is also seen in the medical workforce in the Consultant, Specialty Doctor, Other Doctors in Training and Other Medical and Dental roles.

- There are no staff from a minority ethnic background represented at Agenda for Change band 9 and only 4 members of staff across the senior bands 8b-8d

Priorities for 2026-2028

The Health Board will continue to build on this progress over the next year.

Key priorities include strengthening the use of data and insight, progressing the EDI Taskforce workstreams, improving equality in career progression, and continuing to embed inclusive practice across all services and teams.

There is a clear focus on moving from commitment to consistent delivery. This means ensuring that equality, diversity and inclusion are part of everyday decisions and experiences for staff and the communities we serve.

4.3

11:36, 3 Mins

4.3 - Organisational Development Cultural Progression Report 2025-26

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

For assurance

Attachments

4.3 Hywel Dda Cultural Progression Report April 2025 - March 2026 SBAR FINAL.pdf

4.3 Appendix 1 - HDdUB Cultural Progression Report April 2025 - March 2026 FINAL.pdf

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:**	Organisational Development Cultural Progression Report 2025-26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling – Deputy Chief Executive / Executive Director of Workforce & Organisation Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Corinna Lloyd-Jones – Interim Assistant Director of Organisational Development

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 provides an update on our cultural progression work since the previous report in May 2025. It highlights the contribution of our Organisational Development (OD) team to the Workforce and OD (WOD) Planning Objectives for 2025-26, most notably the following actions:

> 1.3 Create a positive workforce culture: Improve the experience of staff and patients by ensuring happiness at work and excellent customer service.
>
> 2.1 Provide compassionate experiences: 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.

Over the past year, our OD Team has continued to support the Health Board's cultural progression journey through a range of improvement programmes and activities as outlined in this report.

Cefndir / Background

The Health Board has continued its cultural progression journey during a period of significant organisational challenge, including financial constraints, operational pressures, workforce shortages and increasing service demand. Throughout 2025-26, our OD Team has maintained a focus on key cultural enablers, including leadership development, staff engagement, psychological safety, healthy working relationships, recognition and retention.

This work has also supported the organisation's wider improvement agenda following Welsh Government escalation in January 2024. Recognising our enabling role within the Leadership and Governance domain, we remained focused on strengthening leadership capacity and

capability across the organisation, contributing to de-escalation first to Enhanced Monitoring in March 2025 and subsequently to Routine Monitoring in December 2025.

The report reflects a year of continued investment in cultural progression while recognising the ongoing pressures experienced by staff and leaders across the Health Board. It also looks ahead to the next phase of our journey, setting out our priorities accelerate progress, address persistent cultural challenges and support the delivery of sustainable organisational improvement.

Asesiad / Assessment

The report demonstrates meaningful progress across key cultural enablers. Leadership development programmes, coaching, retention initiatives and local culture improvement interventions continue to show positive impact, while staff report strong team relationships, supportive line management and a high level of commitment to patient care. Turnover rates have improved for Nursing, Midwifery and Allied Health Professionals/Health Care Sciences (AHP/HCS) staff groups, and flexible working arrangements continue to be viewed positively.

However, the Health Board's NHS Wales Staff Survey findings highlight ongoing challenges relating to staff engagement, involvement in decision-making, workload pressures, burnout and confidence that organisational concerns will result in visible action. Whilst the overall trajectory remains positive, sustained focus is needed to strengthen organisational trust, increase staff involvement and embed cultural improvements at scale. These findings have informed a clear set of priorities for 2026-27 aimed at accelerating cultural progression and improving workforce experience.

Argymhelliad / Recommendation

The Committee is requested to:

- **TAKE ASSURANCE** of our cultural progression during 2025-26 whilst recognising there is still work to do and with the potential to be accelerated, and;
- **ENDORSE** our future direction of travel.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1.3 The organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Reference 2305/score 20.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams 2. Customer Service Excellence 5. People First, Digital Always 6. Safe, Timely, High Quality Care 7. Future Orientated
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
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)*	3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions. 5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing. 6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the body of the report.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	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.
Tegwch Iechyd: **Health Equity:**	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.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda University Health Board

Organisational Development
Cultural Progression Report

April 2025 - March 2026

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About this report

This report provides an update on our cultural progression work since the previous report in May 2025. It highlights the contribution of our Organisational Development (OD) team to the Workforce and OD (WOD) Planning Objectives for 2025-26, most notably the following actions:

1.3
Create a positive workforce culture: Improve the experience of staff and patients by ensuring happiness at work and excellent customer service.

2.1
Provide compassionate experiences: 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.

Over the past year, our OD team has continued to support the Health Board's cultural progression journey through a range of improvement programmes and activities aligned to our WOD Planning Objectives. While considerable progress has been made, we remain mindful of the significant challenges facing the organisation.

The Health Board continues to navigate complex financial, operational and workforce pressures alongside maintaining a focus on patient safety and quality of care. At a time of ongoing change and increased scrutiny, additional demands are being placed on our leaders and staff. Together, these challenges continue to create a heavy burden on our workforce and pose a risk to morale and wellbeing.

Despite these unprecedented challenges, we hope this report demonstrates that our continued commitment to a shared vision, together with consistent and informed action, is helping to build a healthier and happier working culture in Hywel Dda.

Introduction

This report provides an update on the work of our OD team in support of the 2025-26 WOD Planning Objectives. It also highlights progress made in areas linked to the Health Board's improvement journey following its escalation by Welsh Government to Targeted Intervention (Level 4) in January 2024.

The escalation introduced an additional and complex layer of challenge to our cultural progression. However, recognising our enabling role within the Leadership and Governance domain, we remained focused on strengthening leadership capacity and capability across the organisation. For that domain, our commitment contributed to the Health Board's gradual de-escalation; first to Enhanced Monitoring (Level 3) in March 2025 and subsequently to Routine Monitoring (Level 1) in December 2025, reflecting the positive progress achieved.

We would also like to recognise the contribution of colleagues across our WOD Directorate whose collaborative work continues to support the Health Board's cultural ambitions. Equally important are the positive and trusted relationships we have with our Trade Union colleagues. Through open and constructive partnership working, we gain valuable insight into staff experience and the challenges facing teams, helping us respond in a more informed and supportive way.

We also acknowledge the considerable demands placed on our leaders during a period of significant change. Despite ongoing pressures and uncertainty, our leaders across the Health Board continue to support their teams with dedication, compassion and resilience, playing a vital role in sustaining progress.

Most importantly, we remain encouraged by the commitment of our leaders and staff to our shared ambition of creating a healthier and happier working environment across Hywel Dda. Our experience continues to demonstrate that positive workplace cultures are fundamental to staff wellbeing, engagement and the delivery of high-quality patient care. Despite the challenges facing the NHS, colleagues continue to embrace opportunities to learn, improve and work together to shape a better future for our organisation.

Our culture at a glance

The 2025 NHS Wales Staff Survey findings, shared with the People Organisational Development and Culture Committee (PODCC) in May 2026, offer a compelling picture of our culture in Hywel Dda. It remains an organisation with strong, compassionate teams and committed staff, but one where increasing operational pressure and a lack of involvement in decision-making are negatively affecting staff engagement. Whilst nine of the ten survey themes scored above the NHS Wales Health Board benchmark, the organisation faces significant risks around engagement, burnout, staffing pressures and confidence in organisational change.

What is going well?

Strong team culture and compassion

Effective line management

Flexible working

Commitment to patients and service delivery

The most significant strength across the organisation is the quality of relationships within teams. Staff report high levels of trust, support, and compassion towards both colleagues and patients. Teamworking remains the highest-scoring theme, with over 80% of respondents enjoying working with their teams and feeling able to ask colleagues for support. This strength is consistent across many services and acts as a critical buffer against operational pressures.

Immediate managers continue to be viewed positively, with staff reporting that managers listen, provide support, encourage development and recognise wellbeing needs. The Line Management sub-theme scored 69.9%, above the NHS Wales benchmark, reinforcing the role of local leadership as a protective factor. Staff perceptions of their immediate managers are considerably stronger than perceptions of the wider organisation.

Flexible working continues to improve year-on-year and remains one of Hywel Dda's strongest comparative advantages. Satisfaction with flexible working opportunities has increased consistently over the last three years, with staff also reporting high levels of trust, autonomy and clarity regarding their responsibilities. These findings suggest a workforce that feels empowered in its day-to-day practice.

Despite significant pressures, staff remain highly committed. Nearly eight in ten respondents report being willing to go the extra mile when required, while levels of enthusiasm for work remain above the NHS Wales benchmark. These results demonstrate a workforce with a strong sense of professional commitment and dedication to patient care.

Key risks and challenges

Staff engagement | **Staff feel excluded from decisions** | **Burnout concerns** | **Confidence in organisational response** | **Staffing pressures**

The most significant organisational concern is the decline in staff engagement. The Staff Engagement Index has fallen to 70.7%, marginally below the NHS Wales average, with all three contributing components showing deterioration. This does not reflect a workforce that cares less about its work, but rather a decreasing connection with the organisation itself.

Only 44.2% of respondents feel involved in decisions affecting their work. This is the lowest-scoring engagement question, has declined for three consecutive years, and appears consistently across multiple feedback mechanisms. The survey suggests staff are willing to contribute and improve services, but increasingly feel that change is done to them rather than with them.

The workforce continues to absorb significant personal cost to sustain services. Presenteeism, work-related stress, exhaustion and unpaid overtime remain widespread. The survey evidence suggests burnout is a consequence of workload, moral compromise, capacity pressures and staffing challenges rather than an individual wellbeing issue.

While staff generally feel safe speaking up within teams, confidence that the organisation will act on concerns remains low. Less than 40% believe concerns raised will be addressed and fewer than half receive feedback following incident reporting. The issue appears to be less about raising concerns and more about visible organisational action and feedback.

Only 35% of respondents believe there are enough staff to do their job properly. Although slightly above the NHS Wales benchmark, staffing adequacy remains one of the weakest areas of performance and continues to drive workload pressures and burnout risk.

Leadership development

Supporting leaders at every stage of their career is fundamental to creating a resilient and sustainable organisation. From attracting and appointing talented individuals into leadership roles, through structured development programmes, coaching and networking opportunities, we are committed to building a pipeline of compassionate, capable and resilient leaders who can deliver high quality services for our communities.

Our leadership development offer is not only designed to strengthen individual capability, but also to foster the conditions for healthier and happier workplace cultures. Evidence consistently demonstrates that compassionate, visible and inclusive leadership has a significant impact on staff wellbeing, engagement and positive working relationships.

Talent Acquisition & Succession Planning – Building Leadership Capacity

The journey begins with attracting and appointing high-calibre leaders. Since the introduction of our enhanced Senior Leader Recruitment Process in July 2024, psychometric assessments have been embedded alongside traditional selection methods for Band 8c–9 appointments. This evidence-based approach strengthens assessment of leadership potential, organisational fit and development needs, ensuring that recruitment is both robust and supportive.

47
total appointments since the process launched in July 2024

From April 2025 to March 2026, 20 senior leadership appointments were made, bringing the total number of appointments through this process to 47 since its introduction. Importantly, the process not only supports effective recruitment, but also the successful transition of leaders into roles through tailored development plans that identify strengths and development opportunities from the outset.

20
senior leadership appointments made

Feedback from candidates consistently highlights the fairness, professionalism and supportive nature of the process:

> **I have applied to Hywel Dda twice now, because I feel like the process is so robust and fair."**

> **You were so kind and welcoming across both days and made the whole experience feel much more human."**

Clinical Care Group (CCG) Leadership Development Programme

The CCG Leadership Development Programme was introduced to support senior leaders through the transition associated with the Operations Directorate restructure. The programme aims to strengthen the collective leadership capability of the newly established CCG triumvirates, creating the conditions for more effective system leadership, improved collaboration and sustainable service improvement across the Health Board.

Since its launch in July 2025, progress has been made across both the Team Effectiveness and Vanguard elements of the programme, providing a strong foundation for leadership development within the triumvirates.

The aim of the Vanguard element of the programme (completed in May 2026) is to help leaders better understand their systems, challenge assumptions and identify opportunities for improvement for staff, patients and the organisation.

The Team Effectiveness element of the programme has progressed across CCG leadership teams, helping leaders develop greater clarity of purpose, strengthen working relationships and improve how decisions are made collectively. Although this has not yet concluded, emerging evidence highlights increased psychological safety, more effective use of leadership reflection time and stronger collaboration across organisational boundaries, enabling teams to address shared challenges more effectively.

Once completed, an evaluation of the initial phase will be undertaken to assess impact, capture learning and inform the next stage of the programme. As the programme continues into 2026, the focus will shift from development to sustainability, embedding learning into day-to-day leadership practice, supporting peer learning and ensuring improvements in team effectiveness translate into lasting benefits for staff, patients and Hywel Dda.

LEAP (Leadership Engagement with Awesome People)

Once appointed, leaders are supported through a range of development opportunities, with LEAP continuing to play a flagship role within our leadership offer.

During 2025/26, four cohorts were delivered to 65 leaders at Bands 7–8c. Since its launch in 2023, 159 leaders have completed the programme, with a further 18 participants due to complete the Winter 2025 cohort.

65
leaders attended LEAP across 4 cohorts

A key component of LEAP's success is the dedicated Leadership Navigator role. Each participant is matched with a personal Navigator who provides individual coaching, challenge and support throughout the programme. Regular reflective conversations help delegates embed their learning, maintain focus on development goals and apply new insights directly to their leadership practice. This personalised approach strengthens engagement, accountability and sustained behaviour change, helping to ensure that learning translates into meaningful impact within teams and services.

159
leaders have completed LEAP since launch in 2023

LEAP continues to be underpinned by a robust evaluation process, with a focus on both individual and organisational impact. Feedback gathered through formal evaluation and participant stories consistently demonstrates the positive and often transformational difference the programme makes to leaders' confidence, self-awareness and effectiveness.

As one delegate reflected:

> **"I came onto the programme expecting leadership tools and techniques. I left knowing more about myself."**

Another described the programme's contribution to compassionate leadership across the Health Board:

> **"Before LEAP, I wasn't even sure I should be a leader. I saw many of my own character traits such as empathy and friendliness as weaknesses. LEAP has taught me that these are signs of a compassionate leader and that I can role model values which align with our Health Board values. I see LEAP as a fundamental part of how we achieve our goals as a Health Board. Each person who attends LEAP is a seed of change, planting deep roots and lessons of LEAP in every department. Growing a network of compassionate and self-aware leadership we should be proud of."**

The two case studies below demonstrate the breadth and consistency of LEAP's impact across different leadership roles, illustrating how the programme enables leaders to translate personal insight and reflection into sustained behavioural change, improved team and service outcomes, and a commitment to listening, collaboration and strategic thinking.

Assistant General Manager's reflection on the LEAP programme

LEAP provided a transformative experience for this leader at a pivotal point in her career. Having joined the programme expecting it to be "something useful" to fit around an already demanding role, she instead found a much-needed opportunity to pause during a period marked by self-doubt, reduced confidence and questioning her place and impact as a leader.

> **"It wasn't about learning something completely new - it was about having the space to stop. To think. To reflect. To be honest with myself."**

Through reflection, challenge and the support of her LEAP cohort, she was able to reconnect with her values, regain confidence and develop a deeper understanding of herself and her leadership.

LEAP helped her recognise that leadership is not about carrying every challenge alone or having all the answers, but about listening, learning and working collectively with others. Through shared experiences and honest conversations, she discovered reassurance in knowing that others faced similar doubts and challenges. While the pressures of leadership remain, she emerged more grounded, self-aware and compassionate towards herself, with a renewed sense of purpose and belonging. Most importantly, LEAP reinforced that leadership growth comes through openness to learning, reflection and connection with others, and that "you're still learning, you're still growing, and you're not doing it on your own."

Consultant Clinician's reflection on the LEAP Programme

Through LEAP, this leader developed a deeper understanding of himself, his leadership style and the role of relationships in achieving meaningful change. Learning from the programme reinforced the importance of shared values, coaching conversations, strategic reflection and self-awareness.

Reflecting on his experience, he highlighted the value of creating space for "deep work beyond day-to-day delivery", recognising that protected time for reflection is often needed to generate meaningful insight and change. He has applied these principles through more intentional communication, empowerment of colleagues, relationship-building, seeking feedback and demonstrating empathy and kindness in daily leadership practice.

These behavioural shifts have enhanced his ability to collaborate across professional groups, drive service improvement and lead quality and safety initiatives.

As LEAP continues to evolve, it is helping to build a connected network of compassionate, reflective and resilient leaders who are equipped to lead positive change and foster cultures where people can thrive.

New Medical Leaders Programme – Supporting Clinical Leaders

Recognising that leadership development is equally important for our clinical workforce, the New Medical Leaders Programme (formerly New Consultant Development Programme) continues to provide newly appointed Consultants, GPs and Clinical Specialists with dedicated support during the transition into leadership roles.

12
participants in the current cohort

The fourth cohort commenced in March 2025 with 12 participants, bringing the total number of delegates to 59 since the programme began.

59
leaders since the programme began in 2021/22

Through nine development days, participants gain a deeper understanding of the Health Board, develop cross-organisational networks and build capability in areas including inclusive leadership, coach approach, team effectiveness and human factors.

Feedback continues to demonstrate the programme's value in helping clinicians understand their broader leadership responsibilities:

> **Having now completed the programme, I have realised that my role and responsibilities involve much more than my clinical duties."**

> **This programme is highly recommended to all those clinicians new in post. I have learnt so much about the expectations of leadership and how the Health Board operates."**

External Leadership Programmes

Alongside internal programmes, we continue to work in partnership with external providers to broaden leadership development opportunities for staff across the organisation. During 2025-26, two delegates attended CLIMB and five delegates attended Academi Wales Summer School. These opportunities complement our internal offer and enable leaders to build networks and learning relationships beyond the organisation.

Coaching

Coaching remains a cornerstone of our development offer, providing colleagues with dedicated time and space to reflect, build confidence and navigate challenges.

Our highlights for 2025-26 include:

46
qualified coaches in the internal network

115
staff accessed coaching support

345
coaching conversations delivered

Our partnership with the Regional Coaching Network has continued to strengthen. The network now comprises 88 members across health and social care organisations and delivers a programme of continuing professional development to enhance coaching practice across the region. This collaborative approach was recognised when the Regional Coaching Network was shortlisted for the Working in Partnership Award at the West Wales Health and Social Care Awards and received a Certificate of Excellence.

The impact of coaching is reflected in the experiences of participants. One regional coachee described the transformative effect coaching had on their confidence:

> **My motivation and confidence have always been there, but hiding, and it has now been brought out of the shadows. There is a position coming up in one of our new offices which I am going to apply for. I believe that I can do the role. I have really benefitted from having these coaching sessions, a heartfelt thank you."**

The growth of a coaching culture within Hywel Dda remains a significant achievement. Through the Coach Approach Programme, 693 leaders have now participated in coach approach development, helping to embed reflective practice, empowering conversations and collaborative leadership across the organisation.

Participants consistently describe improved confidence, resilience and leadership effectiveness:

> **I would recommend anyone struggling with a change in role or a difficult team to consider coaching. I have learned how to communicate clearly with my team and as a result I have a more resilient relationship with my team. My coach helped me put strategies in place to achieve goals and to recognise those successes, thus building confidence in myself."**

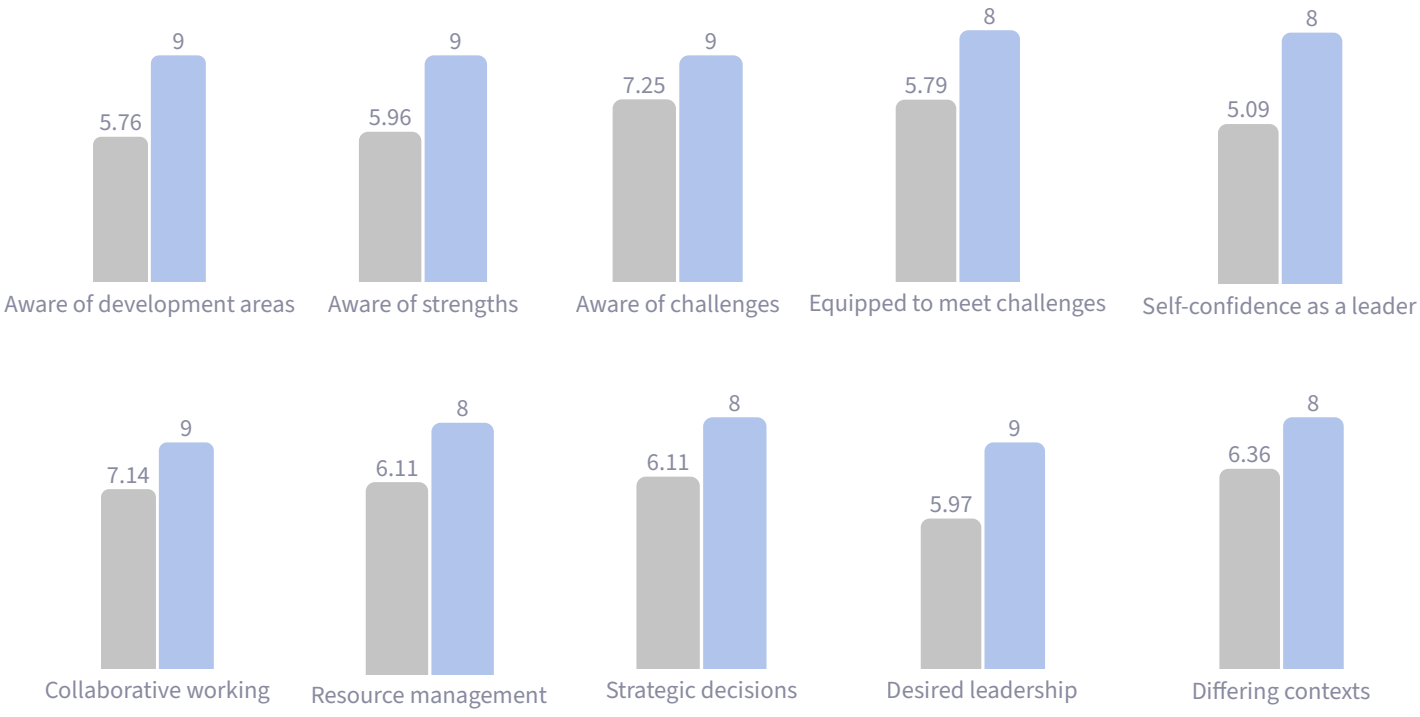
> **I use the coach approach daily in my work, with my team through one-to-ones and through engagement with other service leads."**

> **I just wanted to extend my sincere thanks for delivering such an engaging and insightful two-day Coaching Approach training. The practical tools and approaches you shared have really resonated with me, and I can clearly see how I can integrate them into both my practice."**

What changed?

To understand the tangible impact of the LEAP programme, participants are surveyed both prior to commencing the programme and upon completion. The data below represents the self-assessed progression of leaders across six cohorts who participated in the programme between cohorts 'Autumn 2025' and 'Winter 2025'.

Leadership capabilities show strong progression across all key metrics



LEAP programme evaluation shows significant improvements across all measured attributes, with key takeaways:

Self-awareness and confidence improved together. The three self-awareness measures (aware of development areas, strengths, and challenges) all moved from mid-range scores of 5.76 to 7.25 up to 9. Alongside this, self-confidence as a leader rose from the lowest pre-programme score (5.09) to 8. This suggests that greater self-awareness helped our leaders develop confidence, reflecting LEAP's emphasis on reflection and personal development.

Leadership capability improved alongside self-awareness. Collaborative working, strategic decision making, resource management, and understanding of leadership culture all improved significantly (from 5.97 to 7.14 pre-programme, reaching 8 to 9 post-programme). These findings suggest that leaders with greater self-awareness are better equipped to lead others effectively.

+55%
Self-confidence as a leader

+44%
Awareness of own strengths

+25%
strategic decision-making ability

Self-assessed average percentage increases across Autumn, Spring, Summer and Winter 2025 LEAP cohorts, combining pre and post-programme survey data.

Participant reflections, Summer 2025 cohort

Inadequate	Undirected
Isolated	Unconfident
Frustrated	Despondent
Imposter	Over accommodating
Lost	Self-critical
Alone	Optimistic
Fearful	Fraud
Self-doubt	Vulnerable
Pessimistic	Resentful
Uncertain	Disappointed
Angry	
Eager	

→

Informed	Boundaries
Confident	Wonderful
Self-aware	Belonging
Motivated	Knowledgeable
Strategic	Relaxed
Healing	Growth
Stronger	Content
Optimistic	Positive
Empowered	Ready
Excited	
Worthy	
Leader	

Summer 2025 cohort described how they felt before and after completing LEAP in their own words

What we learned

Our leadership development programmes are delivering meaningful impact at an individual level, with evidence of increased confidence, self-awareness and capability among participants. The talent acquisition process is working well, with positive feedback from both successful and unsuccessful candidates reinforcing trust in the process. Coaching continues to reach more staff and the regional partnership adds significant value.

However, NHS Staff Survey data highlights that leadership consistency remains variable across the organisation. While immediate managers are viewed positively, with the Line Management sub-theme scoring 69.9% (above the NHS Wales benchmark), staff continue to report that senior leaders are insufficiently visible, disconnected from frontline services and not always responsive to concerns.

Staff engagement and experience

Engagement

We measure staff engagement in three ways: the monthly Staff Voice Survey, our local People Culture Surveys, and the annual NHS Wales Staff Survey.

All three give a consistent engagement result of around 71-72%, which gives us confidence in the picture they paint:

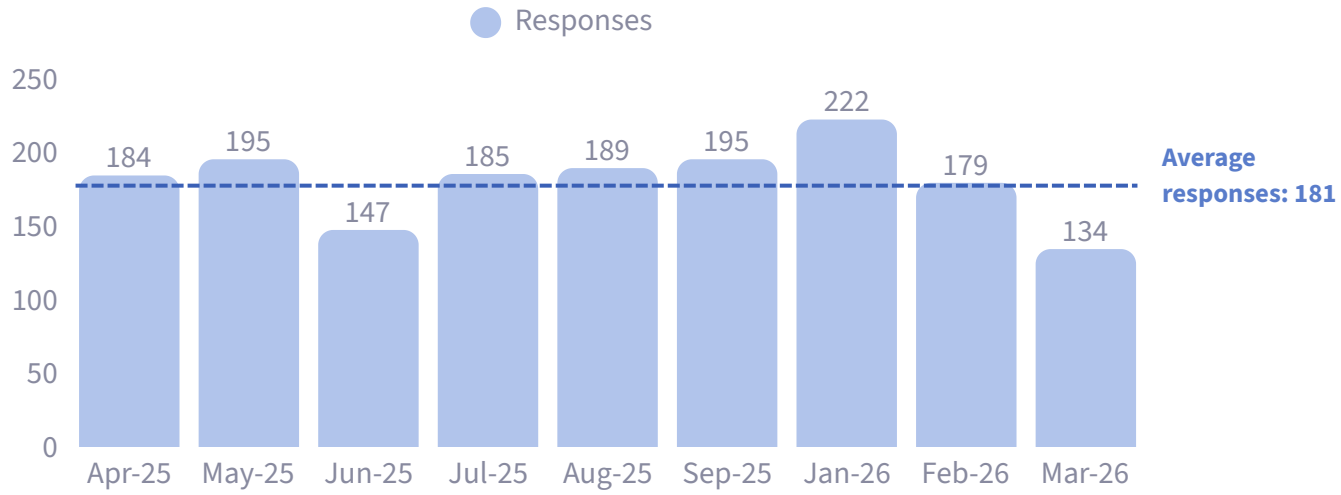
	2023-24	2024-25	2025-26
Monthly Staff Voice	73%	72%	72%
People Culture Survey	n/a	72%	71%
NHS Wales Staff Survey (Hywel Dda results)	71%	71%	70.7%

People Culture Surveys were not in place for the period of 2023-24.

The Staff Voice Survey

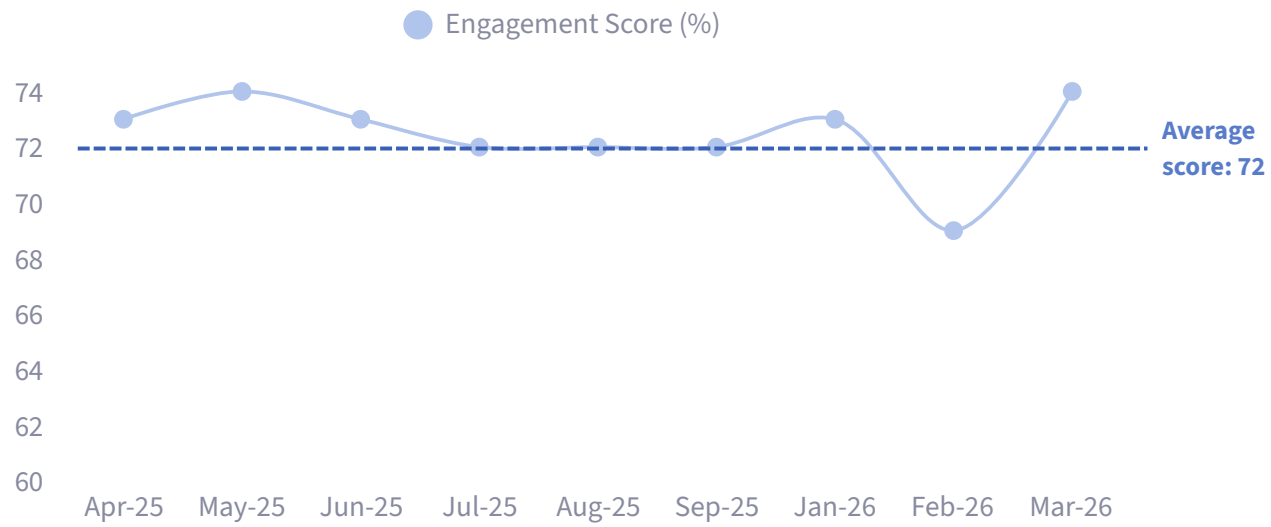
The Staff Voice Survey is sent to approximately 1,000 unique staff each month via email. This year, 1,630 staff completed the survey across the 9 months that it was open, with an average engagement score of 72% (3.6 out of 5). The Staff Voice Survey is paused during October, November, and December to allow for completion of the national NHS Wales Staff Survey. The following charts show the levels of responses and engagement scores by month.

Staff Voice Survey 2025-26: Responses by month



Response volumes stayed broadly stable across the year, with January recording the highest participation at 222. The dip to 134 in March may reflect end-of-year pressures rather than reduced willingness to engage.

Staff Voice Survey 2025-26: Engagement score by month



Engagement scores held steady at 72% across the nine active months, with only a brief dip to 69% in February 2026 before recovering to 74% in March.

NHS Wales Staff Survey

The 2025 NHS Wales Staff Survey shows our Staff Engagement Index has fallen to 70.7%, marginally below the NHS Wales average, with all three contributing components (involvement, motivation and advocacy) showing deterioration. Together, these findings indicate a weakening sense of connection between our staff and the organisation.

Engagement questions

The two questions staff score highest across all three surveys are "I am happy to go the extra mile at work" and "I am enthusiastic about my job." These are encouraging signs of motivation and commitment. However, staff involvement in decision-making "I am involved in deciding on changes that affect my work", consistently scores lowest, and is a key focus for the year ahead.

Responses to Staff Engagement questions compared across Staff Voice, People Culture Survey and NHS Staff Survey 25-26

	Monthly Staff Voice	People Culture Survey	National Staff Survey
I am happy to go the extra mile at work when required	85%	84%	79%
I am enthusiastic about my job	75%	70%	65%
I am proud to tell people I work for my organisation	60%	62%	57%
I am able to make improvements in my area of work	55%	62%	59%
I would recommend my organisation as a place to work	54%	52%	56%
I look forward to going to work	57%	49%	50%
I am involved in deciding on the changes that affect my work	47%	47%	44%

Experience

Organisation Development Relationship Managers (ODRMs)

Our ODRMs continue to provide proactive and responsive support to local teams, helping to create healthier and happier workplace cultures. Each CCG and directorate across the Health Board has a designated ODRM who works in partnership with leaders and their teams to understand what matters most to staff and what makes the greatest difference to their experience at work.

An essential element of this role is the ability to influence and nurture relationships as a catalyst for positive change. By compassionately listening to and understanding staff feedback, our ODRMs help ensure that organisational aspirations are aligned with the needs and expectations of our workforce. This strengthens engagement by fostering a sense of value and belonging, enabling teams to perform at their best.

This is particularly important given Staff Survey findings which indicate a weakening sense of connection between staff and the organisation. Through fostering trust, encouraging meaningful involvement and creating opportunities for staff voices to inform improvement, ODRMs play a protective role in mitigating the impact of declining engagement.

This contribution is reflected in the consistently positive feedback received, highlighting the ODRM team's ability to build trust and provide people-centred support which powerfully reconnects staff with the Health Board at a personal level. As two colleagues reflected:

> **Over the past year it has felt like you and your team were the only ones who were just interested in us as human beings, and not numbers on a page, and you have made me feel a little more positive in my future career here, when earlier on this year all I could really envisage was leaving at the earliest opportunity, and that is the honest truth."**

> **Thank you - you've saved me from walking away from something I love doing. Without your teams input I don't think we would have a team. I deal with the worst type of conversations with my patients daily, but the relationship breakdown and incivility was becoming unbearable and causing sleepless nights, not my patients but my work colleagues. Things are so much better now and I am back to myself and we feel like a team again.**

People Culture Surveys

As part of the exploration phase, our ODRMs use a bespoke culture survey alongside semi-structured conversations with staff to gain deeper insight into local workplace cultures. This enables the identification of emerging issues within teams and services which inform co-created people culture plans owned by local leadership teams, with guidance and support from their ODRMs.

People Culture Surveys have been completed with 93 teams (1,789 staff) and culture conversations held with over 1,223 staff up to March 2026. To date, 31 teams have been re-surveyed, allowing measurement of cultural change over time and evaluation of the impact of targeted interventions. This data is also triangulated with the NHS Wales Staff Survey to identify emerging trends and inform ongoing OD support.

Examples of positive cultural movement include:

	People and Culture	Engagement	Retention
Endoscopy, WGH (Feb 2024 to Sep 2025)	3.9 to 4.4 **(+12.8%)**	3.8 to 4.3 **(+13.2%)**	3.5 to 3.9 **(+11.4%)**
Radiology, GGH (Jan 2023 to Jan 2025)	3.3 to 3.6 **(+9.1%)**	3.2 to 3.3 **(+3.1%)**	2.9 to 3.3 **(+13.8%)**

Figures show the percentage point increase between first and follow-up People Culture Survey. Scores are measured across seven cultural themes grouped into three areas.

What we learned

We continue to capture and utilise both qualitative and quantitative staff experience data to inform, measure and improve our workforce initiatives. By bringing together multiple sources of workforce intelligence, we use data and feedback to monitor trends, support evidence-based decision making and better inform our cultural progression. However, while significant progress has been made, there is further opportunity to move beyond the collection and triangulation of workforce metrics towards generating predictive insight.

Psychological safety, voice and trust

Where we started

In our 2024-25 Staff Survey findings, 74% of staff agreed Hywel Dda encourages reporting of errors, near misses and incidents, and 76% felt secure speaking up about unethical behaviour. However, only 55% felt safe raising general concerns, 3% below the NHS Wales average. The core challenge was not encouraging staff to speak up, but demonstrating that doing so leads to visible action and improvement.

What we did

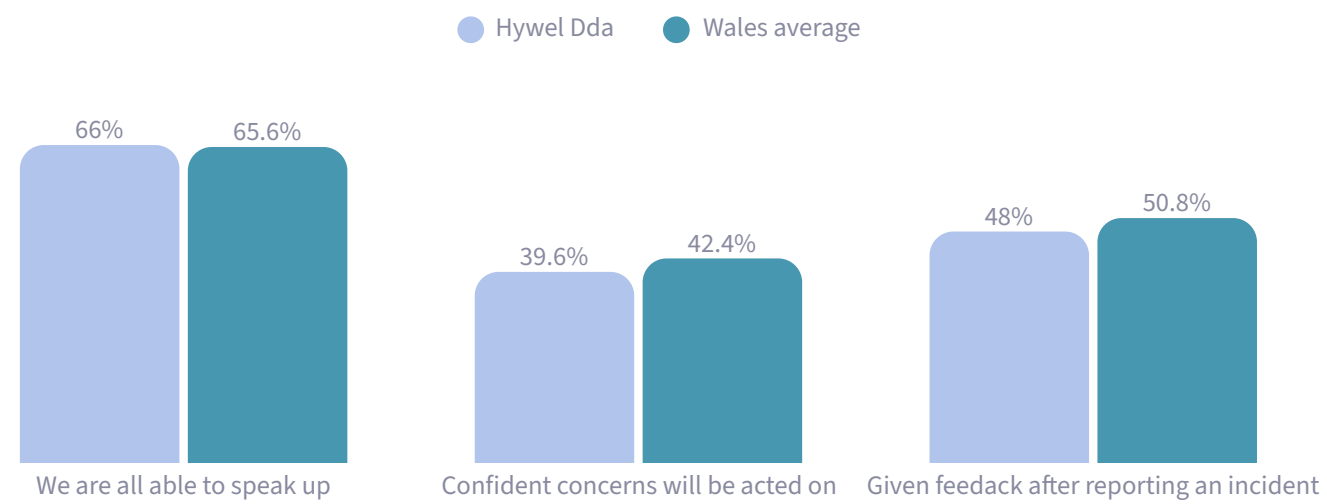
The Speak Up and Make Meaningful Change (SUMMC) approach continues to provide confidential routes for staff to raise concerns, supported by trained designated responders and Freedom to Speak Up Guardians working within a restorative framework. During 2025-26, this work continued to be embedded across the organisation.

A detailed six-monthly Speak Up report will be presented to the PODCC in August 2026, covering full progression data, activity levels and outcomes. This section is therefore a summary overview, with the August paper providing the complete picture.

What changed

The 2025 NHS Wales Staff Survey ranked "We are all able to speak up" as Hywel Dda's third highest scoring theme. However, fewer than 40% of staff believe their concerns will be listened to and acted upon, and fewer than half receive feedback after reporting an incident. The gap between willingness to speak up and confidence in organisational response remains the critical issue.

Staff feel safer speaking up than they trust action will follow



What we learned

Three systemic challenges underpin the gap between raising concerns and seeing change: culture and leadership, psychological safety, and organisational action. Recurring themes in concerns raised include bullying, harassment, workforce wellbeing, and patient safety. While the SUMMC framework has strengthened confidence in the mechanisms available to staff, confidence in the process still depends on concerns being addressed effectively and resulting in visible action.

The findings suggest that the challenge remains centred on strengthening confidence that concerns will be responded to fairly, acted upon appropriately, and accompanied by timely feedback. Organisational trust is reinforced when staff can see clear evidence that their voices are heard, valued, and lead to tangible improvements. While encouraging staff to speak up remains important, sustaining confidence in the Health Board's response to concerns continues to be our more enduring challenge.

> **"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."**

> **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."**

Healthy working relationships

Where we started

NHS Wales' approach to healthier working relationships focuses on resolving workplace conflict at the earliest opportunity through informal resolution rather than formal processes. We have continued to embrace this approach to strengthen working relationships and promote a culture of openness and respect to support better outcomes for both staff and patients.

What we did

To build capability in conflict resolution at source, conflict resolution sessions are delivered through LEAP and the New Consultant Programme, and are also available to service areas on request.

We have also continued to provide proactive and responsive support to teams. A key element of this work is encouraging constructive interactions between colleagues. During the past year, we have facilitated more than 110 conversations between individuals and continue to support teams to strengthen understanding, encourage open dialogue and, where possible, resolve concerns informally before they escalate into formal processes.

What changed

Demand for restorative support has increased significantly. During the past year, we have observed a noticeable increase in conflict within teams, rather than solely between individuals, which is requiring additional conflict resolution support, particularly for reintegration and team building following formal processes. We are also seeing increasing levels of incivility and a growing reluctance to engage in constructive dialogue to resolve differences. Together, these trends highlight the importance of early intervention and ongoing support to maintain healthy and effective working relationships.

In response, we continue to prioritise restorative approaches that promote understanding, constructive dialogue and, where possible, forgiveness, over harmful confrontation and recourse to formal processes. While this approach aligns with our values and cultural progression work, it currently demands significant time and resources to implement effectively. Our small network of trained facilitators and mediators is under considerable pressure, with demand for support regularly outstripping available capacity. This highlights the importance of building leaders' capability and confidence to address conflict early, reducing reliance on specialist intervention and supporting the wider embedding of restorative approaches across the Health Board.

What we learned

Workplace conflict carries significant personal, cultural and organisational consequences when left unresolved. Our experience continues to demonstrate that early restorative intervention is more likely to achieve sustainable outcomes, preserve relationships and reduce escalation into formal processes. However, many leaders still lack the confidence and capability to intervene early when conflict arises. Strengthening these skills remains a key priority, enabling them to resolve issues constructively and create healthier working relationships across teams.

Recognition and appreciation

Where we started

In the previous reporting period, 89 colleagues received a Chair's Commendation Award, 229 received Long Service Awards, and one Hywel's Applause ceremony was held. We have continued to deliver our established Recognition and Appreciation Programme, providing visible and meaningful opportunities to recognise the contribution, commitment and achievements of colleagues across the organisation.

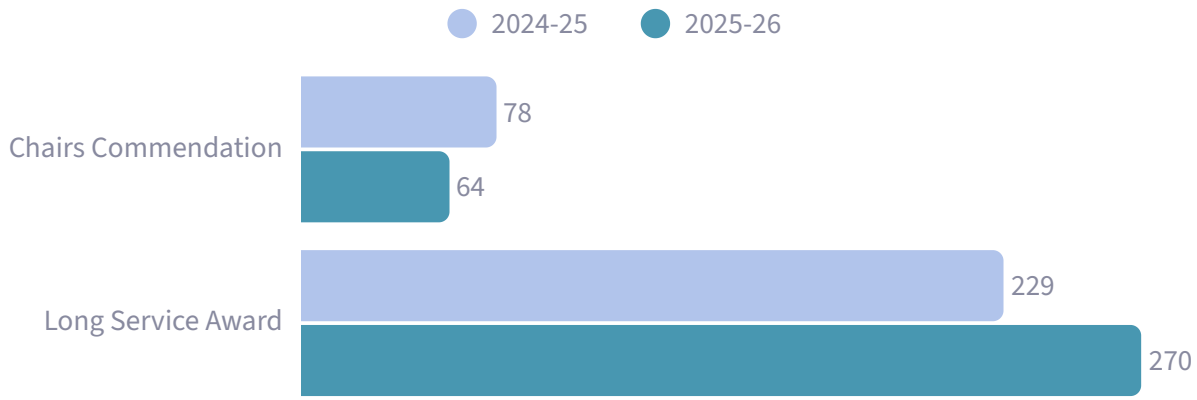
What we did

We developed and secured a successful Charitable Funds bid to enhance our 2026-27 Staff Recognition and Appreciation Programme. This investment will support equitable and meaningful year-round appreciation that reinforces organisational values, staff morale, engagement and, ultimately, patient care.

What changed

During 2025-26, 64 colleagues received a Chair's Commendation Award compared with 89 in the previous year, representing a 28% reduction. However, 270 colleagues received Long Service Awards compared with 229 the previous year, representing a 17.9% increase. In addition, 33 colleagues received a Hywel's Applause Award during 2025. Preparatory work is underway ahead of the 2026 submission cycle, with the formal submission window expected to open during September/October 2026.

Long Service recognition grew, but fewer colleagues were nominated for Chair's Commendations



These trends point to a growing appetite for everyday recognition alongside formal award programmes, and are shaping our plans for 2027 onwards.

What we learned

The reduction in Chair's Commendation Awards highlighted the importance of understanding how recognition is experienced across the organisation and whether existing approaches continue to meet the needs and expectations of the workforce. Insight gathered through recognition events, engagement activity and staff feedback suggested that whilst formal recognition remains valued, there is a growing desire for more visible, consistent and everyday forms of appreciation alongside traditional award schemes.

Whilst established recognition programmes continue to have value, maintaining the status quo alone is unlikely to meet the increasingly diverse expectations of the workforce. The decline in Chair's Commendation Awards, alongside feedback indicating a desire for more personalised and everyday forms of appreciation, reinforces the need to evolve our offer.

> **The Chair's Commendation Awards was inspiring, moving and deeply meaningful. It offered everyone a rare moment to be able to pause and recognise the dedication that often goes unseen in the busyness of everyday work. The atmosphere was uplifting with everyone celebrating, laughing and even crying together with pride, creating a real sense of unity and shared purpose."**

> **This isn't just a 'nice gesture' it has practical impact on how a person is seen. As a manager it provides me with a Health Board wide platform to showcase the excellent work my team and others are doing and give them recognition outside of our directorate for a job well done. This fosters a culture of positivity and motivation amongst the team**

> **As a recipient of the award, I felt privileged that someone had taken the time to nominate me and that they felt the work I was doing was worthy of being recognised. I feel it demonstrates to my colleagues that the Health Boards values are embedded in my practice and something I pride myself in doing. I feel it contributes to my self-perception and has given me some reassurance that I am making a difference to people, that I am credible and ready for career progression."**

Performance management

Performance management continues to be a key organisational priority, with regular and meaningful performance conversations central to how we develop our staff, support wellbeing and maintain accountability across the Health Board. In 2025-26 we continued to build on our strong foundations, with a focus on reaching more staff, addressing barriers to compliance, and ensuring reviews drive genuine development rather than box-ticking.

Where we started

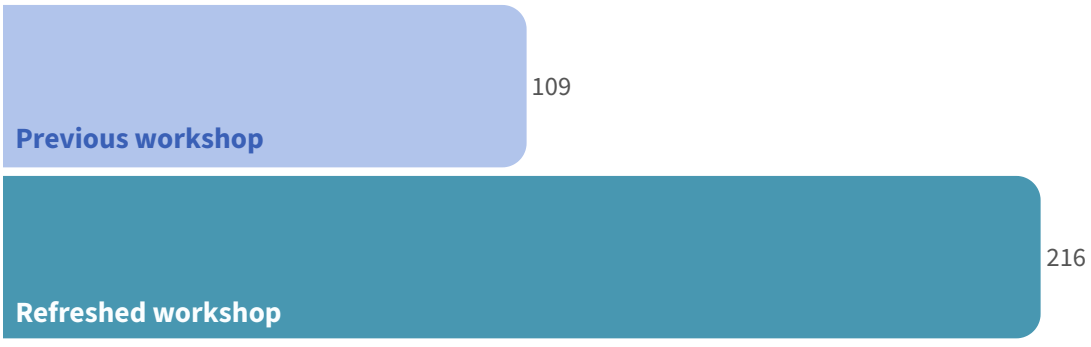
We entered 2025-26 having achieved 84.2% PADR compliance in December 2024 (prior year baseline which was the best in Wales at that point), with staff satisfaction at 87.6% in the 2024 NHS Wales Staff Survey. Our refreshed Inspiring Meaningful Performance Management Workshop, relaunched at the start of 2024-25, had already demonstrated strong early results. The challenge for 2025-26 was to sustain momentum, close the gap to the 85% target, and extend reach to underrepresented staffing groups.

What we did

At the start of 2025-26, we refreshed and relaunched the Inspiring Meaningful Performance Management Workshop to help managers have more productive and honest conversations with their teams, with a focus on performance management as a development tool rather than a compliance exercise.

During 2025-26, the refreshed workshop attracted 216 attendees across 21 sessions, a 67% increase on the previous year. Since its launch, the workshop has reached 257 colleagues in total (69% full-time, 27% part-time, 4% unknown).

Attendance grew by 67% following the workshop refresh



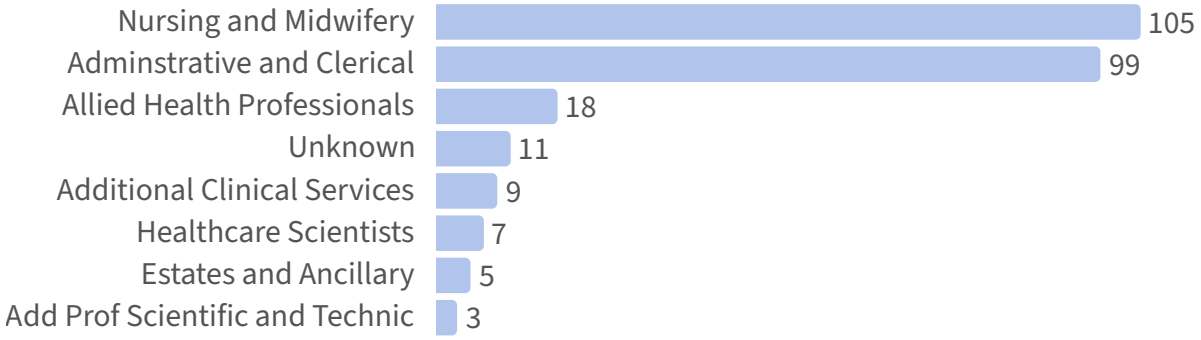
Data spans before and after OCP implementation. Directorate alignments may vary across the dataset.

Attendance in the workshop is particularly strong among nursing and midwifery staff and administrative and clerical staff, who represent 40.8% and 38.5% of attendees respectively.

Women and Children, Operations Management, and Planned and Specialist Care recorded the highest levels of attendance, accounting for 15%, 14%, and 8.5% of all attendees respectively.

Glangwili Hospital had the highest site representation, accounting for 27% of all participants.

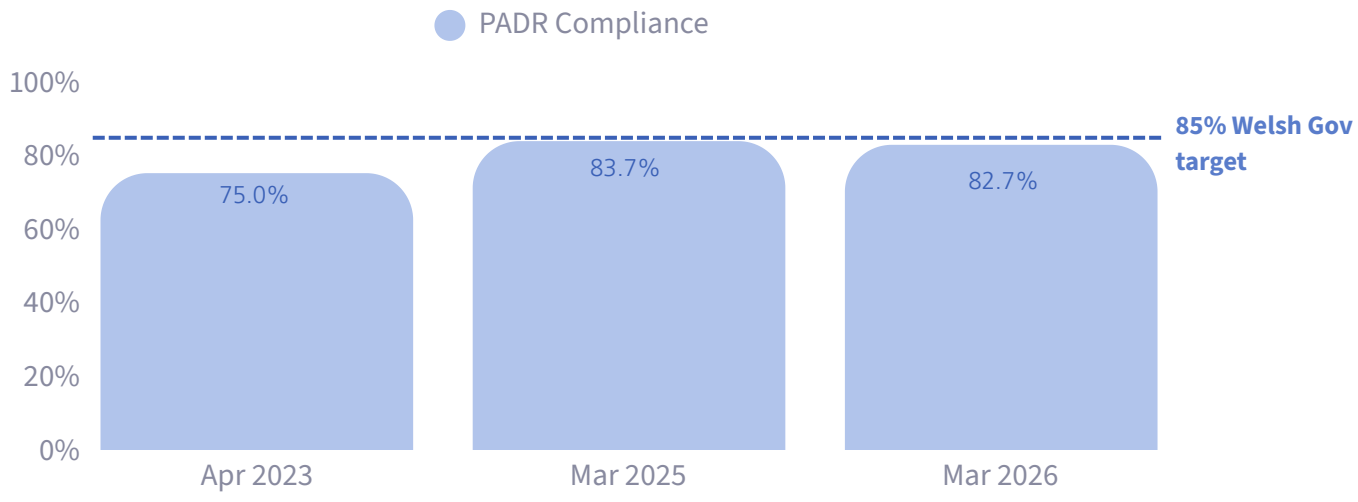
Nursing, Midwifery and Administrative staff make up eight in ten workshop attendees



What changed?

In March 2026, the Health Board's PADR compliance was 82.7%, a 1% decline from the previous year of 83.7% (March 2025). Targeted support is underway, including direct contact with staff in low-compliance areas and engagement with line managers to address barriers.

PADR compliance improved significantly but has dipped below its peak



These figures reflect ESR records updated by line managers and does not capture the quality or frequency of conversations.

What we learned

The 2024 NHS Wales Staff Survey showed 87.6% of staff were satisfied with their performance review, up 3.6% from 84% in 2023 and 1.6% above the NHS Wales average.

87.6%	+3.6%	+1.6%
(2024 satisfaction score)	(increase from 2023)	(above NHS Wales average)

We cannot directly link improvements in performance or PADR compliance to any single programme. However, there are encouraging signs that our Performance Management Programme is building confidence and engagement with the process across the Health Board. Attendees to the performance management workshop consistently report increased confidence in holding meaningful and honest conversations, and a greater understanding of performance management as a development tool.

Ongoing targeted support has identified three main barriers to compliance: technical difficulties with ESR recording, misunderstandings about the purpose of performance reviews, and service pressures making it difficult to prioritise conversations. Workshop attendance is concentrated in nursing, midwifery and administrative staff groups. Allied Health Professionals, Additional Clinical Services and Estates and Ancillary staff remain underrepresented and will be a focus for outreach in the year ahead. The correlation between workshop attendance and compliance (88% of attendees compliant) gives us confidence that accessible and practical development support makes a difference.

Retention and workforce stability

Our Nursing, Medical and Allied Health Professionals (AHP) and Health Sciences (HCS) Retention Groups continue to offer opportunities for staff to share unique experiences to identify and implement new ways of working across the Health Board.

Where we started

In 2024-25, the Health Board achieved its best-ever registered nursing turnover rate, becoming the best performing NHS organisation in Wales. For 2025-26, retention targets were set across the groups: Nursing (0.5% reduction), Medical (1% reduction), and AHP/HCS (1% reduction). Medical turnover remained a concern and was identified as a priority area for the year ahead.

What we did

Retention activity continued at organisational, service and team level. Our Nursing, Medical and AHP/HCS Retention Groups met regularly, using ESR data alongside local intelligence to monitor workforce trends, identify risks and inform improvement opportunities. Areas showing strong progress were also explored to identify what is working well and how it can be replicated elsewhere. Focused improvement work continued in four areas: conflict management, flexible working, workforce wellbeing, and leadership capability.

What changed

Rolling 12-month turnover figures to April 2026 showed:

Staff Group	April 2025	April 2026	Change
Nursing and Midwifery	5.29%	4.08%	-1.21%
Medical	11.78%	12.55%	+0.77%
AHP and HCS	8.31%	7.08%	-1.23%

Nursing and Midwifery

The Health Board has proudly maintained its position as the best performing NHS organisation in Wales for registered nursing turnover since 2024. Welsh Government acknowledged this progress at our Public Accountability Meeting in December 2025. Ongoing monitoring continues to ensure this does not create future talent pipeline pressures, with targeted recruitment and retention strategies in place for high-demand areas.

Medical and Dental

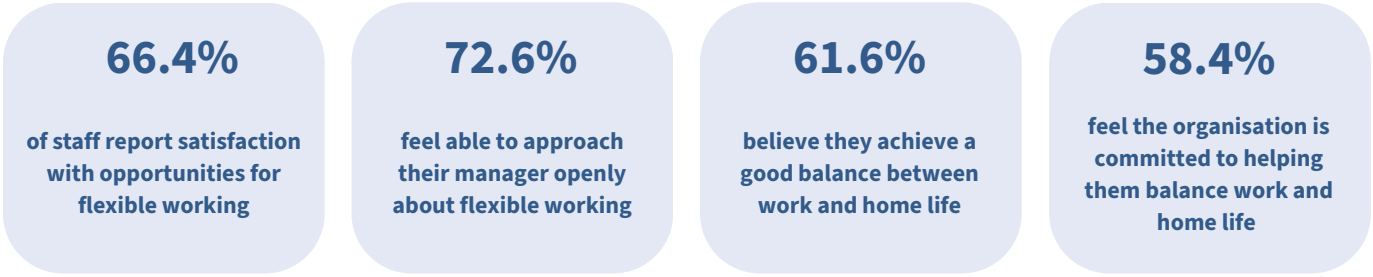
Medical turnover remains a key focus, including ongoing collaboration with our Health Board Medical Workforce Planning Steering Group to ensure an integrated approach across programmes. Data analytics identified high turnover among Specialty Doctors, enabling targeted action to better understand the factors influencing retention and develop appropriate support.

AHP and Health Sciences

Positive progress has been made across AHP and Health Sciences. While both staff groups have seen a reduction in turnover, we continue to work with leaders to understand the similarities and differences in experiences across professions, identify emerging trends, and develop targeted support tailored to each area.

Flexible working as a retention enabler

The Health Board's workforce is increasingly multi-generational, with different expectations around flexibility, wellbeing and career development. Starting in 2024-25, we led a Task and Finish Group for 15 months, embedding flexible working principles into all professional retention groups. Staff Survey results and staff feedback show consistent improvements in perceptions of flexible working over three years. Learning from this work continues to be embedded in leadership development programmes and informs how turnover trends are reviewed.



2025 NHS Wales Staff : Flexible working principles are successfully creating a supportive culture in our rural and regional workforce.

In a rural and geographically dispersed organisation, these findings are particularly significant. They indicate that where flexible working arrangements exist, they are supporting staff to remain in post and balance professional and personal responsibilities. This strength has direct implications for staff retention, wellbeing, and workforce sustainability and represents an area where the organisation has made tangible progress.

What we learned

Our Retention Group priorities remain strategically relevant and continue to shape delivery of our Retention Plan. Retention interventions need to be tailored by staff group and service area as a single organisational approach is not sufficient. Nationally, HEIW is currently evaluating data from the NHS Wales Retention Community of Practice (funded until March 2026), with the findings expected to inform future workforce planning and the ongoing development of retention interventions.

Looking ahead to 2026-27

Whilst this report reflects the progress made during 2025-26, it has also helped shape our priorities for the year ahead. Drawing on the learning and challenges highlighted throughout the report, the following areas will be the focus for our OD work during 2026-27.

Strengthen workforce intelligence and impact evaluation

We will develop and implement an OD-wide dashboard that brings together our data into a single integrated view. Connecting our datasets will help us to move beyond reporting activity and participation towards demonstrating measurable impact and organisational value. This will enable us to:

- Develop a more connected understanding of workforce culture and experience.
- Strengthen the evaluation of OD interventions and their impact on staff, teams and services to support evidence-based decision making and resource prioritisation.
- Identify emerging risks and opportunities earlier by using trend analysis to generate predictive insights.
- Enhance future OD reporting through clearer demonstration of outcomes and return on investment.

This will involve working closely with our Digital Directorate to ensure alignment with the Health Board's Digital Strategic Plan, particularly the Turning Data into Insight priority. Where appropriate, it will also support the integration of OD metrics within the Health Board's Power Business intelligence (BI) dashboard, enabling greater self-service access to workforce intelligence for leaders.

Faculty of OD

As part of our ongoing commitment to workforce sustainability, organisational effectiveness and the development of a positive workforce culture, pending Board approval, the Health Board will explore the feasibility of establishing two complementary Faculties: a Faculty of Education and a Faculty of OD. Together, they would represent a strategic shift in how capability is developed and deployed across the organisation, recognising the interdependence of workforce, organisational and patient outcomes. Rather than introducing additional programmes or initiatives, the Faculties would align these priorities within a single transformation approach.

The establishment of a Faculty of OD is particularly important in the context of the challenges highlighted throughout this report. It would provide a strategic mechanism for bringing together currently dispersed expertise, interventions and resources into a coherent and coordinated approach, ensuring OD activity is better aligned to the Health Board's most pressing cultural and organisational priorities.

By creating a stronger connection between leadership development, workforce experience, organisational effectiveness and improvement activity, the Faculty would help move us from delivering individual interventions towards achieving greater whole-system impact. This would support greater organisational impact by scaling effective practice, strengthening evaluation and aligning workforce investment with cultural and organisational outcomes.

Digital leadership development

Working in partnership with our Digital Directorate, we will develop a framework for building the capability, confidence and behaviours needed for leaders to effectively lead people, services and change in an increasingly digital environment. This will include creating practical resources and targeted development opportunities to support leaders in using digital solutions to improve staff experience, engagement, service delivery and organisational performance. Through a people-first, digital-always approach, we will help leaders embrace the opportunities offered by digital transformation whilst maintaining a strong focus on compassionate, inclusive and visible leadership.

Staff engagement and experience

Our 2025 NHS Wales Staff Survey findings report, shared with the PODCC in May 2026, noted our commitment to undertaking an organisation-wide review of how change is currently designed, communicated and implemented, with a specific focus on staff experience and involvement. The learning will be used to agree clear principles for how staff involvement will be built into change at all levels of the organisation and aligned with our digital leadership development priorities.

Psychological safety, voice and trust

We will move beyond encouraging staff to speak up towards demonstrating that speaking up leads to visible change, with planned actions including:

- strengthening leadership accountability for responding to concerns.
- implementing Active Bystander training.
- improving psychological safety in identified priority areas.
- developing clearer feedback loops so staff can see how their views influence decisions and improvements.

Success will be measured not only by staff willingness to speak up, but also through increased confidence that concerns are heard and acted upon.

Healthy working relationships

We will review our approach to healthy working relationships to inform a refreshed programme supported by realistic and sustainable resourcing. This will include seeking to strengthen alignment between informal and formal processes, ensuring staff and managers are supported to pursue early resolution wherever appropriate, reducing escalation and fostering a culture of constructive dialogue, understanding and accountability.

Recognition and appreciation

We will undertake a Discover Phase to gather staff insights and better understand what recognition and appreciation mean to colleagues across Hywel Dda, ensuring our refreshed programme is shaped by staff experiences and priorities rather than assumptions. Our Charitable Funding will support the continuation of existing programmes while enabling the testing and evaluation of new approaches to everyday recognition and appreciation, helping us develop a more meaningful and sustainable future offer.

Performance management

We will develop a refreshed PADR approach informed by a Wales-wide review of performance management, with new templates aligned to the emerging national Leadership and Management Framework and profession-specific appendices. We will also continue targeted support for lower-compliance areas and expand workshop reach to underrepresented staffing groups. Micro-learning opportunities will be developed to strengthen performance management capability across the Health Board.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

4.4

11:39, 3 Mins

4.4 - Speak Up – Make Meaningful Change Update on Progress

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

For assurance

Attachments

4.4 PODCC Speak Up Report August 2026 FINAL.pdf

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:**	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:**	Rob Blake – Head of Culture & Workforce Experience Corinna Lloyd-Jones – Interim Assistant Director of Organisation Development

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 remains to ensure that individuals at every level of the organisation are confident in how to raise concerns, challenge practice or share ideas relating to patient care, workforce wellbeing and wider organisational issues, without fear of detriment or reprisal. This commitment supports greater organisational transparency, accountability and shared learning, whilst reinforcing a proactive approach to delivering a compassionate, responsive and continuously improving health service for the people of Wales.

Since the previous update to the Committee in February 2026, Hywel Dda University Health Board (HDdUHB) has continued to progress the implementation of the Speak Up, Make Meaningful Change (SUMMC) agenda. The Health Board has also sought to align this work with broader organisational priorities relating to culture, employee wellbeing, inclusion and compassionate leadership, ensuring that speaking up is recognised as a key enabler of quality, safety and continuous improvement.

The purpose of this paper is to provide a further update on the SUMMC agenda, initially introduced in the Committee in June 2023. This report represents the third bi-annual update requested by the Committee and aims to provide assurance and oversight of the progress made in embedding the SUMMC principles across HDdUHB. The report highlights achievements to date, key performance indicators, emerging themes, areas of good practice and the priorities for the next reporting period.

Cefndir / Background

The Freedom to Speak Up (FTSU) agenda continues to evolve significantly within NHS England following the closure of the National Guardian's Office on 30 June 2026, with NHS England assuming responsibility for national Guardian support, training, policy development

and data analysis. This change reflects a wider shift towards greater organisational accountability for creating open, transparent and psychologically safe cultures. At the same time, assessment of FTSU arrangements is moving beyond the presence of policies, Speak Up Guardians and reporting mechanisms, towards a stronger focus on organisational culture, staff experience and demonstrable learning. Organisations are increasingly expected to evidence that colleagues feel safe to speak up, trust that concerns will be acted upon, experience fair treatment and can see meaningful improvement resulting from concerns raised. Increased scrutiny is also being placed on leadership behaviours, psychological safety, inclusivity and Board oversight of cultural indicators

Whilst these developments apply to NHS England, they provide an important indication of the future direction of travel for healthcare organisations across the UK, including NHS Wales. For HDdUHB, the implications are a continued need to strengthen psychological safety, leadership accountability and organisational responsiveness to staff concerns, while ensuring robust Board assurance regarding culture and employee experience. Increasingly, the effectiveness of speak up arrangements will be assessed not by the existence of processes, but by the extent to which staff feel heard, supported and able to influence meaningful organisational change.

The past six months have seen HDdUHB continue to strengthen its organisational approach to psychological safety, openness and compassionate leadership through the ongoing implementation of the SUMMC framework. Since its introduction in October 2024, SUMMC has become increasingly embedded within the Health Board's wider culture and workforce experience agenda, supporting a proactive and preventative approach to addressing concerns, learning from staff feedback and driving meaningful improvement. While progress has been made in increasing awareness of speak up mechanisms and embedding the principles of SUMMC across the organisation, further work remains to ensure consistency of experience across all services and staff groups. The Health Board remains committed to learning from concerns raised, responding in a timely and transparent manner, and fostering an environment where staff voices are valued and acted upon.

A significant area of progress has been the continued development of leadership capability to create and sustain psychologically safe working environments. Psychological safety is a recurring theme throughout the Health Board’s leadership development programmes, underpinning the promotion of compassionate leadership behaviours, visible leadership and an ability to respond effectively and constructively to concerns raised by staff. These programmes aim to equip leaders with the skills and confidence required to foster openness, encourage challenge and create environments where staff feel safe to speak up. Continued focus is required to this becomes fully embedded and consistently experienced across all areas of the organisation.

The Health Board also continues to acknowledge the unique challenges associated with its historical organisational context, multi-generational workforce and the sustained operational pressures facing the NHS. However, the increased use of speak up mechanisms, alongside positive feedback from staff engagement activities, suggests that trust in the organisation's commitment to listening and responding is continuing to develop. Whilst the culture remains fragile in some areas and variability in staff experience persists, there is evidence (NHS Wales 2025 Staff Survey findings) that the organisation is moving in the right direction and avoiding the stagnation reported elsewhere within the wider NHS system.

Looking ahead, the Health Board will continue to focus on strengthening psychological safety, increasing awareness and accessibility of speaking-up routes, improving feedback mechanisms and ensuring organisational learning is visible and meaningful. Attention will be

given to enhancing leadership capability, widening engagement with underrepresented staff groups and further embedding speak up principles within everyday working practices.

Through these actions, HDdUHB will continue to build a culture in which staff feel safe, respected and empowered to contribute to the continuous improvement of services for patients, communities and colleagues.

Asesiad / Assessment

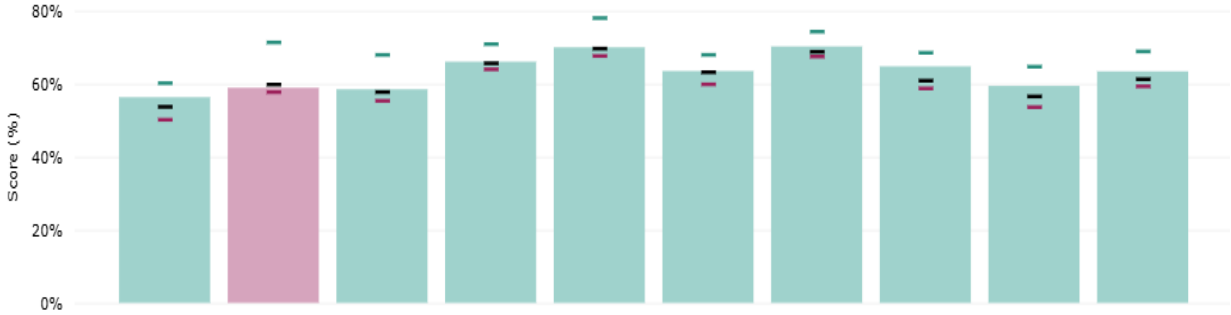
The effectiveness and impact of this strategy continue to be measured through quantitative data, with the NHS Staff Survey serving as a key source of evidence.

Findings from the 2025 Staff Survey highlighted:

- The 'We Are All Able to Speak Up' theme achieved the third-highest positivity score across all ten survey themes. Performance was also 0.4 percentage points above the national benchmark, indicating a culture in which staff feel able to raise concerns and share their views.

Positivity scores by survey theme: 2025 NHS Wales Staff Survey: Hywel Dda University Health Board: Multiple Tier 2s: Multiple Tier 3s: Multiple sites: Multiple staff groups

*With green and pink bars indicating scores above and below the benchmark**



	Morale	Patient safety	Staff engagement	We are all able to speak up	We are compassionate and inclusive	We are continuously learning and improving	We are stronger together	We champion flexible working	We nurture healthy working environments	We recognise everyone's contribution
Positivity score	56.3%	58.9%	58.5%	66.0%	70.0%	63.5%	70.2%	64.8%	59.4%	63.4%
Benchmark*	53.7%	59.7%	57.7%	65.6%	69.6%	63.1%	68.7%	60.8%	56.5%	61.2%
Highest performing org.	60.2%	71.3%	67.9%	70.8%	78.0%	67.9%	74.3%	68.5%	64.7%	68.8%
Lowest performing org.	50.1%	57.7%	55.3%	63.9%	67.6%	59.8%	67.4%	58.7%	53.6%	59.3%

Overall, the results are favourable, with six of the ten questions achieving positivity scores above the NHS Wales Health Board average. Key strengths are evident in areas relating to trust, responsibility, ethical and clinical practice, and staff autonomy. Staff generally report feeling trusted, capable and empowered to undertake their roles effectively.

HDUHB

Question	Positivity score	Benchmark	Variance from Benchmark
14b) I am trusted to do my job.	88.5%	87.4%	▲
14a) I always know what my work responsibilities are.	81.7%	82.4%	▼
14j) I would feel secure raising concerns about unethical behaviour.	76.8%	75.0%	▲
14i) I would feel secure raising concerns about unsafe clinical practice.	75.1%	74.8%	▲
14d) I have a choice in deciding how to do my work.	73.7%	68.6%	▲
14c) There are frequent opportunities for me to show initiative in my role.	72.4%	71.5%	▲
17d) I feel safe to speak up about anything that concerns me in this organisation.	55.4%	56.7%	▼
14k) I am confident my organisation would address my concern.	52.8%	52.2%	▲
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	44.2%	44.7%	▼
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	39.6%	42.4%	▼

However, several areas require further attention. Lower positivity scores were recorded in relation to staff confidence in speaking up, confidence that concerns raised will be acted upon appropriately and involvement in decisions regarding organisational change. These areas also demonstrate negative year-on-year variance, indicating a decline in staff perceptions compared to the previous reporting period.

While staff feel empowered within their individual roles, the findings highlight an ongoing challenge in relation to organisational listening and responsiveness. In particular, there is a gap between staff willingness to raise concerns and their confidence that meaningful action will follow. This theme is also reflected in other sources of staff experience data and suggests a need to strengthen feedback mechanisms, engagement processes and visible organisational responses to concerns raised.

Working In Confidence

The Working in Confidence (WiC) platform remains a key component of the Speak Up Strategy, supporting staff to raise concerns anonymously where they may feel unable or reluctant to do so through other channels. The platform helps to build trust between the responder and colleague, enabling concerns to be explored, understood and resolved in an appropriate, timely and supportive manner. By providing a safe and confidential mechanism for raising issues, the platform contributes to a culture in which staff feel empowered to speak up and confident that their concerns will be listened to and managed effectively.

In response to the ongoing need to evaluate both national and local priorities, the Culture and Workforce Experience (CWE) Team continues to assess and introduce 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
- 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

During the past six months:

- 35 new user accounts were opened to utilise the system.
- New responders from the Equality, Diversity and Inclusion (EDI) Team have been added to the platform to provide specialist support and guidance for any concerns raised under the EDI category.

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*
Jan 2026 – June 2026	22 **(-24%)**	12 **(-50%)**	10	15 hours	29 days
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 decrease in both the number of concerns raised and the number subsequently closed. Positively, the average time to first response has improved significantly, reducing from 4 days to 15 hours. However, the average time taken to close conversations has increased from 20 days to 29 days, representing a 45% increase. This measure continues to be influenced by a small number of particularly complex cases that require extended management and resolution.

Responders continue to utilise the platform to build confidence and trust with colleagues who raise concerns. In some cases, for appropriate action to be taken, it may be necessary for the

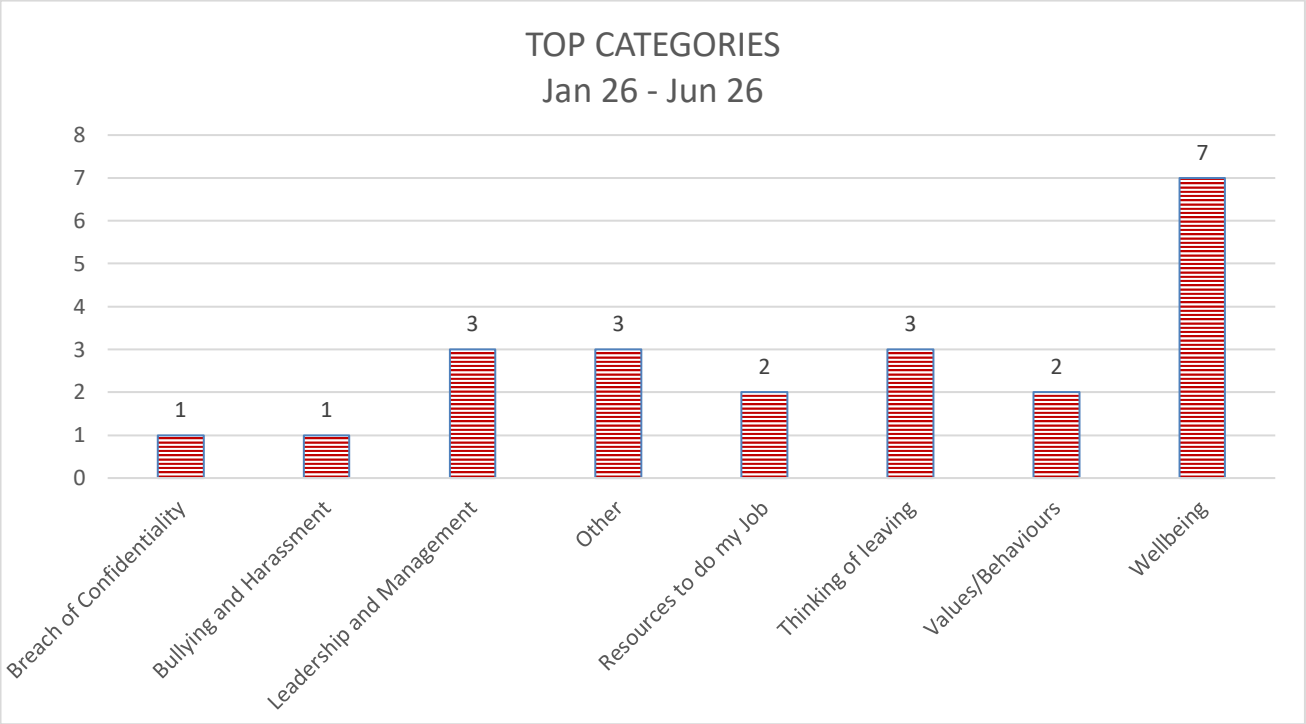
individual raising the concern to disclose their identity. This process can be time-consuming and may not always be possible, particularly where psychological safety concerns exist or where individuals do not feel sufficiently confident to be identified.

Current open conversations relate to the following categories:

- Breach of Confidentiality
- Bullying and Harassment
- Clinical Concerns
- Leadership and Management
- Other
- Patient Safety
- Resources to Do My Job
- Values and Behaviours
- Wellbeing

Analysis of platform usage indicates that Wednesday is the most common day for colleagues to initiate a conversation, with 8:00am being the most frequent time at which concerns are raised.

The category of “Wellbeing” recorded the highest number of concerns, representing a 133% increase compared with the previous 6-month period. This was followed by “Leadership and Management”, “Thinking of Leaving” and the universal “Other” category.



The next most frequently reported categories were “Resources to do my job” and “Values/Behaviours”. Notably, there were no “discrimination”, “Patient Safety” or “Diversity and Inclusion” related concerns in this 6-month period, as there were in the previous 6 months.

There have been reductions in the number of concerns raised across several categories, including “Leadership and Management”, “Other” and “Thinking of Leaving”. This suggests a lower volume of concerns being reported within these areas during the reporting period, although ongoing monitoring will be required to determine whether these reductions represent a sustained trend.

Whilst the last six months have seen a reduction in the number of colleagues utilising the Speak Up process, colleagues continue to use the strategy to raise concerns and seek support. There is encouraging evidence that many individuals are increasingly engaging directly with designated responders to discuss issues informally, explore options for resolution and address concerns at an earlier stage. This suggests growing awareness of available speak up routes and a willingness to seek constructive resolution where possible.

Category	Jan 24 to Jun 24	Jul 24 to Dec 24	Jan 25 to Jun 25	Jul 25 to Dec 25	Jan 26 to Jun 26	Difference from previous 6 months
Leadership and Management	4	3	4	8	3	-5
Breach of Confidentiality					1	1
Discrimination	1	2		3		-3
Other	4	4	4	6	3	-3
Wellbeing			1	3	7	4
Diversity and Inclusion Matters				2		-2
Patient Safety			2	3		-3
Thinking of leaving			1	2	3	1
Benefits, Rewards and Recognition		1	1			
Clinical Concerns			1			
Support around Finances			1			
Resources to do my Job		1	2		2	2
Values/Behaviours		4	4	1	2	1
Bullying and Harassment	1	4	6	1	1	
Total	**10**	**19**	**27**	**29**	**22**	**-7 (-24%)**

Despite the reduction in case numbers, the themes emerging from concerns raised remain consistent with previous reporting and continue to provide valuable insight into organisational culture, leadership behaviours, workforce wellbeing and patient safety. The continued use of both formal and informal speak up mechanisms highlights the ongoing importance of maintaining accessible, trusted and responsive routes for colleagues to raise concerns, ensuring that issues are addressed promptly and opportunities for organisational learning are maximised.

WiC Platform Trends 2022–2026

Since its introduction in 2022, the WiC platform has shown a progressive increase in utilisation, reflecting growing awareness, trust and engagement amongst colleagues.

2022 – Foundation Stage
During the first year, reporting activity was relatively low, with concerns raised intermittently. This is consistent with the early stages of implementation, where awareness of the platform, understanding of its purpose and confidence in using the system were still developing.

2023 – Increased Engagement
Throughout 2023, levels of reporting became more consistent, with a gradual rise in monthly activity. This suggests that colleagues were becoming more familiar with the platform and increasingly willing to use formal speaking-up routes to raise concerns and seek support.

2024 – Significant Growth
Reporting volumes increased markedly during 2024, with more frequent periods of heightened

activity. This rise is likely to reflect a combination of increased confidence in speaking up and greater visibility of workforce, cultural and leadership related concerns.

2025/26 – Continued Utilisation

High levels of reporting continued throughout 2025, with activity remaining relatively sustained across the year. Whilst this may indicate that speaking up is becoming more embedded within organisational culture, it also highlights the persistence of concerns relating to leadership, workplace culture, employee wellbeing and organisational processes. Whilst the organisation has experienced lower engagement with the WiC platform during the first half of 2026, valuable speak up intelligence continues to be gained through a range of informal routes, including where colleagues are informally engaging directly with other designated responders. This suggests that, whilst formal reporting volumes have reduced, colleagues continue to raise issues and utilise alternative mechanisms to have their voices heard.

The organisation has also experienced an increase in the use of the anonymous discussion boards provided through WiC. A growing number of concerns have been raised in relation to car parking, waste management and the condition of working environments and facilities. This trend suggests that colleagues are willing to highlight issues affecting their experience at work when they can do so through a confidential and anonymous channel. It also indicates that staff may perceive limited alternative mechanisms within the organisation for raising concerns and influencing positive change.

Overall, the trend demonstrates a positive increase in colleague confidence and willingness to raise concerns, representing a strengthening of employee voice and engagement. However, the sustained level of reporting suggests that many underlying issues continue to emerge across the organisation and may require broader systemic action to address root causes. While the platform is increasingly being used as intended, the volume and consistency of concerns indicate that organisational culture, leadership behaviours and workplace experience remain key areas requiring ongoing attention and improvement.

Conclusion

The SUMMC agenda continues to mature across HDdUHB, with evidence of increasing organisational commitment to psychological safety, compassionate leadership and employee voice. Although WiC reporting has reduced during the first half of 2026, colleagues continue to utilise a range of formal and informal speak up routes, demonstrating ongoing confidence in raising concerns and seeking support.

The findings suggest that speaking up is becoming more embedded within organisational culture, however recurring themes relating to leadership behaviours, wellbeing, organisational responsiveness and confidence that concerns will lead to meaningful action indicate further improvement is required to achieve a consistently positive staff experience across all areas of the Health Board.

The national direction of travel further reinforces the importance of this agenda, with increasing emphasis on organisational culture, psychological safety and demonstrable learning rather than simply the existence of reporting mechanisms. Whilst progress has been made, the continued emergence of similar themes across multiple feedback channels suggests that some cultural and systemic challenges remain. Sustained focus on leadership accountability, visible organisational learning and strengthening staff confidence that concerns will be listened to and acted upon will be critical to maintaining momentum and supporting further cultural improvement.

Future Progression

To further support the Speak Up agenda, Workforce and Organisational Development (WOD) will utilise NHS Wales Staff Survey data to target interventions where colleagues have identified barriers to speaking up:

- Include the delivery of Active Bystander training and other targeted programmes designed to strengthen psychological safety and encourage constructive challenge.
- Align emerging workforce strategies, including the Sexual Safety Strategy, with the SUMMC framework to create a more coherent and integrated approach to employee voice, psychological safety and organisational culture. This will create a more consistent and coordinated approach, helping colleagues understand their support options and feel confident to raise concerns.
- Undertake a targeted recruitment campaign for Speak Up Guardians to strengthen the network's capacity and visibility across the organisation. Recruitment to these roles has continued to be challenging, largely due to difficulties in releasing staff from their substantive posts to undertake what is currently a voluntary role alongside existing responsibilities. Consideration should therefore be given promoting the role's strategic importance to ensure a sustainable and representative Guardian network that can effectively support the SUMMC agenda.
- Undertake a review of the training provided to responders and Speak Up Guardians to ensure it adopts a more trauma-informed approach. The increasing complexity and breadth of issues being raised can have a significant emotional impact on those listening to and supporting colleagues through difficult experiences. It is therefore essential that appropriate safeguards, training, supervision and wellbeing support are in place to protect responders and Speak Up Guardians, enabling them to fulfil their roles effectively while maintaining their own psychological wellbeing.

Argymhelliad / Recommendation

The Committee is asked to:

- **TAKE ASSURANCE** from the progress made in embedding the SUMMC agenda and the continued availability and utilisation of formal and informal speaking-up mechanisms across the HDdUHB.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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, and builds sustainable social partnerships that prioritise inclusion and equity to ensure the experience of underrepresented communities and voices inform decision making.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
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
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams 2. Customer Service Excellence 6. Safe, Timely, High Quality Care
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	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
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)*	3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions. 6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS England » The future of Freedom to Speak Up Revised responsibilities for Freedom to Speak Up in the NHS - Patient Safety Learning
Rhestr Termau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	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.
Tegwch Iechyd: Health Equity:	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.

4.5

11:42, 4 Mins

4.5 - Organisational Change Process

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

For assurance

Attachments

4.5 SBAR General Overview - OCP Report - V5.pdf

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:**	Organisational Change Programmes (OCPs) – General Overview Paper
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & Organisational Development & 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 Trafodaeth/ For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board manages 34 organisational change programmes (OCPs) across clinical, operational and corporate services. These programmes range from early scoping and engagement to formal consultation and implementation. Several significant programmes are progressing or entering the pipeline, including Pembrokeshire Community Nursing, Operations Directorate Phase 2 and the Workforce and Organisational Development (W&OD) realignment.

The principal assurance concern relates to the Health Board's ability to deliver the cumulative portfolio of change programmes within available organisational capacity. While each programme may be justified individually, the increasing volume and interdependency of initiatives creates a risk that prioritisation, sequencing and delivery become compromised, resulting in delays, implementation challenges, workforce fatigue and deferred benefit realisation.

This report provides the Committee with:

- an overview of the portfolio position reported at 25 June 2026;
- an assessment of the controls and management arrangements described;
- the principal strategic and operational risks and dependencies;
- the actions underway or planned to strengthen oversight.

Cefndir / Background

OCPs support service transformation, workforce redesign, structural change and new models of delivery. The Operational Workforce Team leads W&OD support under the All-Wales

Organisational Change Policy, with input from Organisational Development, recruitment, workforce planning, finance, service management and trade union partners.

The portfolio has remained at approximately 30 to 40 programmes for several years. Current programmes are, however, more complex and interconnected. Common features include seven-day working and rota redesign, structural and leadership changes, cross-directorate dependencies, multiple staff impacted, new roles and recruitment activity, and the need for coordinated service, workforce, financial and digital planning.

The paper reports the following position across the 34 programmes:

- 35% assessed as Assure and progressing well;
- 56% assessed as Advise, with delays at drafting, approval, financial validation or final business case stages;
- 9% assessed as Alert, having stalled principally because of financial constraints, lack of clarity or unresolved dependencies; and
- 22 programmes in pre-consultation or early engagement, creating a sizeable pipeline that may progress concurrently.

This risk is further amplified by the inclusion of the ongoing W&OD realignment and a number of other programmes that are at an early stage of development. Collectively, these initiatives introduce organisation-wide and cross-cutting change requirements that may affect leadership structures, spans of control, administrative and operational staffing models, digital capability, and the implementation of new models of care. In addition, there is a risk that staff who are directly affected by organisational change within their own service areas are also required to support the development and delivery of other transformation programmes, creating additional pressures on capacity, resilience and programme delivery.

The programme detail in Table 1 covers those at formal consultation stage or beyond and is based on information dated 25 June 2026.

Asesiad / Assessment

OCPs have entered a phase of heightened strategic importance and complexity, with a shift from discrete service-level changes to large-scale, system-wide transformation programmes.

While these programmes are critical to future sustainability and service modernisation, they are being introduced into a system already experiencing service pressures, delays around the process/governance of current OCPs which is causing staff anxiety - some staff remain displaced following an earlier OCP and trade unions have raised concerns about timeliness. This is coupled with more limited workforce capacity to support managers from planning to full implementation and review due to equally important and competing priorities, for example a simultaneous imperative for a reduction in sickness absence and increasing and more complex employee relations caseloads where the imperative is to reduce case timelines.

Business case complexity is also increasing with a number of high impact cases including OCP2 in the Operations Directorate. The scale and breadth of some of these OCPs is far reaching, including a number of senior leadership team (SLT) restructurings with further interdependencies across directorates and enabling functions. Demand by services for Organisational Development (OD) support around culture, team building and engagement aligned to OCPs is also on the increase as are the number of new roles arising out of OCPs

that require recruitment/selection processes alongside other high volume and business as usual (BAU) recruitment.

OCPs currently in progress
The below provides details of the OCP position for cases at formal consultation stage or beyond as at 25 June 2026. Please note, OCPs may have moved on between the date of the report and Committee meeting.

Table 1

OCP	Status / RAG	Key assurance or risk point
Switchboard	Withdrawn post-final structure / Red	Implementation is dependent on resolution of technical alarm issues; staff remain affected.
Cook Freeze	Partly implemented, Withybush Hospital (WGH) complete / Amber	Equipment cost remains a constraint.
Pembrokeshire Community Nursing	Consultation / Green	Large-scale change affecting approximately 90 employees; collective and individual processes required.
Dental Restructure	Consultation / Green	No specific exception reported.
Radiology Senior Leadership Team	Consultation / Green	No specific exception reported.
Meddygfa'r Sarn GP Practice	Board stage / Amber	Public impact identified.
Estates Structure	Consultation / Green	Management restructure following separation from Facilities.
Facilities Structure	Consultation / Green	Management restructure following separation from Estates.
Strategic Planning	Consultation / Green	Structural redesign; no specific exception reported.
Clinical Services Programme	Task and Finish Group after Board consideration / Green	Nine programmes to scope; full impact not yet known.
Operations Directorate Phase 2	Consultation closed; feedback and final structures / Green	Large-scale redesign, reported to affect more than 50 individuals.

W&OD	Consultation closed; feedback and final structures / Green	W&OD staff are supporting other OCPs while also affected by their own organisational change.

Due to the addition of new OCPs coming through the system, there is a significant and increasing gap between OCP demand for support and system capacity to deliver: -

a. Operational Workforce teams
The team are simultaneously being tasked with reducing employee relations case timelines when case numbers are not only rising but are increasingly complex in nature with complainants also utilising Artificial Intelligence (AI) to write their cases and quoting case law which, whilst not always relevant to their issues, still requires addressing. In addition, reducing sickness absence in line with the Health Board target for 2026/2027. They are also managing absence levels in their own teams with vacancies being held or removed to deliver on the overarching savings requirement and are themselves experiencing increasing levels of sickness absence than seen in previous years.

Managing multiple concurrent OCPs alongside service delivery pressures, employee relations case work, more Respect & Resolution appeals, increasing prevalence of dis-engagement or delays to restoring relations which adds to the caseload and increased support being sought in terms of absence management, demand is at an all-time high.

b. Specialist knowledge requirement

Effective OCP support requires specialist knowledge of delivery on redundancy/ restructuring programmes as it is prescribed by employment legislation and can carry high risk if policies, procedures and/or the law is not followed whether that be claims of unfair dismissal or discrimination arising from the process. For this reason, the majority of OCP work is handled by an experienced Workforce Manager. For Carmarthenshire this equates to five individuals and for Pembrokeshire and Ceredigion combined, four individuals with 2 Assistant Heads of Workforce also overseeing/ involved in OCP cases.

c. Managers are also more challenged by limited capacity to lead engagement, consultation and implementation effectively which has consistently led to increased occurrences of slippage to delivery against the timelines outlined to staff and, whilst not qualified or quantified may also be leading to poorer quality in the engagement and feedback cycle. Similarly, feedback from some OCP business cases can be substantial and require significant time to process and review against the initial proposals to shape the final structures.

d. Recruitment Teams are dealing with increasing demand generated by multiple redesign programmes, mass recruitment campaigns and increasing applications generated via AI which need to be longlisted to support managers focus on shortlisting those applications more likely to meet all the essential criteria.

e. OD - Leadership Development who run the senior recruitment assessment processes for all Band 8c and above recruitment activity. Demand for this service was anticipated to reduce following conclusion of OCP1 but it has not and has steadily increased each year.

f. OD – Relationship Managers – increasing demand for culture work associated with OCP engagement and post implementation team building programmes – this is a small team and they are simultaneously delivering cultural programmes and interventions aligned to staff survey results and ER cases alongside their business-as-usual activity.

   Timescales are also overrunning which means that is becomes impossible to workforce plan programme activity and phasing of OCPs which also creates competing priorities across the Health Board for ongoing OCP support.

g. For Workforce Planning / Operational Workforce / OD Teams – there continues to be sustained high demand for support across:

   - Pre-consultation design and shaping
   - Formal consultation processes to be mapped and queries to be dealt with
   - Engagement and organisational development support

Additional W&OD pressures and demand generated by the W&OD OCP itself, further stretching resource internally but also placing staff in a position of potentially being displaced at a time when they are supporting others through the same process. Whilst a number of W&OD colleagues will have experienced this previously in their careers, we nonetheless need to be mindful of the potential impact on individual wellbeing and burnout across the W&OD function as they too go through an OCP process.

Our trade union colleagues also manage a high case load for example from employee relations case work at an individual level, OCP engagement (collectively and individually) and the increasing number of CSP workstreams they are also actively engaged in. In recognition of this increased workload funding has been allocated from the core W&OD budget into the trade union facilities time budget and this started to take effect between 13 July 2026 and 3 August 2026.

The impact of a sustained programme of OCP business cases over the past few years where similar numbers have been seen, just not as complex or interdependent as they now appear and with the expectation of more business cases to follow, suggest that we need to consider our risk appetite (strategically and operationally) for:

- Slower progression across the OCP lifecycle
- Variable quality and consistency of approach
- Growing risk of workforce change fatigue
- Pipeline congestion, with many OCPs not progressing beyond early stages in a timely manner
- Deferred Executive approval where quality/clarity is questioned or the proposals themselves are not viable
- Delays or issues with financial validation which means that the preferred model for change cannot be supported
- Alignment or sequencing and prioritisation across the various programmes and unintended consequences where business cases have not considered the broader impact on other services.

The introduction of some system improvement programmes will further increase the demand on governance and approval routes and require coordinated decision-making across workforce, digital, and operational strategies. This is due to: -

- Potential large-scale workforce redesign,

- New workforce models
- Increasing digital ways of working
- Requirement for reskilling
- Redeployment implications
- Cultural change

Gaps in assurance to be addressed in future reporting
To enable the Committee to take stronger assurance, future reports will provide a concise portfolio dashboard containing:

- The current total and movement since the previous report, by stage and 3A rating;
- Named Senior Responsible Owner and accountable Executive Director for each programme;
- Staff affected and cumulative change impact by service or workforce group;
- Resource and capacity assessment across workforce, OD, recruitment, finance, digital, management and trade union support;
- Financial validation status, anticipated costs, savings and benefits at risk;
- Key dependencies, decisions required and escalation status;
- policy, legal or consultation exceptions and the action taken.

Looking Forward
There are a number of actions being taken or planned:
Immediate/Short Term Actions

- Advance the implementation of OCPs being recorded on ER Caseworker with regular tracking of overdue actions monitored by a new Head of Service (if confirmed post W&OD's OCP final structure) and exception reporting to the W&OD Senior Leadership Team (SLT) on a monthly basis.
- Prioritising high-risk/alert OCPs for escalation and review

Medium-Term

- Review the OCP governance framework that sits below the All-Wales OCP Policy
- Strengthen programme management capacity and priority at a service level
- Ensure each OCP is aligned to strategic and financial priorities

Strategic

- Explore potential to rationalise the OCP portfolio (stop/start/prioritise)
- Develop clear pipeline planning process
- Further enhance collaboration between W&OD, finance, and service redesign

To support and enable this shift in approach, colleagues across Workforce and OD came together for a Workforce Stabilisation Workshop on 23 July 2026 to consider a number of workstreams (one of which related to OCPs) and actions that could be taken in light of the impact arising from the above challenges. This work is currently being mapped into priority actions for a 30/60/90 day implementation schedule.

Conclusion

The Health Board has established policy-based arrangements and specialist support for the management of individual organisational change programmes. The paper also demonstrates that key pressures, dependencies and risks are recognised.

The principal limitation is the absence of a consistently evidenced, Health Board-wide portfolio control framework that shows how programmes are prioritised and sequenced against capacity, how exceptions are escalated and resolved, and how delivery and benefits are tracked. Several of the proposed controls are still to be advanced, reviewed or developed.

The immediate priority is therefore to strengthen portfolio-level oversight while maintaining safe and policy-compliant management of individual programmes.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee is asked to:

1. **NOTE:** the scale, complexity and reported status of the organisational change portfolio as at 25 June 2026;
2. **TAKE ASSURANCE:** that individual OCPs are being managed through recognised policy, consultation, specialist workforce support and trade union engagement arrangements, while noting the limitations set out in this report;
3. **CONSIDER:** the risks arising from capacity constraints, financial and governance delays, programme interdependencies, workforce change fatigue and the potential delay to benefits realisation;
4. **SEEK ASSURANCE:** that a Health Board-wide approach to portfolio prioritisation, sequencing and capacity planning will be established and applied;
5. **REQUEST** a time-bound improvement plan covering portfolio monitoring, exception reporting, governance review and the 30/60/90-day workforce stabilisation actions, with named owners and evidence of impact; and
6. **RECEIVE:** a refreshed portfolio assurance report at an appropriate future meeting, including progress against milestones, overdue actions, capacity, dependencies, financial validation, staff impact and benefits realisation.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.1 Seek assurance that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of inclusive, high quality, safe services/programmes and functions across the whole of the Health Board's activities.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	2305
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
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
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
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)*	1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives. 2. Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Wellbeing. 3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Contained in body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:	N/A

Parties / Committees consulted prior to this meeting:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The OCP portfolio has material financial dependencies, including affordability, financial validation, equipment costs, savings requirements and the risk of delayed benefits.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct patient-care impact arises from presenting this report. Delayed, poorly sequenced or inadequately resourced organisational change may affect service delivery and the timely implementation of new models of care. Programme-level quality impact assessments should be confirmed.
Gweithlu: Workforce:	Material impact. Programmes affect staff structures, roles, locations, working patterns, recruitment and redeployment. The cumulative portfolio creates risks of uncertainty, change fatigue, disengagement, absence and burnout.
Tegwch Iechyd: Health Equity:	To be assessed at programme level, particularly where service location, access, operating models or workforce distribution change. The source paper does not provide a consolidated assessment.
Risg: Risk:	Material risks relate to capacity, delay, governance, finance, workforce fatigue, interdependencies, legal or policy compliance, reputation and benefits realisation. The relevant corporate or operational risk references and scores should be confirmed.
Cyfreithiol: Legal:	OCPs must comply with employment law and applicable policy and consultation requirements. Failure to do so may create unfair dismissal or discrimination risk. Specialist workforce input is therefore a key control.
Enw Da: Reputational:	Extended delays, inconsistent engagement or poorly managed change may reduce staff, trade union, public and stakeholder confidence.
Gyfrinachedd: Privacy:	No specific privacy issue is identified in the source paper. Programme teams should continue to handle employee information in accordance with applicable information-governance requirements.
Cydraddoldeb: Equality:	Equality considerations may arise from changes to roles, structures, working arrangements, locations, redeployment or redundancy. Equality impacts should be assessed and evidenced for each applicable OCP.

4.6

11:46, 4 Mins

4.6 - Grip and Control Assessments

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

For assurance

Attachments

4.6 Grip Control SBAR.pdf

4.6 Appendix 1 - Financial Grip and Control - Hywel Dda ARAC.pdf

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:**	Grip and Control Assessment
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)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development and Culture Committee (PODCC) is asked to take assurance from this update that work is ongoing to address the workforce specific gaps which were highlighted in the Grip and Control Assessment previously presented to the Audit Risk and Assurance Committee (ARAC) on 7 May 2026.

Cefndir / Background

The Financial Planning and Delivery Directorate of Welsh Government NHS Performance and Improvement (P&I) developed a financial grip and control framework which was shared with Health Boards in March 2026. The framework sets out the core financial, workforce and procurement grip and control measures needed to safeguard financial stability during period s of significant financial pressure.

All organisations were asked to complete a self-assessment with a transparent appraisal of all areas, demonstrating evidence of both the existence of the control and its effectiveness, with a view to identifying areas of strength as well as gaps where improvement was required.

Hywel Dda University Health Board completed its self-assessment and presented the results of this to the Audit, Risk and Assurance Committee on 7 May 2026 where it was agreed that the actions being taken to address the gaps identified in the assessment relating to workforce control measures would be monitored by the People, Organisational Development and Culture Committee.

Asesiad / Assessment

A workforce programme has been developed to undertake improvement and financial savings delivery linked to 6 areas which were also highlighted as areas of concern by NHS P&I.

These themes are:-

- Theme 1 – Sickness Absence management
- Theme 2 – Band 7 – 9 Workforce Growth
- Theme 3 – Admin & Clerical Workforce Growth
- Theme 4 – Variable Pay Reduction
- Theme 5 – Workforce Controls (Establishment Control)
- Theme 6 – Recurrent Savings Delivery (OCP process to deliver recurrent 5% CIP Savings

Within the work programmes for the six themes all of the outstanding grip and control measured in the report to ARAC have been incorporated into the 30, 60 and 90 actions. The only remaining gap in control links to inconsistent mileage and travel allowances. This will be further explored and built into a monthly reporting of high expenditure categories.

It is intended the programme plans for the above themes will be reported to future PODCC meetings with confirmation of closed gaps as they are achieved.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee is asked to **TAKE ASSURANCE** that work is underway to address the grip and control gaps.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.11 Seek assurance on the delivery of the requirements arising from Health Board's regulators, WG and professional bodies.
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 3. Data to knowledge 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	10. Not Applicable
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)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Performance and Improvement Grip and Control Toolkit
Rhestr Termau: Glossary of Terms:	Include in the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Audit, Risk and Assurance Committee 7April 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Addressing the gaps in the grip and control actions are a pivotal aspect of addressing financial control.
Ansawdd / Gofal Claf: Quality / Patient Care:	Addressing actions such as sickness absence should have a positive impact on the quality of patient care.
Gweithlu: Workforce:	The grip and control actions being reported to PODCC are those directly related to workforce control measures.

Tegwch Iechyd: **Health Equity:**	N/A
Risg: **Risk:**	Maintaining effective grip and control actions will be essential to managing our financial risks.
Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	An EqIA has not been undertaken on this work.

Financial Grip and Control measures across NHS Wales

Financial Planning and Delivery Directorate

Objective:

To provide organisations with a consolidated schedule setting out the core financial, workforce and procurement grip and control measures to safeguard financial stability during periods of significant financial pressure.

Background:

At M09 2025/26 six health boards in Wales report deficits totalling £206m, (1.9% of the reported Revenue Resource Limit).

Given the scale of the pressure, it is essential that the NHS Wales Finance Function can demonstrate that the financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness.

Scope:

The tool is designed to help organisations assess their financial grip and control. It is not an exhaustive list but is predicated on common themes and areas of risk identified through NHS Wales.

The key focus for the grip and control schedule is the practical controls, processes and actions that should be in place in year to avoid excessive or inappropriately approved financial commitments; reduce waste; and improve in year expenditure run-rates. The tool will help organisations to strengthen the underpinning financial governance and control measures that support improved financial performance.

As a first step, the focus has been placed on core financial, workforce and procurement processes and systems. There is more limited literature available on best practice grip and control within specific expenditure areas such as commissioning, CHC and prescribing systems and processes.

Preparation approach:

The schedule has been prepared by Financial Planning and Delivery by examining and consolidating examples from various sources including:-

- Grip and Control presentation report (Financial Planning and Delivery May 2022)
- Financial Grip and Control Checklist (NHS England December 2022)
- Establishment Control (HFMA May 2025)
- Budgetary Framework and Grip and Control Discussions (Directors of Finance Forum July 2024)

Structure of the document:

The schedule includes both **financial controls (in black)** that organisations should have in place and **grip actions (in blue)** that will support the reduction of expenditure run rates.

The financial grip and control measures are categorised across eight themes:- Framework and Guidance, Vacancies, Sickness and Leave, Rostering and Rotas, Bank and Agency, Other Staff Payments, Procurement and Other items.

The document includes both a summary schedule and a detailed schedule. The summary schedule identifies key thematics and the highest impact actions from the detailed schedule.

Other financial governance reference documents:

The checklist may be used in conjunction with:

- HFMA's "Improving NHS financial sustainability: are you getting the basics right?" checklist tool Improving NHS financial sustainability: are you getting the basics right? (hfma.org.uk) – focus on key overarching financial processes such as planning, budget setting, reporting, financial governance, training and development
- Financial Management Maturity Model (NAO January 2010)
- Model Standing Orders, Reservation and Delegation of Powers and Model Standing Financial Instructions – NHS Wales (issued by Welsh Government)
- The Finance Academy's 'Financial Control Procedures Governance Best Practice Principles Guide' - available on the learning and development platform

All are valuable tools to support organisations to consider if they have the controls and processes in place to achieve best value for money.

Completion and next steps:-

Complete the checklist to consider whether the relevant policy or process exists and secondly to consider operational delivery and compliance. This may require input from representatives from several areas workforce, procurement, efficiency, finance and audit.

Agree priority issues and how proposed actions to address the issues identified will be taken forward. This may require assembling a working group including representatives from workforce, procurement, efficiency, finance.

Key findings from the exercise to be shared through the Director of Finance forum to identify any national areas of focus.

Update from Hywel Dda UHB:

The following sections will/have been completed by functional leads. Self-identified 'gaps' have been highlighted in RED text. Following the completion of the national benchmarking exercise across NHS Wales organisations, a consolidated list of gaps will be created and suggestions/recommendations made to update controls where appropriate. Critical gaps will be updated immediately.

Functional completion:

Framework and Guidance:	Finance
Establishment and Vacancies:	Workforce People Management
Sickness and Leave Management:	Workforce People Management
Rostering, Rotas and Job Planning:	Workforce People Planning and Effectiveness
Temporary Staffing:	Workforce People Planning and Effectiveness
Other Staff Payments:	Workforce People Planning and Effectiveness
Procurement:	Procurement
Other Items:	Finance

1. Summary Schedule

Framework and Guidance	Establishment and Vacancies	Sickness and Leave Management	Rostering, Rotas and Job Planning
• Clear and Up to Date Standing Financial Instructions and guidance. • Clear procedures & process notes. • Budget holders and all financial administrators have received up to date training on their roles & responsibilities • Clear governance process for new investment. • Delegation letters issued and signed. • Internal Escalation process in place.	• Ensure robust budgeted establishments are in place and regularly reviewed and reconciled. • Regular vacancy control panel (VCP). • Automated weekly head count tracker. • Ensure managers notify HR of leaving dates. • Review all current vacancies with a view to remove or freeze posts.	• Enforce compliance with the All Wales Sickness policy. • Adherence to the requirements of agreed attendance at work policies and the all-Wales Occupational Health minimum service levels. • Monitor absence and sickness on individual, service line, service and organisation level. • Monitor medical annual leave. • Policies to limit carry forward of significant leave balances	• E-rostering fully deployed. • Rosters approved 12 weeks in advance (as per the Agency workforce reduction programme and control framework). • Contracted hours to be fully rostered. • Job planning policy implemented with > 90% of all Consultants having an agreed job plan in place at all times; and alignment of rota to job capacity plans.

Temporary Staffing	Other Staff Payments	Procurement	Other items
• Temporary Staffing Policy in place. • Clear process for booking, and compliance with process. • Review bank and agency authorisation levels – seniority and consistency across sites. • No off-contract agency & locum. • Auto enrolment for new starters onto the bank. • Review pay rates and consider weekly pay for bank as an incentive. • Ensure appropriate deduction for agency staff breaks.	• Implement prior approval for overtime and enhanced payments. • A monthly 'audit' of the highest overtime earners and expenses claimants. • Non-clinical overtime controls in place. • Enhanced authorisation process for WLIs with clear demonstration that existing Programmed Activities (PAs) have been utilised before WLIs awarded. • Review process in place for additional sessions allocated.	• Monitor use of Single Tender Waivers. • Consolidate a list of supplier discounts. • Robust contract management processes in place. • Enforce the 'No PO No Pay' policy. • Review and reduce those able to requisition and order. • Targeted approach for clinical preference variation (as identified by V&S procurement group).	• Review and ensure all eligible VAT is being reclaimed. • Income management policies to minimise bad debt costs. • Stock management policies to minimise wastage. • Review all credit balances on the Balance sheet for potential over accrual. • Journals are based on latest relevant data and assumptions.

2. Detailed Schedule

1. Framework and Guidance	Controls / Processes in place	Assurance that processes are operational
Clear and Up to Date Standing Financial Instructions • SFIs are up to date and readily accessible to all relevant officers.	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Gap 1: Subsequent supporting principle documents are not accessible to relevant officers in the same location and are housed locally within functions, e.g. detailed examples of budgeting principles to support the Budgetary Control Financial Control Procedure.
Clear Process Notes • All Financial Control Procedures are up to date; accessible and minimum provision aligns with the Finance Academy best practice guide. (e.g. month end close down processes, financial reforecasts). • All Financial Control Procedures are widely available to all relevant team members. • Adequate training is provided to all relevant staff members to ensure awareness and understanding of relevant financial control procedures.	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Audits are undertaken to assess management compliance; this can be utilised as a management tool to assess learning needs, compliance or wider system issues. Links to Gap 3

Colour Key:- **financial controls** are black **grip actions** are blue

		Gap 1: Subsequent supporting principle documents are not accessible to relevant officers in the same location and are housed locally within functions, e.g. detailed examples of budgeting principles to support the Budgetary Control Financial Control Procedure. Gap 2: Some training is offered to first time managers via the Managers Passport programme, but this does not systematically cover all employees that enter management posts. Systemic analysis required for grip & control gaps, as training may not be the solution in itself. Gap 3: Periodic refresher training is not currently available to continuously educate all relevant staff members of the controls in place that are to be adhered to.
Roles and Responsibilities • Roles and responsibilities of budget holders clearly defined and clearly communicated, including responsibilities with respect to core budgets, cost reduction element of their budgets and procurement. • Delegation letters have been issued and have been signed. • All budget holders have objectives supporting the delivery of financial objectives in Performance appraisal process. • Budget holders receive training on their roles responsibilities and objectives at reasonable intervals and monitoring of this can be demonstrated. • Consider whether the number of budget holders is appropriate - reduced budget holders can improve control over expenditure.	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Gap 1: there is not a consistent onward delegation of financial objectives via Performance appraisals as far as currently known.

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	Annual budget delegation Accountability Letters are issued to Executive Directors and Deputies; Functional Leads and Clinical Care Group Directors. This sets out responsibilities and reminds budget holders of the procedures in place that are to be adhered to. A scheme of delegation is in place, with changes approved by Board, and a consistent Oracle sub-scheme of delegation is in place with consistent approval levels and budget holders across all Revenue, Capital and Charitable Fund cost centres.	Gaps 2 and 3 from 1. Framework and Guidance – Clear Process Notes apply.
Investments and Business Cases • Clear Business Case review procedures for reviewing and approving any new projects across the organisation. • The above includes a relevant committee structure where robust review and challenge take place. • Post implementation benefit realisation reviews process in place. • Review previous 12 months of business cases to ensure savings/benefits realisation. • Establish list of ongoing and planned projects and determine what can be ceased or delayed.	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action. All investment business cases are to be included on an annual basis within the annual financial planning cycle, with the exception of the Nurse Staffing Level reviews, which occur	Assurance is obtained through the annual financial planning cycle, routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Gap 1: there is an absence of a medium-term plan to provide multi-year strategic direction to business cases. Gap 2: there is a lack of consistency across business cases, with financial benefits being ambiguous in a lot of cases. Further structure and consistency are required, with a regular

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	during a year and are submitted to Board for approval, with central reserve funding allocated to services if approved. Initially, the Financial and Performance Committee scrutinise business cases, before they are submitted to Board for final review and approval/rejection.	organisation process for capturing, reviewing, prioritising and scrutinising them before being submitted for formal scrutiny to the Finance and Performance committee. NB Business Cases do not routinely explore alternative workforce design; to optimise "value" in workforce models. Integration of VBHC as a model for integrated workforce planning may be possible here. Query further gap? Gap 3: Limited evidence of benefits realisation or systematic reviews on historic cases
Internal Escalation • Clear internal escalation processes in place for service areas that are not delivering their financial plans with appropriate financial or non-financial controls or remedial actions applied.	An internal escalation framework is in place, with four levels of escalation across seven domains. Procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action.	Assurance is obtained through routine monthly performance reporting, executive and committee oversight, exception reporting, internal reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Gap 1: Repeated examples of continued escalation does not employ an appropriate and timely response to deliver impactful actions to achieve de-escalation. Level 4 is not available presently.

2. People Costs – Establishment and Vacancies	Controls / Processes in place	Assurance that processes are operational

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Policy and Procedure • Criteria in place for annual and other leave (e.g. study and parental leave) to be notified to the organisation and signed off (where applicable) with sufficient notice to minimise impact on rotas. • Processes in place to ensure compliance with the All-Wales Sickness policy - Rigorous sickness policy and procedure is in place and communicated to minimise absences (inc. return to work meeting). • Consider increasing sign off levels for sick leave to ensure transparency.	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action. Carry Over of annual leave is defined in the Agenda for Change handbook. There is an annual leave carryover proforma on SharePoint. Internal process for communication and completion is handled within the People Planning pillar with communications being issued via Global/Viva Engage. The PowerBI dashboard has a tab for annual leave balances which managers have access to and is updated monthly. Functional leads are sent monthly absence reports by the Workforce Intelligence team in the People Planning pillar. There is an all-Wales Absence Management policy which identifies the key responsibilities of each manager in respect of absence.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Audits are undertaken to ensure compliance to policy; this can be utilised as a management tool to assess learning, compliance or system issues.(Links to Gap 3) Gap 1: Line managers are not consistently using the sickness and annual leave report that are available to them. Gap 2: Line managers are not consistently applying the all-Wales Absence Management policy as identified in the recent internal audit report on sickness absence. Gap 3: There is no process in place to provide assurance that annual leave balances are well managed within the target of 14.6% defined within the Rostering Policy.

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2. People Costs – Establishment and Vacancies	Controls / Processes in place	Assurance that processes are operational
Establishment (Establishment control | HFMA) • Workforce plans are in place, are of a sufficiently granular level of detail (for example, by service, workforce type and substantive/ temporary); and align to approved establishment levels and budget. • Workforce plans are regularly reviewed by service and service leads to ensure compliance with or action to move to compliance against both establishment and budget. • Reconciliation process in place to ensure that WTEs per financial and HR systems reconcile.	Holistic workforce planning is undertaken as part of the annual planning cycle, which focuses on clinical service and staff group. Establishment report in place from Workforce and Finance but not accessible to service users. Monitoring forms part of the WOD escalation framework meetings The Health Board established a Financial control group, and whilst this overarching group has been dissolved, Workforce and OD have retained their own Internal FCG (initially established in October 2025) as part of its own control mechanisms.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Gap 1: Executive Function planning to be undertaken consistently for all. Gap 2: Integration of financial establishment / budget to be included through a collaborative approach to planning with Service, Workforce and Finance, including formally sign-off for WTE plans compared to budgets. This needs to look beyond numbers to skill mix/workforce model design (VBHC may be a helpful mechanism here. Gap 3: Budget holder review of established budgets is inconsistent, with reactive resolution when posts are to be replaced and finance instigate a change due to mis-aligned budgets. Gap 4: Establishment report is not easily accessible to service users and budget holders combining Workforce actual WTE with Finance budgeted WTE.

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2. People Costs – Establishment and Vacancies	Controls / Processes in place	Assurance that processes are operational
		Gap 5: Not all services have a workforce plan in place however, there each CCG and corporate directorate is required to establish its own internal FCG controls before vacancies are approved, as part of the new arrangements from 1st April 2026. Not all arrangements are currently in place. Gap 6: Assurance is needed that the reporting of variable pay usage, previously reported into FSCG group, will be picked up in the new arrangements.

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2. People Costs – Establishment and Vacancies	Controls / Processes in place	Assurance that processes are operational
Vacancy Review (Establishment control | HFMA) • Establish a regular vacancy control panel (VCP) or equivalent to check and challenge recruitment to ensure all vacancies remain within authorised budgetary limits. • Ensure the VCP terms of reference enable flexibility to avoid operationally delaying opportunities for savings and considering clinical need. • Implement an automated weekly head count tracker (temporary and substantive). • Assess the recruitment process and remove blockers/ bottle necks that may lead to higher agency & locum costs. • Review all current vacancies with a view to remove or freeze posts. • Focus on long term/ 6-month vacant posts – can these be removed or re-engineered? • Review the establishment to remove partial posts not required and identify unfunded posts. • Implement non-clinical recruitment freeze unless it can be evidenced that role is business critical or key for financial/ quality and safety improvement.	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action. Systematic approach to approval with vacancy's routed to Finance for approval or rejection depending on budget availability prior to recruitment episode commencing. Service management deploy internal vacancy panels prior to recruitment episodes being triggered. All Wales KPIs exist for "time to hire" and are included within the PODCC Metrics report for assurance of compliance and reported to the all-Wales Recruitment Modernisation Board. TRAC acts as the compliance tool here for financial authorisation.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. The Health Board is consistently exceeding the all-Wales KPIs for "time to hire". Gap 1: Management override can occur within the Service, Finance or Workforce for by-passing the control environment. Gap 2: Manual ESR changes from service managers without timely/appropriate Workforce and Finance review, i.e. re-banding, acting up arrangements. Gap 3: CCGs do not always have exit strategies in place to align with the on-boarding of new staff which results in higher agency and locum costs.

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Leavers • Processes in place to ensure line managers notify HR of leaving dates and any other pay-impacting staff changes in a timely manner to reduce risk of overpayments.	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action. SMA tool assisting managers for an easy-to-use interface to instigate terminations and reduce overpayments. Payroll issues automated reminders to line managers regarding the monthly payroll cut-off dates, which highlights the importance of new starters, leavers and changes being processed in a timely manner. An example is given in the email of a mid-month leave and the importance of submission before the cut of date for that month.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. To ensure monies can be claimed back Recruitment monitor exits of IENs or Medics recruited via the WG programme. Gap 1: Without positive confirmation of employees being marked as present on the ESR system (default assumes employees as present opposed to absent), management inconsistency gives rise to overpayments on a regular basis and lengthy financial disputes with no recovery occurring for a number of cases. Gap 2: HR does not get notified of leavers or pay impacting changes. The manager will input directly into ESR or the SMA App. Gap 3: Who is responsible for monitoring end dates (and then associated actions) for Fixed Term Contracts or Secondments – likely a cost pressure. Gap 4: Termination forms are still being completed late by Line Managers which gives rise to overpayments.

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2. People Costs – Establishment and Vacancies	Controls / Processes in place	Assurance that processes are operational
		Gap 5: Delays in termination forms can lead to lengthy financial disputes with no recovery occurring for a number of cases.
Workforce management monitoring (Establishment control | HFMA) • Process in place to review levels of poorly performing staff and consider options for more rapid improvement and/ or staff exit. • Periodical review of actual temporary staff rates against rates charged to identify and address issues (specific and themes).	Documented policies, Standing Financial Instructions and All-Wales frameworks are in place and approved by the Board. Operational procedures are supported by defined approval thresholds, system controls, segregation of duties and clearly assigned responsibilities. Controls are designed to prevent unauthorised activity, identify variance at the earliest opportunity, and enable timely corrective action. There is an all-Wales policy on Improving Performance at Work for A4C staff and UPSW for M&D staff.	Assurance is obtained through routine financial and workforce reporting, executive and committee oversight, exception reporting, internal performance reviews and periodic Internal Audit coverage. Compliance is monitored via dashboards, variance analysis and escalation through service and executive governance structures. Hywel Dda has been piloting the new Improving Performance at Work policy, and this has resulted in staff progressing through the informal and formal elements of the procedure. Since the pilot, staff have been progressed through the policy. New NHS policy comes into effect across Wales on 1st April 2026 and workshops are being held to roll-out to managers. Gap 1: A comprehensive and live temporary staff reporting is not available to service managers. Gap 2: Services do override rate cards on a daily basis to ensure gaps are filled.

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3. People Costs – Sickness and Leave Management	Controls / Processes in place	Assurance that processes are operational
Monitoring and Reporting • Monitor adherence to the requirements of agreed attendance at work policies and the all-Wales Occupational Health minimum service levels. • Monitor absence and sickness on individual, service line, service and organisation level. • Sickness is regularly reviewed at the board level, and problem areas identified and examined. • There is a set % target for staff off sick at any time and performance is measured against this target. • There is a set % target for staff on leave at any time and performance is measured against this target. • Monitor staff compliance with core organisational HR policies (e.g. annual leave requests, sickness absence) and ensure outliers are identified and addressed through appropriate routes. • Monitor medical annual leave. • Limits to the amount of annual leave, training and other influenceable absences that can be taken at any time. • Global policies for the management of leave to prevent excessive use of annual leave at the end of the year or carry forward of significant balances.	• Clear policies in place for study, parental and sickness leave with notice periods. • Local processes in place (SOPs) for annual leave. • Limits on carry-forward i.e. up to 5 days but should more leave be carried forward due to absence or maternity leave, there is an escalation process to Exec Director level for approval. • Linkage of leave planning to e-rostering to ensure cover and minimise premium costs for staff on Allocate. • The Health Board provides monthly reports on its compliance with the all-Wales Occupational Health minimum service levels which is reported to PODCC. • The PowerBI dashboard has a tab for annual leave balances which managers have access to and is updated monthly.	Board-level review of sickness and leave KPIs by service and inclusion in Improving Together Executive Team led function reviews. Monthly reports indicate that the Health Board is fully meeting the all-Wales Occupational Health minimum standards. A deep dive into the specific reasons for absence e.g. Section 10 have been submitted to PODCC. Gap 1: Inconsistent application of concerns identified in the monthly functional sickness absence report are not being addressed by senior managers when the data indicates more than 5 days to enter sickness absence. Gap 2: There are a number of different routes to entering annual leave i.e. Allocate, ESR, Paper, Email. This inconsistent practice impacts on control measures which are available. Gap 3: Inconsistent monitoring of use of annual leave via PowerBI dashboard by Line Managers and senior leaders. Gap 4: Back-dated sickness or unrecorded leave transactions no escalated with no function lead approvals in place

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		Gap 5: Monitoring of some medical leave is difficult due to leave years being linked to date commenced in service and not financial year.

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4. Rostering, Rotas and Job Planning	Controls / Processes in place	Assurance that processes are operational
General rostering and rotas • E-rostering is fully deployed • Rosters are approved 12 weeks in advance (as per the Agency workforce reduction programme and control framework), and minimal changes to rosters once approved, for all staff grades. • Processes to ensure contracted hours are fully rostered. • Clear timeline for submission of rotas.	The Health Board has a Rostering Policy and includes key performance indicators and a rostering approval process. Compliance with the rostering policy is monitored through: - E-rostering system metrics (approval timelines etc). Executive-level dashboards present: - Roster approval compliance. - Use of bank, agency and locum by roster group. - Correlation between late rota approval and premium staffing costs.	Persistent non-compliance is escalated through: - Workforce escalation forums. - Executive performance reviews. Internal audit reviews are undertaken periodically to assess: - Policy compliance. - Effectiveness of controls. - Reliability of reported data. This is reported through Value & Sustainability and to Professional Leads for Nursing & Medical Workforce through appropriate forums including exception reports identifying rosters not approved within required timescales. Gap 1: There is no process in place to provide assurance that annual leave balances are well managed within the target of 14.6% defined within the Rostering Policy. Gap 2: SOP adherence for annual leave and training controls is inconsistent. Gap 3: Night shift gaps persist despite substantive establishment. Gap 4 Whilst significant progress has been made it is not being sustained and Job Planning compliance and transparency varies between services.

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4. Rostering, Rotas and Job Planning	Controls / Processes in place	Assurance that processes are operational
Robust Nursing Rota Management • Staff levels are matched to patient demand patterns to avoid waits and avoidable admissions. • Weekly monitoring for shift requests vs. shift fill rate and any associated care and safety issues. • Review staffing levels against patient ratios vs current guidelines (inc. safer staffing tools) and provide constructive challenge to clinical leads on achieving efficiency while maintaining quality. • Review specialing policy, approvals, and tracking process to ensure standardised approach linked to patient need/acuity. • Review nursing agency & locum use before, during and after school holiday periods (tests the strength of rota planning). • Review options for: o reduced handover periods; o back-to the ward for nursing management staff for a number of shifts per week; and o specialist nurses to provide a number of clinical shifts on wards to reduce agency & locum bill, cover vacancies, and improve staff rotation.	As above	As above

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4. Rostering, Rotas and Job Planning	Controls / Processes in place	Assurance that processes are operational
Robust Medical Job Planning Management • Job planning policy implemented with > 90% of all Consultants having an agreed job plan in place at all times. • Process in place to ensure alignment of rota to job plans. • Monitoring in place to support Medical Director leadership track medical productivity for example: - o job plan delivery (individual and then team job plans); o PAs over 12. o % Direct Clinical Care; and o theatre/clinic throughput. • Review consultant job planning compliance (assess current level of rollout) to identify opportunities for greater productivity (review of low and high Professional Activity "PA" staff). • Improve transparency of medical workforce holiday planning to core planning teams, linking to theatre and clinic planning. • Review on-call run rate for utilisation trends.	Clear policies for study, parental and sickness leave with notice periods. Rollout of Allocate is progressing; to be completed by June 2026. Metrics/reporting being developed to test efficacy of system/protocols. During 2025/26 job planning was reported as part of the suite of WOD escalation measures.	Reports to Medical Workforce Planning & Stabilisation on progress. Gap 1: Not all Job plans align activity, management duties, education and clinical delivery to funded hours. Gap2: There are no consequences for individuals who do not positively engage in the annual job planning process. Gap 3: The Health Board is yet to agree the parameters of the 52-hours CPD for its staff.
Other Clinical Staff • Review compliance with / introduce Clinical Nurse Specialist and Allied Health Professional job planning process to identify opportunities for greater productivity.		Gap 1: Not all Job plans align activity, management duties, education and clinical delivery to funded hours.

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5. People Costs – Temporary staffing including Bank and Agency & Locum	Controls / Processes in place	Assurance that processes are operational
Policy, procedures, roles and responsibilities • An organisation wide temporary Staffing Policy in place and up to date. • There is a clearly communicated process in place for bank / agency & locum booking. • Monitoring controls in place to monitor compliance with the process for bank / agency & locum booking. • Governance process exists to oversee temporary staffing with clear ToR (either at overall level or by key staffing group e.g. nursing, medical, corporate). • Limit who can authorise bank and agency & locum staff to increase transparency; follow up on all short notice use. • Review consistency of authorisation levels and approach across sites.	• Nursing have a SOP which includes an escalation process for the booking of temporary staff e.g. bank and agency. • Auto-enrolment to bank for eligible staff; medical and A&C banks in place. • No off-framework/ off-contract engagements; self-imposed caps and rate controls. • Long-term agency policy with conversion pathways to substantive/bank. • Nursing have a full variable pay SOP covering all elements including escalation times. Work is on-going to formulate a SOP for medical teams in line with the medical e-rostering rollout.	Reporting through FCSG and Value & Sustainability. Specific Nursing & Medical Forums. Gap 1: Short-notice bookings without proper approval. Gap 2: Off-framework placements under exceptional justifications. Gap 3: Inconsistent authorisation approaches across sites. Gap 4: The Health Board does not have a consistent approach to the management of bank and agency staffing across different professional groups.

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5. People Costs – Temporary staffing including Bank and Agency & Locum	Controls / Processes in place	Assurance that processes are operational
Bank utilisation • All relevant staff groups are auto enrolled on the bank. • Review actual temporary staff rates against rates charged periodically to identify and address issues. • Implemented and promoted a medical bank, and an Administration and Clerical bank. • Promote bank staff as an alternative to agency & locum. • Review pay rates and consider financial incentives for bank staff to increase bank usage, for example consider weekly pay as an incentive.	The Health Board uses STREAM which enables staff to draw down a proportion of pay as need arises during the month. Report due to be considered by the Executive Team on the withdrawal of the weekly payroll due to less than 70 staff members utilising this.	Gap 1: Inconsistent application of the rate cards due to management override for enhanced rates of pay that are not within policy. Gap 2: We run a weekly payroll for less than 70 staff which is inefficient and can lead to overpayments due to the speed of turnaround.
Agency and Locum controls • Robust controls over agency & locum usage for example: - o self-imposed cap on agency & locum expenditure; o senior sign off of agency & locum expenditure. o senior sign off of off-framework expenditure; o clear Board accountability defined and communicated across organisation. o improved communication of planned clinic cancellations to agency/bank teams; and o no direct approach for agency. • Process in place to ensure non-framework or off-contract agency staff are not engaged. • An organisation process in place for long term agency & locum use. • Seek local agreement of agency & locum pay rates with surrounding trusts / explore use of a collaborative bank. • Evaluate opportunities for moving from use of agency & locum to internal organisation resource and / or bank.	Medical Stabilisation group was established in 2025/26 and will continue in 2026/27. Significant progress made to reduce high cost locums.	Gap 1: Inconsistent application of the rate cards due to management override for enhanced rates of pay that are not within policy. Gap 2: there is no preventative control to ensure no direct approach to agencies occur.

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5. People Costs – Temporary staffing including Bank and Agency & Locum	Controls / Processes in place	Assurance that processes are operational
Timesheet and expenses management • Ensure breaks and hours claimed are accounted for correctly in timesheets (i.e. agency workers are only paid for time worked, in accordance with HB policies). • Ensure appropriate deduction for agency & locum staff breaks (lunch). • Ensure mileage claims are only for required intra-site travel.	Yes Yes Yes	
Restrictions on non-clinical temporary staff • Review and implement exit strategies for all non-clinical temporary workers. • Temporary ban on usage of non-clinical agency staff, with exceptions authorised by executive director.	Yes N/A no non-clinical agency staff	
Effective monitoring • Senior leads monitor weekly dashboard summaries of temporary staff usage, cost and trends to provide early warning signs and demonstrate progress with issues arising. • Track number of interims, termination dates, delivery of objectives, and daily rates. Focus on reducing number and costs. Consider options for contract terms that enables the organisation to offer substantive role after x months use: - e.g. offer locums a suitable package to convert from locum to substantive contracts. • Identify medical rotas with the highest use of temporary and bank staff and set out a plan to address • Hold weekly agency & locum meetings across all staffing groups with agency & locum overspends, attended by finance and key stakeholders, to review and control agency & locum expenditure.	Yes – Nursing Yes Yes Yes	Recruitment conversion processes in place: • Temp to Perm • Agency to Perm • Bank to Perm Weekly Recruitment 'Hard to Fill' meetings to ensure proactivity and innovation. Gap 1: There is no comprehensive physical reporting (WTE) of Medical shifts worked with the associated financial costs. Gap 2: clarity is lacking to articulate the nature of the requirement for temporary cover, where a number of issues are commonly conflated resulting in a lack of control surrounding the termination of a temporary worker.

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6. People Costs – Other Staff Payments	Controls / Processes in place	Assurance that processes are operational
Overtime and enhanced payments controls • Ensure breaks and hours claimed are accounted for correctly in timesheets. • Perform a monthly 'audit' of the top 10 highest overtime earners by division. • Implement prior approval for overtime and enhanced payments - monitor and reduce. • For non-clinical staff - implement non-clinical overtime controls to limit expenditure in this area (e.g. Exec director authorisation required).	Expenses system in place which is administered by Shared Services. For corporate teams there is a Time Off In Lieu (TOIL) policy.	Gap 1: No monthly audit of the top 10 highest overtime earners by CCG/Directorate is being undertaken. Gap 2: There is a lack of and inconsistent reconciliation of hours before paying bank or overtime to staff. Gap 3: Lack of understanding of whether the TOIL Policy is being applied before payment of bank or overtime rates. Gap 4: Levels of discretionary effort above contracted hours is not monitored. Gap 5: Compliance with Working Times regulations over a defined reference period i.e. 17 weeks/26 weeks is not undertaken. Documented “opt outs” for the 48-hour week may not be in place or monitored/reviewed. Gap 6: Inconsistent mileage and travel allowance across sites.
Expenses Monitoring • Monthly monitoring of the highest mileage and expenses claimants.		To be introduced in May linked with other measures around high spend controls.

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Waiting List Initiatives (WLIs) controls • Ensure consistent process across organisation including compliance with the WLI rate across the organisation. • Appropriate review process in place for additional sessions allocated. • Enhanced authorisation process for WLIs, with checks are undertaken before WLIs are awarded to ensure that :- o WLIs offer financial benefit or are operationally critical before approving, and o existing Programmed Activities (PAs) have been utilised. • Benchmark WLI rate against other Health Boards.	Yes Planned Care CCG	Gap 1: Management override occurs for rates above cap that are not within policy. Gap 2: Inconsistent mileage and travel allowance across sites.

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7. Procurement	Controls / Processes in place	Assurance that processes are operational
Procurement – Clarity of Roles • Clear documentation and communication of roles between local managers, the procurement function and Shared Services.	• Roles and responsibilities between local managers, the Procurement function, and NWSSP Shared Services are formally defined, version-controlled, and published on the HDdUHB intranet.	• Intranet page link and version history showing last review date.
Procurement - Tender process • Approval limits are periodically and regularly reviewed where appropriate. • All new contracts awarded in compliance with Statutory Regulations and SFIs. • All new contracts (including agency & locum staff) are procured via appropriate tendering procedures to ensure best value for money is attained. • Single Tender Waivers controlled to minimise use. • Whole Life Costings are applied to evaluate tenders. • Appropriate SLAs and T&Cs are applied to ALL contracts to enable appropriate and effective contract management. • Breaches are reported to the relevant Executive Director and included in financial performance monitoring arrangements.	• All procurements are run in accordance with Public Procurement Regulations, Standing Financial Instructions, and internal governance. • The Procurement SMT and Oracle Systems Team review compliance. • All awards go through the Health Board Financial Control Sub-Group (FCG). • Whole-Life Costing (WLC) is applied where appropriate. • Contract award packs with standard T&Cs are issued to named Contract Managers. • Single Tender Waivers (STWs) are tightly controlled, with none approved in the last 12 months due to strengthened scrutiny. • Breaches are escalated to the Deputy Head of Procurement and reported through ARAC.	• SMT/Oracle compliance review logs and sample tender files • FCSG – Procurement agenda item • STW log confirming 0 STWs in the past 12 months. • Contract award pack samples with named Contract Manager acknowledgements. • ARAC papers noting any breaches and actions closed. • Internal audit outcomes on procurement compliance.

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7. Procurement	Controls / Processes in place	Assurance that processes are operational
Procurement – Call Off • Contract pricing is reviewed annually to attain any further increased banding cost advantages through life of contract. • Product catalogues reviewed (both NHS Supply Chain and Local Catalogues) to remove duplicate items on catalogue (e.g. pens) to ensure value for money. • Consolidate a list of supplier discounts and penalties for early / late payments (in alignment with contract register) - set out plans to recover / avoid these and share with accounts payable team to enact.	• Contract pricing is reviewed in line with contract mechanisms to secure banding advantages and value for money. • Catalogue content is actively cleansed to remove duplicates and guide buyers to preferred lines. • Procurement partners with Finance to ensure negotiated discounts are applied and to mitigate late-payment risks.	• Annual/biannual pricing review records and variation notices • Enablement reports showing duplicate item removals and catalogue compliance rate • Evidence of discounts applied on invoices • AP on-time payment KPI trend where relevant to discount realization. Gap 1: Catalogue usage not mandated and therefore is not adhered to consistently.

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7. Procurement	Controls / Processes in place	Assurance that processes are operational
Procurement - Contract management • Robust contract management processes are in place, including a complete and up to date contract register. • Regular contract reviews to ensure SLAs are being met - with specific focus on PFI contracts where relevant. • When contracts expire, these are retendered in accordance with the statutory regulations rather than rolled over and explore options for efficiencies/price reduction. • Contract terms are relative and proportionate to the contract matter and that there is a clear understanding of the risks transferred. • Service specifications are reviewed and ensure SLAs are being achieved or amend where suitable and do not directly affect patient care (e.g. reduce frequency of window cleaning etc.)	• Contract register is maintained locally and aligned to All-Wales registers. • Contract management packs categorize contracts (e.g., critical/strategic/transactional) and set monitoring expectations. • Expiring contracts are proactively recommissioned; rollover is avoided unless justified. • PFI contracts are overseen by NWSSP Specialist Estates Services. • Service specifications and SLAs are reviewed to maintain quality while seeking efficiencies.	• Contract register • Forward look of expiries (next 6–12 months) with sourcing plans • Sample completed contract review minutes/action logs • Evidence of SLA/KPI performance reports and remedial actions • Confirmation of PFI oversight by NWSSP SES and latest review output. Gap 1: a live contract register is not easily accessible to service leads and does not afford proactive triggers to functional leads to highlight upcoming expiry of contracts. Gap 2: periodic and routine contract management reviews are not conducted to review contract KPIs and service compliance by all contract managers, overseen by Procurement.

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7. Procurement	Controls / Processes in place	Assurance that processes are operational
Procurement – Purchase to Pay • Establish a robust purchase ordering (PO) system to enable the implementation of a 'no PO no payment' rule and no retrospective POs, in collaboration with Accounts Payable, to help control expenditure. • Invoices that fail three-way match (PO, goods receipt, invoice) are rejected and returned. Source of error are identified and contract managed appropriately. • Payments are only processed following sign off from the appropriate level. • Sample audit batches for any possible out of policy expenditure. • Continuous review of all open purchase orders that feed the monthly goods received not invoiced (GRNI) accrual for accuracy and appropriateness, ensuring any no longer valid items are removed/closed. • Consider limiting and refining approval limits of requisitioners where appropriate.	• Robust P2P governance is in place via joint AP & Procurement working groups and All-Wales P2P forums. • Three-way match is enforced; invoices failing match are returned per policy. • 'No PO, No Pay' is embedded; retrospective POs are discouraged and tracked. • Breaches are flagged by buyers and reported via ARAC. • Requisitioner numbers and approval limits are being refined, with mandatory training for requesters and approvers.	• P2P dashboards • Retrospective PO logged within ARAC report. • Attendance/ competency records for requisitioner/approver training to be introduced • ARAC reports including policy breaches and closures • Working group minutes with actions completed. Gap 1: Invoices that fail a three-way match are not rejected at source but are held by NWSSP pending service update.
Procurement - Other • Process in place to identify any "off contract" and consultancy expenditure. A strategy in place to review and market test costs to ensure best value. • Contract pipeline clearly identified (and shared with NWSSP) to enable economies of scale. • Ensure the number of purchasing cards in the organisation is right-fitted and balances the process efficiencies against the risk that the use of these bypasses' procurement processes. • Targeted approach for clinical preference variation (as identified by V&S procurement group).	• Regular spend reviews identify off-contract and consultancy spend, enabling rapid short-term contracting and longer-term sourcing plans. • Purchasing cards have been rationalised; Precision Pay is used to reduce risk and improve visibility. • Work is progressing to better align CCGs with Procurement. • A Regional Procurement Nurse is being recruited to lead clinical product standardisation and variation reduction with regional partners (e.g., SBUHB).	• Quarterly spend analysis highlighting off-contract spend; corrective actions and re-routing to contracts. • P-card policy, cardholder list reductions, and Precision Pay usage reports; internal audit results on P-card control. • Clinical variation baseline (e.g., top 10 categories) and standardisation roadmap; post-implementation savings/quality benefits. • Regional collaboration team in place • Regional workplan in draft

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7. Procurement	Controls / Processes in place	Assurance that processes are operational
Procurement – Signalling • Organisation has considered placing a hold on certain items (e.g. external venue hire). Although the savings will be low, can act as a signalling mechanism.	• Non-essential expenditure (e.g., external venue hire) has previously been restricted to signal financial discipline and prioritise clinical operations. • Catalogue expansion (e.g., Lyreco punchout; exploring digital tail-spend catalogue) steers staff to preferred products and controlled routes.	• Communications/policy notice implementing restrictions with effective date • Before/after spend analysis for restricted spend • Catalogue adoption metrics and % of tail spend routed through approved catalogues

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8. Other Items	Controls / Processes in place	Assurance that processes are operational
VAT recovery management • Review latest contracted out services guidance to ensure all eligible VAT is being reclaimed.	• Procurement buyers follow a defined internal process to verify VAT coding on all Purchase Orders, ensuring alignment with COS rules, contract status, and service category. • Specialist VAT advisory support is in place via external partners (EY/KPMG), providing periodic review, challenge, and reclaim submissions to maximise recoverable VAT and ensure compliance with HMRC requirements. • All covered by a VAT Financial Control Procedure.	• Sample audits of POs by Procurement /Finance demonstrate correct COS categorisation and VAT coding accuracy (e.g., % accuracy rate, exceptions log, corrective actions taken). • Compliance and Tax team actively review spend to ensure all eligible VAT is being reclaimed. • External VAT reclaim reports: Regular outputs and assurance letters from EY/KPMG confirming claims submitted, value recovered, areas reviewed, and compliance with HMRC COS guidance. • Joint review meetings between VAT Leads, Finance, and Procurement to monitor reclaim rates, review missed opportunities and validate the accuracy of coding on high-risk categories (e.g., estates, IT, outsourced services). • Ad-hoc re-reviews undertaken (by different advisors) to ensure no areas missed.

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8. Other Items	Controls / Processes in place	Assurance that processes are operational
Income and Debt management • A NHS visitor and migrant cost recovery programme in place. • Bad debt cost management process in place e.g.: - o Ensure debtors categorised logically (e.g. NHS, Non-NHS, Private Patients, Overseas, Salary Sacrifice, Prescriptions, Salary Overpayments, etc.) with agreed risk based, proportionate approach to collection for each category. o Identify strategy for key debtors and set collection targets for team members. o Review processes in place to ensure invoices are issued in real time or as soon as possible. o Consider payment in advance/on delivery where appropriate or the use of pro forma invoices in areas such as private patients backed with settlement facilities available at point of delivery. o Identify and address internal issues that are preventing timely collections i.e. unresponsive / untimely resolution of queries by divisions. o Scrutinise requests to write-off salary overpayments (if historic practice shows these are material). o Ensure prompt referral to external debt recovery agencies where necessary.	• Identification and Charging for Overseas Visitors for NHS Treatment Financial Control Procedure. • Designated Overseas Officer employed by Health Board. • Income and Cash Collection FCP – includes credit control and debt recovery approach for different categories of debtors and referral to debt collection agency as appropriate. • Income Risk Stratification FCP – covers area to consider for all employees who engage with companies to provide a service in return for payment to reduce risk of non-payment.	• Regular training provided to frontline staff regarding use of policy. • Regular monthly reviews of overdue debts are undertaken. • All write-offs where uneconomical to pursue reported to ARAC. • Area of highest interest in relation to recovery of overpayments of salary. All Wales policy in place.

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Stock Management • Ensure appropriate stock rotation processes are in place and being followed to minimise wastage. Agree process with suppliers to swap out short shelf-life items or use consignment. • Review stock level minimum and maximum thresholds in line with current usage to minimise wastage. • Review delivery charges, triggers and schedules and implement changes to reduce any carriage charges where possible (e.g. standing orders, minimum order values, 3 day delivery rather than next day). • Review controls on consignment stock.	• Stock Financial Control Procedure in place. • *Pharmacy has Standard Operating Procedures (SOPs) governing both stock maintenance and stock checking. These SOPs outline clear responsibilities, frequency of checks, documentation requirements, and investigation pathways for discrepancies.* • *Separate monthly checks of the central store areas are also conducted, which ensures all stores, fridges, and other specialist storage spaces are reviewed and signed off.* • *Stock within the robots undergoes monthly short-dated reviews, with expired items removed and destroyed, and short-dated items redistributed where possible.* • *Expiry date checks of stock held outside the robot are reviewed as part of the rolling stock check process mentioned above, and all items within three months of expiry are classed as "short-dated" and logged.* • Robust stock rotation processes are in place across all storage areas to minimise waste and expiry. • *A weekly minimum stock level report is generated and reviewed by procurement teams.* • *A system program reviewing stocks within the robots (KROB) is available.*	• *Functionality within the Pharmacy Stock Control System (WellSky/CareFlow) facilitates this, by generating randomised daily lines for validation. This happens at sites on a daily basis. Any identified discrepancies, expiry issues and stock rotation needs are investigated and actioned, and all documentation are stored locally in dispensaries.* • *The system generates a specific slow moving stock report (KLSOW) to identify slow moving items across the Health Board. This is reviewed centrally on a regular basis and stock redistributed across sites or returned to suppliers (if possible) to minimise stock destruction and wastage.* • Scan4Safety live tracking provides real-time visibility of stock levels, expiries, and usage patterns, enabling proactive identification of slow-moving or excess items and confirming compliance with rotation processes. • Physical stock count undertaken at least annually for areas not covered by an automated process. • *This reviews usage-based recommended minimum and maximum levels within the system, and these are adjusted as necessary by trained staff where*

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	• *At the Pharmacy Services Governance Group meeting, all procurement-related KPIs are presented and reviewed. This includes stock holding levels within each site along with other key indicators such as volume of ordering, receipting and invoicing.* • Minimum and maximum stock thresholds are reviewed regularly and adjusted in line with usage data, clinical demand, new pathways, and service changes to avoid over-stocking and obsolescence. • Delivery schedules, order triggers, and carriage charge structures are reviewed with suppliers to reduce unnecessary charges and optimise delivery frequency (e.g., consolidated weekly deliveries, minimum order values, standing orders, or 3-day delivery options instead of premium next-day services).	*clinically and financially appropriate.* • *This process needs refinement to its functionality as currently it is very challenging due to the manual workload involved and needs resourcing and process support. The regular rolling stock checks mitigate this risk, but this could be more efficient if working appropriately.* • *Current rolling stock checks are held manually on paper within each separate pharmacy department. The team are working on a central electronic process to provide this oversight and improve assurance on the processes.* • *This enables identification of anomalies and opportunities for efficiencies.* • Carriage charge reduction project during financial year 2026/27. • Stock ownership and replenishment controls: The introduction of four dedicated stores staff ensures consistent delivery-to-ward processes, accurate stock rotation, and controlled top-up cycles. Compliance is evidenced through observed practice audits and supervisor sign-off.

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8. Other Items	Controls / Processes in place	Assurance that processes are operational
		• Internal audit / peer review: Results from internal audits or stock spot checks, with actions tracked to completion. Gap 1: operational stocktakes are not conducted on a regular and routine basis, resulting in the annual financial stocktake generating a higher volume of adjustments.

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Estates • Review outliers identified from benchmarking overall running costs for facilities and estates (inc. estates footprint use) (see the VAULT). • Ensure appropriate maintenance schedules in place to ensure asset kept in good working order. • Ensure an estates strategy is in place and regularly reviewed, to include estate rationalisation consideration to determine where savings might be delivered. • Establish list of ongoing and planned estates and maintenance projects and ensure it has been prioritised and has Board approval.	• Data collected through the Estates & Facilities Performance Management returns are available for internal benchmarking purposes. • All Planned Preventative Maintenance Schedules (PPM) are routinely assessed in line with Welsh Health Technical Memorandum (WHTM) requirements and processed using our online Computer Aided Facilities Management (CAFM) system which offers dynamic reporting against benchmarks set for each maintenance schedule. This is reviewed monthly at the Estates Maintenance Operations Governance Group Meeting and again at the Estates Governance Group Meeting. Any concerns are picked up there. Specific disciplines e.g. Electrical Safety and Water Safety are picked up in those meetings are reported into the Health & Safety Compliance Group Meeting and then Health and Safety Committee. • A Property Asset Strategic Plan is in place and provides an overview of existing and planned changes to the HB's estate. • All contractual work in Estates team is tendered in line with procurement and SFIs and utilises framework contractors that have been vetted and approved e.g. Grounds	• Data collection is undertaken in-house and reported annually via NWSSP Specialist Estate Services. • Day to day operational Maintenance & Engineering teams utilise CAFM for PPM schedules daily and report into governance groups for check and challenge as mentioned. • The strategy was endorsed by the Board in May 2023 and covers the period between 2023 to 2026. This strategy will be updated in 2026/27 to align with the HB's refreshed Clinical & Estate Strategic plan. • All Terms of Reference for the aforementioned boards and committees contain explicit purpose and instructions with minutes available to demonstrate compliance.

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8. Other Items	Controls / Processes in place	Assurance that processes are operational
	Maintenance and Lift Inspections. Other planned estates projects report through the Estates Governance Group, Capital Sub-committee and Strategy and Planning Committee for appropriate approvals. Any projects over £1m go to Public Board for formal approval following Executive Team sign off.	
Journal Approvals • Internal journal review process in place and regular accruals and prepayments have been reviewed to ensure they remain current and the method of calculation is based on up-to-date assumptions. • Controls over journals are appropriate including posting authorisation levels, review and sign off process.	• Oracle E-Business Suite – System Access and Ledger Security FCP – includes General Ledger Input Procedures covering Journal processing, postings and approval. • Oracle keeps an automated record of all journals posted which can be linked back to source. • Feeders Control Sheet completed by Core Accounting Team for all external feed journals from outside the Oracle system. • Quarterly extract of all manual and Application Desktop Integrator (ADI) journals selected at random for retrospective approval by the originator's line manager.	• For all 'actual' journals automated posting is active within Oracle and scheduled to meet the organisation's prescribed monthly closedown timetable. Due to the volume of journals and critical path required to meet timetable, Audit Wales has recognised that it is not practical to approve journals before posting and hence review our retrospective journal process as part of the Annual Accounts audit. • All budget journals are posted by the Corporate Reporting Team.

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8. Other Items	Controls / Processes in place	Assurance that processes are operational
Fixed Assets and Capital • Fixed asset register is in place and regularly updated including a fixed asset verification exercise. • Review capital programme for subsequent revenue affordability, deferring, reducing or stopping schemes as appropriate. • Asset lives regularly reviewed to ensure appropriate and that depreciation is consistent with consumption. • Consider reprioritising the capital programme to prioritise spend-to-save projects. • Review assets held on SoFP (buildings, equipment etc) and dispose of any no longer in use or needed. • Consider VfM of ownership options such as lease v purchase.	• Capital Investment FPC – covers capital planning process; how to bid for capital; procedure for capital purchases; monitoring arrangements of capital programme and accounting arrangements for the Fixed Asset Register. • Yes, operated by the Finance Capital Team. • Revenue implications are considered as part of the prioritisation process for capital. It is not the only consideration taken into account when the programme is developed, clinical risk and patient impact are key considerations. • Reviewed annually by the Finance Capital Team as part of the Annual Audit process. • A spend to save allocation has been earmarked in the programme for 24/25, 25/26 and 26/27. • The UHB has an Estates Strategy that reviews estates assets that can be disposed as new projects complete. • The UHB currently has a mixed portfolio of capital developments some in the more traditional build and own category and a few where collaboration with local authority and WG has led to various lease options being developed.	• Three-year cyclical asset verification process – current year (Ceredigion) with 70%+ response rate at 9/3/26. • Subject to Audit. • Large projects are considered by Executive Team, Capital Sub Committee and Strategy and Planning Committee prior to being presented to Board for approval. • Subject to audit. • The split of the UHB discretionary capital is considered by Executive Team, Capital Sub Committee, Strategy and Planning Committee prior to being presented to Board for approval. • All plans and major developments are reported through the Governance process described above.

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8. Other Items	Controls / Processes in place	Assurance that processes are operational
Balance Sheet Review • Ensure all balance sheets are reconciled at appropriate intervals and action is taken to address historical balances. • Monthly assessment of existing provisions to determine whether these can be released during year as opposed to later in the year/year end. • Review all credit balances on the Balance sheet for potential over accrual (e.g. Annual Leave Accrual or GRNI balances).	• Blackline system in place used to perform monthly reconciliations. • Balance sheet accounting principles implemented in year (and documented for clarity in Quarter 3 2025/26). Includes: o proactive assessment on a monthly basis of current provisions to determine whether they can be released in year as opposed to traditional year-end approach. o quarterly review of historic annual adjustments, recognising these are at a point in time and may not be indicative of year-end position.	• Historic balances (particularly in CHC) reviewed and released where not required. • Wellsky balances were assessed as high at 2024/25 year end but due to time and staff constraints the erroneous over accrual was not addressed. • Balance sheet process is still bedding in but improving as staff are becoming more familiar with it. Gap 1: a comprehensive aged balance sheet review does not currently exist.

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4.7

11:50, 3 Mins

4.7 - Performance Assurance and Workforce Metrics Report

Michelle James (Hywel Dda UHB - Head of Resourcing & Utilisation), Sarah Barnes (Hywel Dda UHB - Workforce Manager: Systems and Workforce Intelligence)

For assurance

Attachments

4.7 Performance Assurance and Workforce Metrics SBAR.pdf

4.7 Appendix 1 - Strategic Objectives.pdf

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:**	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

A purpose of the People, Organisational Development & Culture Committee (PODCC) is to provide assurance to the Board on best practice around the workforce and organisational development (OD) agenda.

This report provides assurance of delivery against national delivery framework targets. The dataset presented is accurate as at 30 June 2026 (unless stated otherwise e.g. for NHS Wales benchmarking datasets).

Cefndir / Background

The dashboard has been developed to report on the individual delivery plans for the 12 specific requirements, targets have been identified against the eight strategic statements of intent in the 10 year strategy to demonstrate the link between the target and progress in delivery of our strategy.

The frequency in which the dashboard in Appendix 1 is produced has been amended in line with the committee frequency and as such is reported quarterly with the full range of metrics and Key Performance Indicators (KPI's) presented annually in February.

Asesiad / Assessment

The dashboard in Appendix 1 presents performance against the following national delivery framework targets:

Overall staff engagement score – scale score method

- The response rate has fluctuated through the years. The highest response rate was seen in January 2026 at 26%, it has since dipped slightly. Ways to increase participation are continually being explored.

- The quarterly average score increased slightly from 72% (January - March 26) to 73% (April - June 26) indicating sustained staff engagement despite a reduction in response rates over the period.
- There has been a reduction in staff involvement in decisions affecting their work. The score for this measure has fallen for the third consecutive survey cycle to 44.2%, meaning fewer than half of colleagues who responded feel involved in decisions that shape their working lives.
- The organisation has many agendas that are driving positive action for staff engagement. There is currently a consultation ongoing with staff in relation to Recognition, Appreciation and Reward.
- Staff engagement and participation (NHS Wales Staff Survey data) are now key workforce escalation metrics. The Executive Improving Together sessions (EITs) Escalation Framework is reviewed during monthly monitoring sessions, where engagement scores and survey participation rates are assessed across all Clinical Care Groups (CCGs and Directorates. This information is submitted as part of the Health Board's monthly internal escalation process. Each CCG/ Directorate is informed of its escalation level within each domain. Where a CCG/Directorate is assessed at Level 3 - indicating there is no assurance that prescribed targets will be achieved within the year, or that targeted intervention is required, it is invited to meet with the relevant Executive Director to discuss performance, challenges, and improvement actions.

Agency spend as a % of total pay bill; Variable pay (agency, locum, bank & overtime: monthly position).

- As of June 2026, there are 14 Allied Health Professional agency workers across the Health Board, with exit plans in place for the majority.
- Within the Medical workforce, there are approximately 30 agency workers engaged, with over 50% having agreed exit plans. A number have successfully transitioned into substantive and bank appointments, supporting greater workforce stability and reducing reliance on temporary staffing solutions.
- Agency has remained below 5% of the total pay bill since November 2023.

Education and Commissioning template to Health Education and Improvement Wales (HEIW) aligned to the Integrated Medium-Term Plan (IMTP) submission on an annual basis.
Data in relation to Health Care Support Worker (HCSW) framework on annual basis and related requirements for funding

- Continued alignment of education commissioning and workforce planning processes has strengthened the link between workforce priorities, training requirements and available HEIW funding.
- HEIW has confirmed that once a HCSW enrols on the Clinical Induction Programme, they are recognised as being on the All-Wales Career Framework (AWCF) pathway. This has contributed to improved compliance rates for Band 2 staff entering through clinical induction, as well as learners undertaking Level 3 and 4 qualifications aligned to the AWCF.
- Continue efforts to strengthen partnership with HEIW and engage in strategic review of the framework will be prioritised, including wider scale mapping of compliance across the organisation for existing staff.

Percentage of sickness absence rate of staff

- Sickness absence figures for June show a slight increase in the monthly absence rate to 6.73%, continuing the trend of absence levels remaining above the Health Board’s target. The Health Board’s rolling 12-month sickness absence rate currently stands at 6.80%, which remains 0.6 percentage points above the organisational target of 6.20%.

- Analysis of the causes of absence continues to identify anxiety, stress and depression as the most significant contributor to sickness absence across the Health Board, accounting for 35.2% of all recorded absences. The second highest reason for sickness absence remains other musculoskeletal problems, accounting for 10.0% of all absences.
- At 6.7%, Hywel Dda's sickness absence rate ranks as the third highest amongst the six main Health Boards. While performance is less favourable than Aneurin Bevan (6.55%), Cardiff and Vale (6.38%) and Betsi Cadwaladr (6.09%), Hywel Dda continues to perform better than both Swansea Bay (7.25%) and Cwm Taf Morgannwg (7.47%). Although the current position indicates that further improvement is required, the relatively narrow variation between organisations suggests that sustained focus on attendance management, staff wellbeing and reducing long-term sickness absence can support continued progress and improve Hywel Dda's comparative position across NHS Wales.
- To further improve attendance levels and sustain progress, the Workforce teams provide targeted support as follows**:**
    - Continue monitoring sickness trends to identify emerging themes and implement targeted interventions where required.
    - Ongoing support from the Workforce Advisors for Attendance Management and the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all CCGs. Key activities include reviewing individual cases, supporting managers in the application of the Attendance Management Policy, monitoring compliance with policy requirements, and ensuring appropriate wellbeing and occupational health interventions are in place.
    - Detailed workforce data analysis and service-level deep dives continue to be undertaken to develop a greater understanding of the factors contributing to sickness absence across the organisation, to ensure underlying issues are identified and appropriate support is in place.
    - Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters
    - Ongoing development of bite size training for managers on the sickness absence process continues.
    - Work is ongoing to further develop and refresh sickness absence reporting and analysis through alignment with population health intelligence. By combining workforce absence data with wider health and demographic information, the Health Board is seeking to better understand the health needs of its workforce across different localities and staff groups. This will support the development of more targeted health promotion initiatives, preventative interventions and wellbeing programmes that address the specific health challenges affecting employees. The aim is to move towards a more proactive and preventative approach to workforce wellbeing, supporting healthier workplaces and contributing to sustainable reductions in sickness absence over the longer term.

Qualitative report providing evidence of available learning and development in line with the Good Work – Dementia Learning and Development Framework.

- The Percentage of staff completing dementia training is consistently well above the 85% target.
- The only staff group not above the 85% target are Medical and Dental. They have been increasing month on month, performance has improved from 68.2% in March 2026 to 72.2% in June 2026.

Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation

- The Health Board has returned to be above our 85% target following a slight dip in April 2026.
- There is only one staff group that is below the 85% target which is Medical & Dental. These rates continue to steadily increase and increasing by 3.1% since March 2026, currently sitting at 67.2%.
- Work with service leaders to address barriers to training completion and maximise opportunities for protected learning time.
- Continue promoting timely completion of mandatory training to sustain performance above the NHS Wales target.
- Monitor compliance trends regularly and implement focused improvement plans in areas where performance falls below target.

Percentage of headcount by organisation who have had a Performance Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training).

- The combined appraisal compliance continues to fluctuate between 82.1% and 84% with the current rate at 80.4%.
- The Health Board is performing better than NHS Wales, however we continue to fall slightly short of the 85% target.
- Discussions with colleagues suggest that a significant proportion of apparent non-compliance may reflect completed PADRs that have not been recorded or updated within ESR, rather than reviews not taking place. Feedback indicates that ESR can be challenging and time-consuming to update, which may contribute to the under-reporting of completed PADRs and therefore impact reported compliance figures. Service pressures are also a factor which colleagues have raised to us which has reduced the time available for managers to undertake and record PADRs, particularly in areas experiencing staffing challenges or higher demands.
- It is important to recognise that the compliance figure reflects the recording of PADRs within ESR rather than the quality or frequency of the regular, meaningful discussions taking place between managers and colleagues throughout the year. As such, the reported compliance position does not fully reflect the number of colleagues who have engaged with and experienced meaningful performance management.

Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job.

- The rate has fluctuated, currently sitting at 74.1% in June 2026.

Consultant/Specialty and Associate Specialist (SAS) doctors with a job plan & Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).

- There was an 8% compliance decrease in May 2026, due to the change in the compliance period from 15-months to 12-months, this reverted back in June 2026.
- The Health Board changed process in line with the National Job Plan status model as agreed by AWMD (All Wales Medical Directors). There are now only 3 categories Compliant, Non-Compliant and Excluded.
- To ensure action plans are developed to improve compliance. Maintaining compliance, All Service Teams are issued monthly reports and advised to focus on expired job plans.

Percentage of compliance for staff appointed into new roles where an adult or child barred list check is required.

- We continue to maintain 100% compliance over the last 12 months.

The targets are presented in a format which will allow PODCC to assess the alignment

between the key performance indicator and the intentions as set out in the 10-year Workforce, Organisational Development & Education Strategy.

Argymhelliad / Recommendation

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

- **NOTE** the content of the 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)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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, Teitl a Sgôr Risg 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
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	2. Strengthen resilience by planning for and adapting to climate change

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)*	Not Applicable
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 cyfarfod hwn: Parties / Committees consulted prior to this meeting:	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
Tegwch Iechyd: **Health Equity:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	All data presented is anonymous
Cydraddoldeb: **Equality:**	Not Applicable

Strategic Planning Objective 1:
Develop and implement plans to deliver, on a sustainable basis, NHS delivery framework targets related to Workforce within the next 3 years.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

National Delivery Framework Target	Operational Delivery Lead
Overall staff engagement score – scale score method	Head of Culture and Workforce Experience
Agency spend as a % of total pay bill	Senior Workforce Manager – Workforce Efficiency
Variable pay (Agency, Locum, Bank & Overtime: monthly position)	Senior Workforce Manager – Workforce Efficiency
HEIW Planning Objective 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis	Assistant Director of People Planning
HEIW Planning Objective 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding	Future Workforce Programme Manager
Percentage of sickness absence rate of staff	Assistant Director of People Management
Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework	Clinical Education Manager
Percentage of employed NHS staff completing dementia training at an informed level	Clinical Education Manager
Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Learning & Development Manager
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Head of Culture and Workforce Experience
Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)	Head of Culture and Workforce Experience
Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months)	Head of Medical Education & Professional Standards
Percentage of compliance for staff appointed into new roles where a child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion
Percentage of compliance for staff appointed into new roles where an adult child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion

KEY: 8 Statements of Intent Contained within the 10 Year Workforce, Organisational Development(OD) and Education Strategy

1 - Delivering Collective and Compassionate Leadership
2 - Recruiting and Retaining Great People
3 - Engaging our Staff
4 - Delivering a Workforce Fit for the Future
5 - Enabling Our People to Release Their Potential
6 - Developing High Performing Teams
7 - Delivering Innovation, System Learning and Change Agility
8 - Developing Workforce Efficiency and Effectiveness

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – Overall staff engagement score – scale score method Strategic Delivery Lead: Assistant Director of Organisation Development; Operational Delivery Lead: Head of Culture and Workforce Experience

This target aligns to the following statement of intent:

3 - Engaging our Staff

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Staff Engagement Score Year on Year

Year Of Survey	Sent to	Number Completed	Response Rate	Engagement Score
2023 Sample in July	985	181	18%	74%
2023 Sample in August	1002	170	17%	73%
2023 Sample in September	972	182	19%	74%
2023 Sample in November	997	152	15%	73%
2023 Sample in December	977	107	11%	72%
2024 Sample in January	939	135	14%	73%
2024 Sample in February	944	94	10%	76%
2024 Sample in March	935	120	13%	70%
2024 Sample in April	931	132	14%	75%
2024 Sample in May	947	123	13%	71%
2024 Sample in June	914	157	17%	71%
2024 Sample in July	917	171	19%	71%
2024 Sample in August	909	157	17%	72%
2024 Sample in September	900	207	23%	73%
2024 Sample in October	901	198	22%	73%
2024 Sample in November	886	203	23%	73%
2024 Sample in December	902	139	15%	71%
2025 Sample in January	899	190	21%	71%
2025 Sample in February	888	188	21%	70%
2025 Sample in March	886	166	19%	72%
2025 Sample in April	901	184	20%	73%
2025 Sample in May	877	195	22%	74%
2025 Sample in June	897	147	16%	73%
2025 Sample in July	870	185	21%	72%
2025 Sample in August	855	189	22%	72%
2025 Sample in September	872	195	22%	73%
2026 Sample in January	866	222	26%	73%
2026 Sample in February	851	179	21%	69%
2026 Sample in March	848	134	16%	74%
2026 Sample in April	1340	305	23%	72%
2026 Sample in May	1339	285	21%	72%
2026 Sample in June	1327	224	17%	74%

Engagement Score by Staff Group

Role	Jul-25	Aug-25	Sep-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Administrative and Clerical	74%	75%	75%	74%	72%	77%	73%	71%	75%
Allied Health Professionals	72%	70%	72%	71%	64%	74%	74%	72%	74%
Estates, Facilities & Support Services	69%		74%	63%			70%	67%	
Healthcare Scientists	75%	74%	78%	72%	71%	76%	69%	67%	81%
Medical and Dental	65%	66%	67%	75%	68%	77%	62%	77%	68%
Nursing and Midwifery								72%	
Nursing and Midwifery	68%	70%	71%	74%	70%	71%	71%		73%
Other Clinical Services	80%	73%		75%	71%	69%	81%		72%
Other Scientific and Technical				69%					
Other				87%					70%
Other Clinical Services								82%	

Current Performance

Following the fluctuation seen earlier in the year, staff engagement scores remained stable through April and May 2026 at 72%, before improving to 74% in June 2026. June recorded the highest staff engagement score of the quarter.

Performance Against Trend

As a thermometer measure, the staff engagement score continues to be influenced by a range of organisational and external factors. Despite monthly variation, the Staff Voice engagement score has remained broadly consistent with the established trend and aligns closely with scores from the NHS Wales Staff Survey.

Following modest improvement in the 2024 NHS Wales Staff Survey, the Staff Engagement Index declined by 0.6 percentage points in 2025 to 70.7%, marginally below the NHS Wales average. This decline has been driven principally by a sustained and worsening reduction in staff involvement in decisions affecting their work. The score for this measure has fallen for the third consecutive survey cycle to 44.2%, meaning fewer than half of colleagues who responded feel involved in decisions that shape their working lives.

Future Positive Actions

The organisation has many agendas that are driving positive action for staff engagement. There is currently a consultation ongoing with staff in relation to Recognition, Appreciation and Reward.

Staff engagement and participation (NHS Wales Staff Survey data) are now key workforce escalation metrics. The EITs Escalation Framework is reviewed during monthly monitoring sessions, where engagement scores and survey participation rates are assessed across all CCGs and Directorates.

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – agency spend as a % of total pay bill.
Variable pay (Agency, Additional, Bank & Overtime: monthly position) Strategic Delivery Lead: Assistant Director of People Planning
Operational Delivery Lead: Senior Workforce Manager – Workforce Efficiency
This target aligns to the following statement of intent:
8 - Developing Workforce Efficiency and Effectiveness

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Current Performance

Agency expenditure remained below the Welsh Government target of 5% of total pay bill throughout April to June 2026, with monthly performance ranging between 1.25% and 1.91%. This demonstrates continued achievement against the target and sustained control of agency usage across the organisation.

As of June 2026, there are 14 Allied Health Professional agency workers across the Health Board, with exit plans in place for the majority.

Within the Medical workforce, there are approximately 30 agency workers engaged, with over 50% having agreed exit plans. A number have successfully transitioned into substantive and bank appointments, supporting greater workforce stability and reducing reliance on temporary staffing solutions.

Variable pay expenditure remained stable, with additional hours accounting for the largest proportion of spend. Temporary staffing and overtime continue to support service delivery where substantive workforce capacity remains below required levels.

Agency usage has remained below 5% of the total pay bill since November 2023.

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

Month Name	2025/2026	2026/2027
April	0.95%	1.91%
May	1.59%	1.25%
June	1.11%	1.49%
July	1.34%	
August	1.37%	
September	1.45%	
October	1.63%	
November	1.43%	
December	1.98%	
January	1.85%	
February	1.85%	
March	0.90%	

Future Positive Actions

Continue implementing and monitoring agreed agency exit plans across Allied Health Professions and the Medical workforce.

Support the transition of remaining agency workers into substantive and bank posts where appropriate to improve workforce sustainability.

Maintain workforce planning support to identify and address areas of ongoing reliance on temporary staffing.

Progress work to maximise the newly qualified pipelines, increasing substantive workforce capacity and reducing variable pay expenditure.

Continue to strengthen recruitment, retention and rostering initiatives to minimise agency usage and maintain performance below the Welsh Government target.

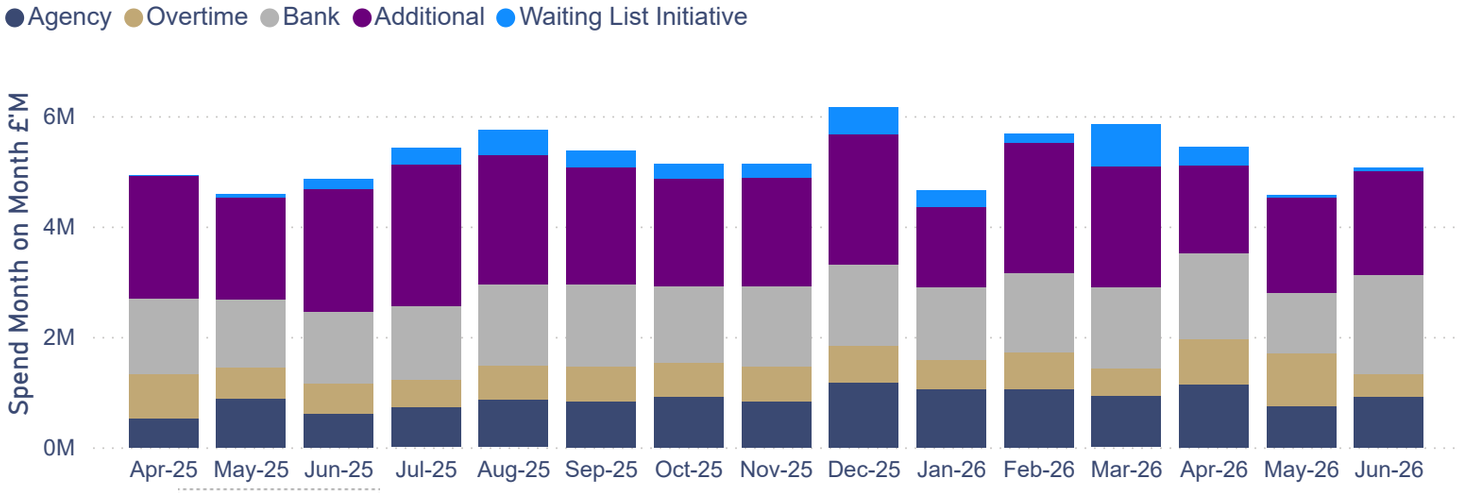
Performance Against Trend

The number of agency workers within both the Allied Health Professions and Medical workforce continues to reduce through planned exits and successful conversion to substantive and bank roles.

Ongoing workforce planning support is helping services address staffing gaps through longer-term workforce solutions rather than temporary staffing arrangements.

Variable pay expenditure remains relatively stable, although bank, overtime and additional duty hours continue to be utilised to maintain safe service delivery where recruitment challenges persist.

Variable Pay Month on Month



NHS delivery framework target: 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis Strategic Delivery Lead: Assistant Director of People Planning. Operational Delivery Lead: Assistant Director of People Planning

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People & 4 - Delivering a Workforce Fit for the Future

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key	
	Output known
✓	Completed
⌛	In Progress

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

Future Positive Actions

Continue to align education commissioning priorities with workforce plans and the Higher Awards process to maximise workforce development opportunities

Current Performance

The annual Education Commissioning submission is completed and aligned to the Health Board's Integrated Medium-Term Plan (IMTP) requirements and submitted to Health Education and Improvement Wales (HEIW).

Workforce Planning and Learning and Development colleagues are aligning education and training priorities with the Higher Awards process, ensuring HEIW funding is utilised effectively to support workforce development across staff groups.

Performance Against Trend

Continued alignment of education commissioning and workforce planning processes has strengthened the link between workforce priorities, training requirements and available HEIW funding.

NHS delivery framework target: 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding. Strategic Delivery Lead: Assistant Director of People Development

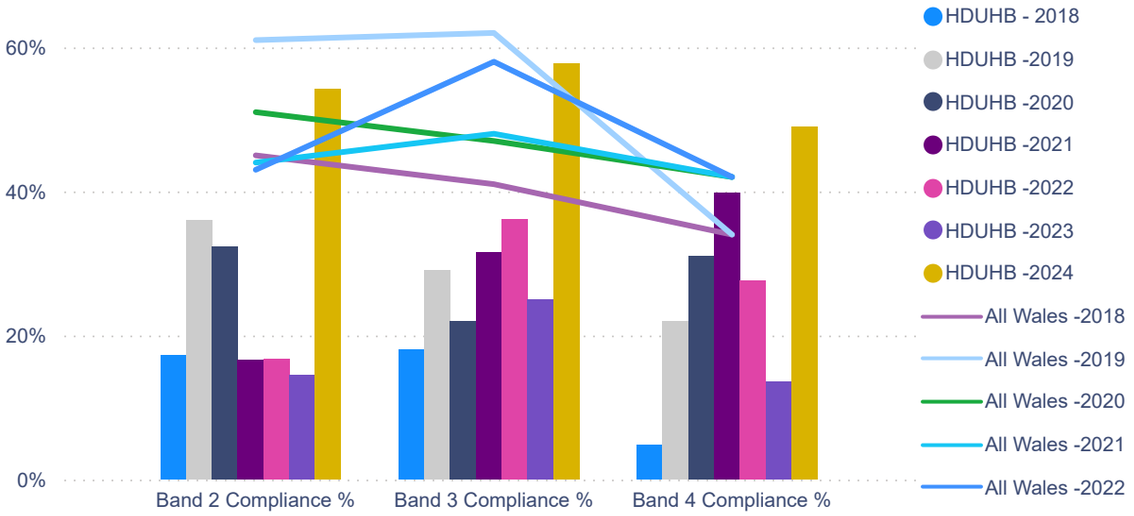
Operational Delivery Lead : Learning & Development Manager

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People , 4 - Delivering a Workforce Fit for the Future

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Career Framework Data



Current Performance

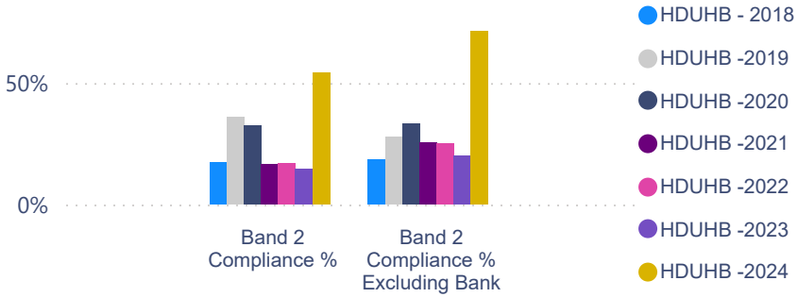
Data to inform the annual data returns relating to the Health Care Support Worker (HCSW) Framework and associated funding requirements continue to be collated.

HEIW has confirmed that once a HCSW enrols on the Clinical Induction Programme, they are recognised as being on the All-Wales Career Framework (AWCF) pathway. This has contributed to improved compliance rates for Band 2 staff entering through clinical induction, as well as learners undertaking Level 3 and 4 qualifications aligned to the AWCF.

Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Speech and Language service	0.0%	25.0%	0.0%
Radiology	100.0%	24.2%	0.0%
Physiotherapy	0.0%	52.4%	23.9%
Operating Theatres	68.2%	64.0%	100.0%
Occupational Therapy	0.0%	20.0%	6.8%
Nursing Mental Health	74.0%	73.1%	20.0%
Nursing Learning Disability	50.0%	50.0%	42.9%
Nursing Community	75.3%	70.0%	85.0%
Nursing Child	88.5%	72.4%	90.7%
Nursing Adult	70.9%	58.7%	64.6%
Maternity	57.4%	50.0%	0.0%
Dietetics	0.0%	0.0%	33.3%
Bank / Temporary Staff (on Bank only contracts)	40.9%	50.7%	58.1%

Impact of Bank Compliance on Career Framework Data



Future Positive Actions

Continue efforts to strengthen partnership with HEIW and engage in strategic review of the framework will be prioritised, including wider scale mapping of compliance across the organisation for existing staff.

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

Headcount

Profession	Headcount B2	Number at L2	Headcount B3	Number at L3	Headcount B4	Number at L4
Bank / Temporary Staff (on Bank only contracts)	1455	595	337	171	43	25
Dietetics	0	0	0	0	6	2
Maternity	61	35	2	1	0	0
Nursing Adult	846	600	143	84	65	42
Nursing Child	26	23	29	21	43	39
Nursing Community	85	64	190	133	20	17
Nursing Learning Disability	4	2	46	23	14	6
Nursing Mental Health	77	57	78	57	20	4
Occupational Therapy	0	0	5	1	44	3
Operating Theatres	22	15	25	16	7	7
Physiotherapy	1	0	21	11	46	11
Radiology	1	1	33	8	7	0
Speech and Language service	0	0	4	1	5	0
Total	**2578**	**1392**	**913**	**527**	**320**	**156**

Performance Against Trend

Compliance with the HCSW Framework has increased through enhanced monitoring and reporting arrangements, particularly for newly appointed Band 2 staff and those progressing through AWCF-aligned qualifications. This has resulted in a measurable increase in compliance for band 2 roles coming though clinical induction, as well as for learners undertaking level 3 and 4 qualifications, aligned to the AWCF

Collaboration between Workforce Planning, Learning and Development, and HEIW continues to support a more strategic and coordinated approach to workforce development across the organisation.

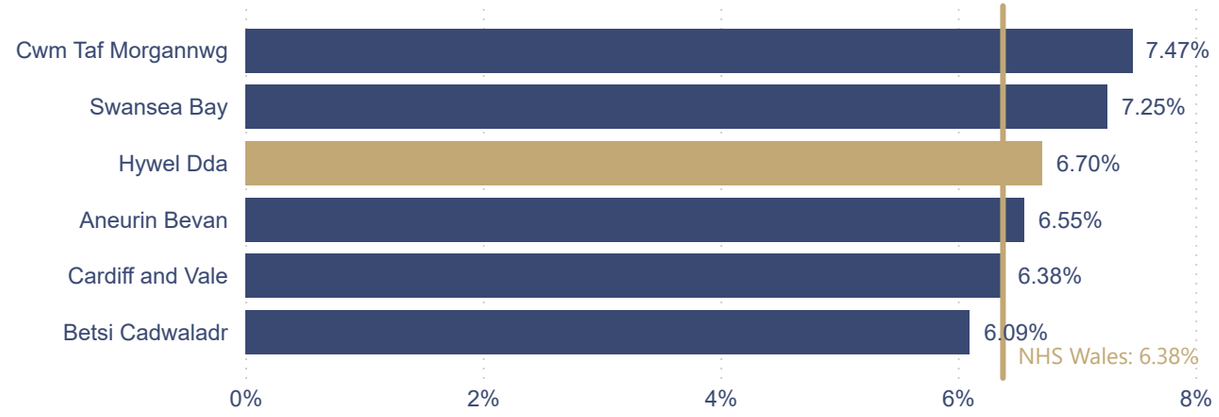
NHS delivery framework target: 5.A.i - Develop plans to deliver, on a sustainable basis - Percentage of sickness absence rate of staff Strategic Delivery Lead: Assistant Director of People Management Operational Delivery Lead: : Head of Workforce

This target aligns to the following statement of intent:

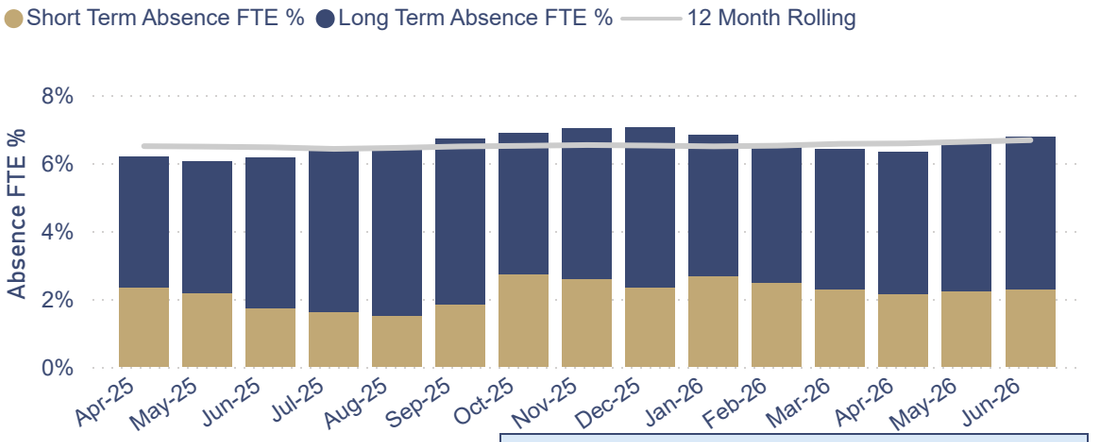
3 - Engaging our Staff

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

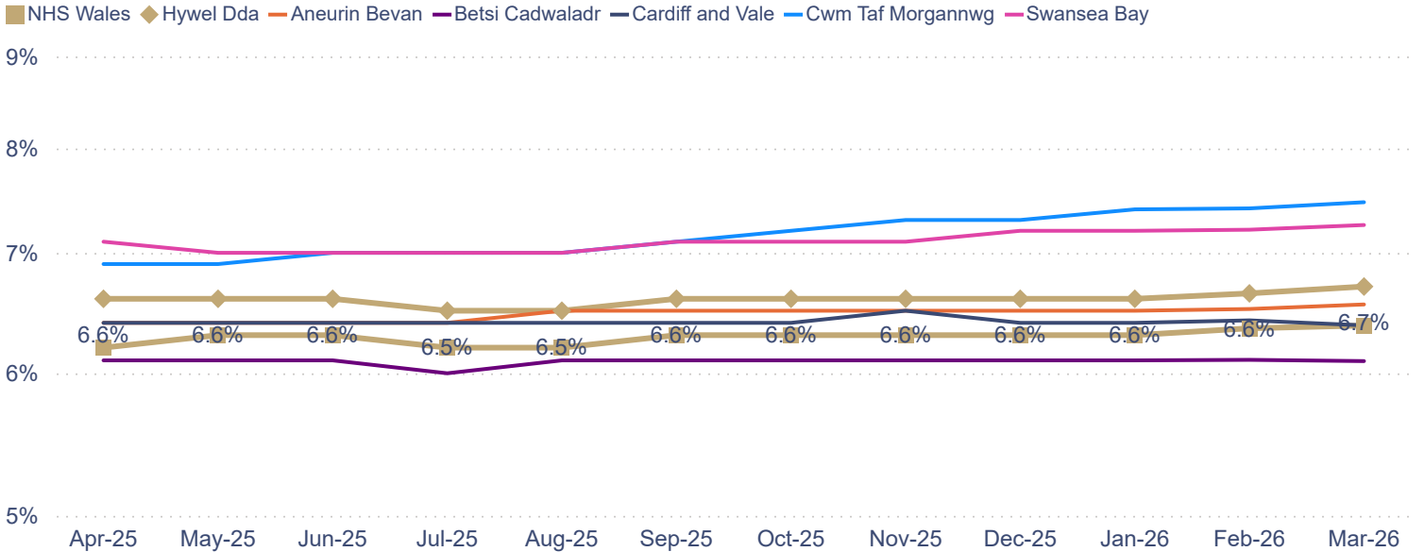
12 month rolling sickness absence rates (UHBs only) to March 2026



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



Rolling 12-month sickness absence rates, Apr 25 - Mar 26



Current Performance

The Health Board's sickness absence target has been reduced from 6.60% in the previous year to 6.20%, reflecting a continued organisational focus on improving attendance levels, enhancing staff wellbeing, and reducing the operational impact of employee absence.
Sickness absence figures for June show a slight increase in the monthly absence rate to 6.73%, continuing the trend of absence levels remaining above the Health Board's target. The Health Board's rolling 12-month sickness absence rate currently stands at 6.80%, which remains 0.6 percentage points above the organisational target of 6.20%.

Performance Against Trend

Sickness absence has increased compared with previous reporting periods and remains above the desired trajectory. Analysis indicates that long-term sickness absence continues to be the principal contributor to the current position, alongside ongoing operational pressures.. Continued focus on preventative measures, early intervention, effective case management, and targeted wellbeing support will be essential to achieving sustained reductions in absence rates.

Future Positive Actions

Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.

There remains a strong focus on prevention and early intervention. Managers are encouraged to have regular wellbeing conversations with staff, identify emerging concerns at an early stage, and facilitate access to support services such as Occupational Health, counselling services and wellbeing resources. These actions aim to support employee wellbeing, improve attendance levels, enhance workforce availability, and contribute to the delivery of sustainable services across the organisation.

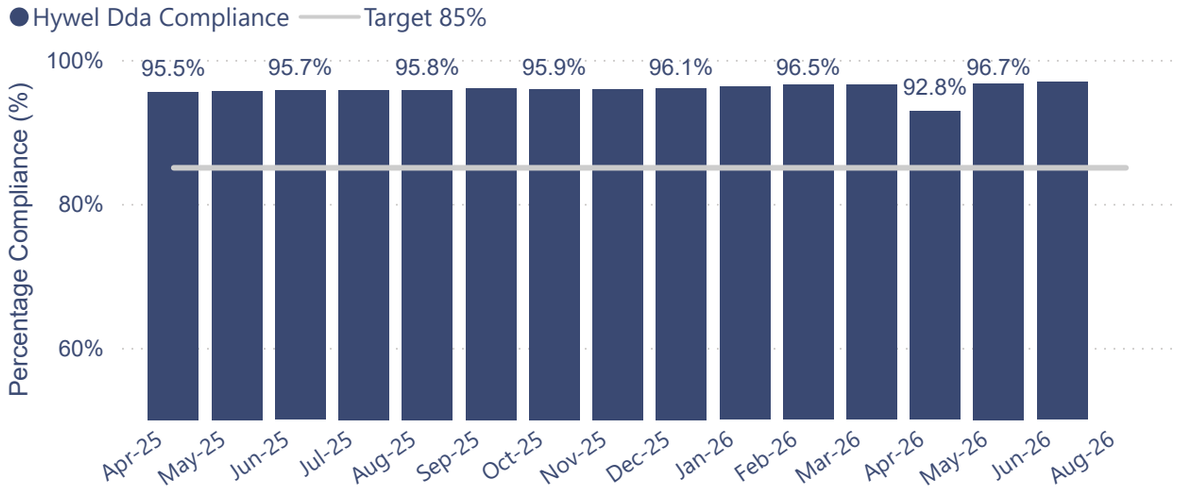
NHS delivery framework target: 5.A.i - Qualitative report providing evidence of provided learning and development in line with the Good Work –Dementia Learning and Development Framework & Percentage of employed NHS staff completing dementia training at an informed level Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: Learning & Development Manager

This target aligns to the following statement of intent:

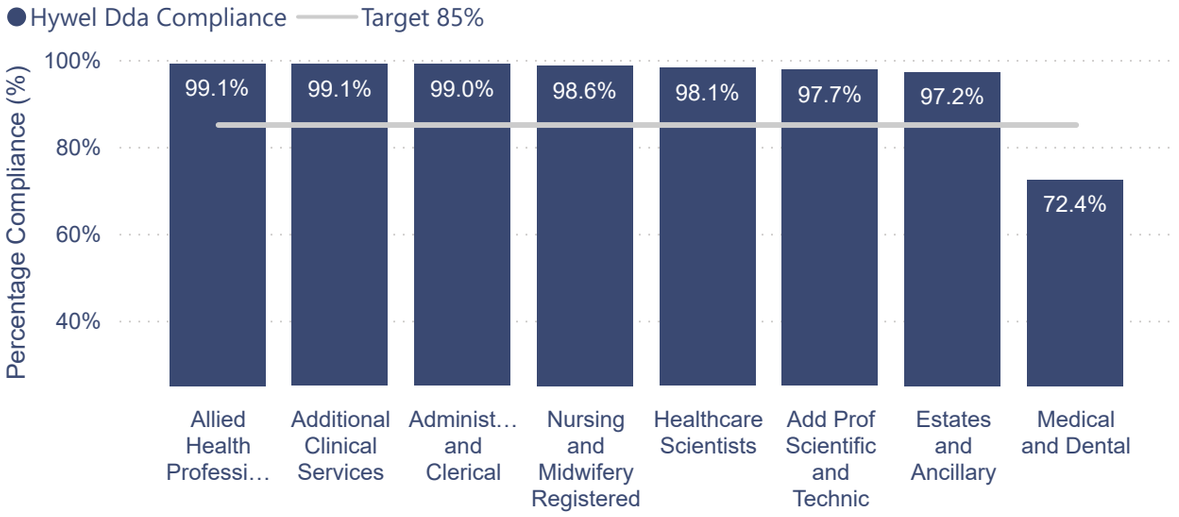
6 - Developing High Performing Teams

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Percentage of Staff completing Dementia Training



Percentage of Staff completing Dementia Training



Current Performance

Learning and development opportunities continue to be provided in line with the Good Work – Dementia Learning and Development Framework, supported by regular qualitative reporting.

Dementia training compliance remains consistently above the organisational target of 85%, with an overall compliance rate of 96.77% for Quarter 1 2026/27 across all staff groups.

Medical and Dental staff remain the only staff group below the 85% target; however, performance has improved from 68.2% in March 2026 to 72.23% in June 2026.

Performance Against Trend

Dementia training compliance continues to perform strongly across the Health Board, consistently exceeding the 85% target.

Sustained high compliance levels demonstrate ongoing commitment to ensuring staff have the knowledge and skills required to support people living with dementia.

Medical and Dental staff have shown a positive upward trend, with a 4-percentage point increase in compliance between March and June 2026, although further improvement is required to achieve the target.

Future Positive Actions

Continue to promote and monitor dementia learning and development opportunities in line with the Good Work – Dementia Learning and Development Framework.

Maintain high levels of compliance across staff groups through ongoing training, monitoring and reporting.

Work with the Medical and Dental staff group to identify barriers to training completion and implement targeted interventions to improve uptake.

Continue to raise awareness of dementia training requirements and support flexible access to learning opportunities.

Monitor compliance trends and provide focused support to ensure all staff groups achieve and sustain and build on the 85% compliance target.

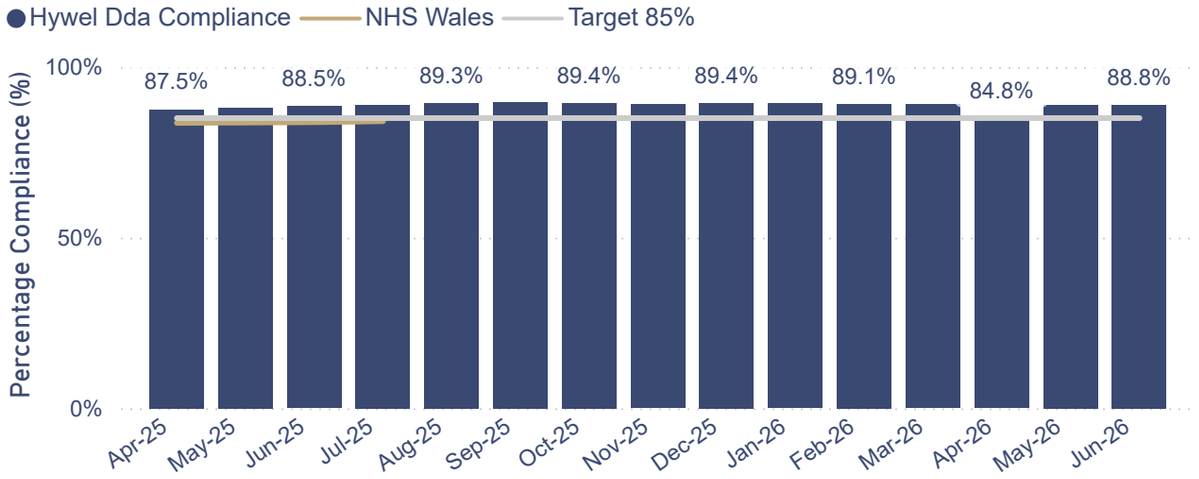
NHS delivery framework target: 5.A.i -Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation. Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: : Learning & Development Manager

This target aligns to the following statement of intent:

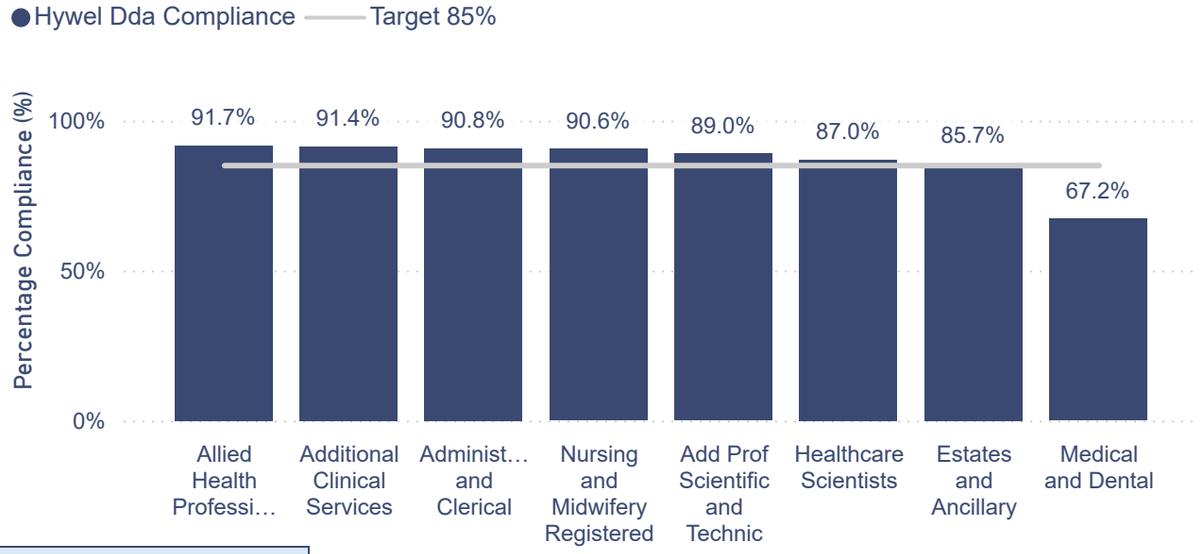
6 - Developing High Performing Teams

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Core Skills Training Framework (CSTF) compared to NHS Wales Performance and Target of 85%



Core Skills Training Framework (CSTF) compared to Target of 85% by Staff Group



Current Performance

Compliance with the Core Skills Training Framework (CSTF) Level 1 competencies remain above the NHS Wales target of 85%, with overall compliance at 88.8% in June 2026.

Compliance has remained consistently above target throughout the reporting period, ranging from 84.8% to 89.4%, with performance recovering following a temporary dip in April 2026.

Most staff groups exceed the 85% target, with Medical and Dental being the only staff group below target at 67.2%.

Performance Against Trend

Overall CSTF compliance has demonstrated sustained performance above the 85% target throughout the year, indicating strong organisational compliance with mandatory training requirements.

Following a reduction to 84.8% in April 2026, compliance improved to 88.8% by June 2026, returning to levels comparable with previous months.

Compliance across most staff groups remains strong and consistently exceeds the NHS Wales target.

Medical and Dental staff continue to represent the main area of underperformance and remain significantly below the required compliance threshold.

Future Positive Actions

Continue targeted engagement with Medical and Dental teams to improve completion rates of mandatory CSTF Level 1 training.

Maintain robust monitoring and reporting arrangements to support compliance management across all staff groups.

Work with service leaders to address barriers to training completion and maximise opportunities for protected learning time.

Continue promoting timely completion of mandatory training to sustain performance above the NHS Wales target.

Monitor compliance trends regularly and implement focused improvement plans in areas where performance falls below target.

NHS delivery framework target: 5.A.i - Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job & Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)

Strategic Delivery Lead: Assistant Director of Organisation Development Operational Delivery Lead: Head of Culture and Workforce Experience

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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

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

Jan-26
79.3%

Feb-26
70.9%

Mar-26
76.9%

Apr-26
70.5%

May-26
65.6%

Jun-26
74.1%

Current Performance

Whilst the organisational compliance percentage has reduced over the reporting period, Hywel Dda is still achieving the highest level of compliance rates for any health board in Wales. Various discussions with colleagues suggest that a significant proportion of apparent non-compliance relates not to PADRs not taking place, but to completed reviews not being recorded or updated within ESR.

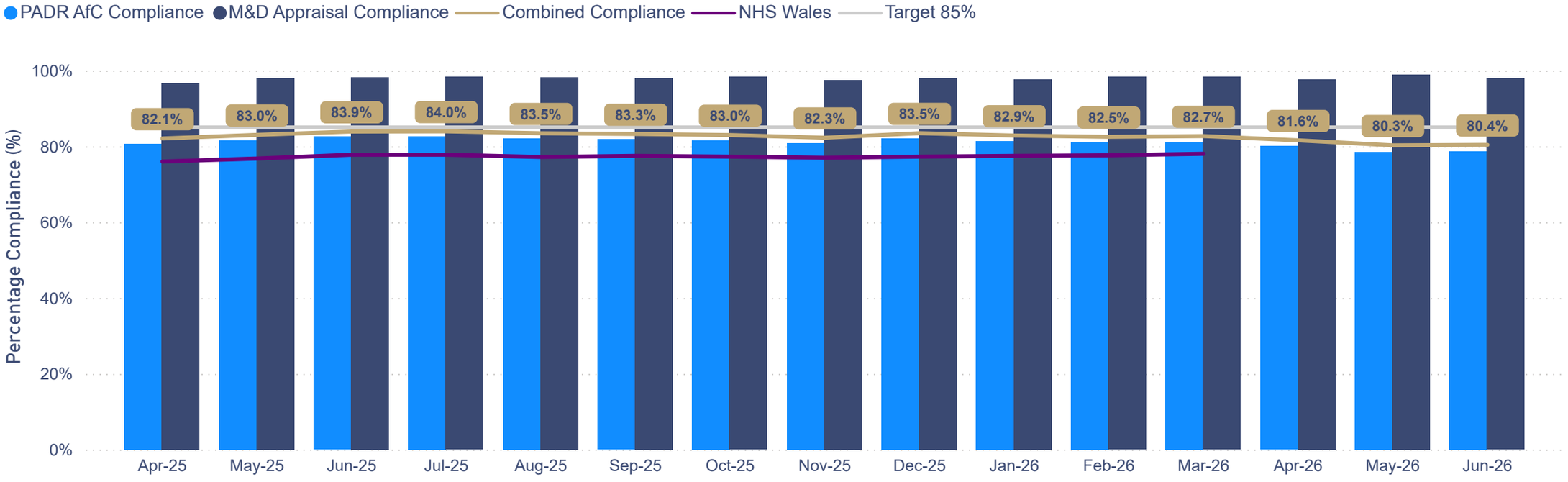
Performance Against Trend

Feedback indicates that ESR can be challenging and time-consuming to update, which may contribute to the under-reporting of completed PADRs and therefore impact reported compliance figures. Service pressures are also a factor which colleagues have raised to us which have reduced the time available for managers to undertake and record PADRs, particularly in areas experiencing staffing challenges or higher demands.

Future Positive Actions

The reduction in compliance has also coincided with a reduction in targeted improvement activity due to sickness absence and staffing levels within the team, which limited our capacity to undertake the engagement and follow-up work that had previously supported improvements in compliance levels.
This work is now being resumed again, and it is anticipated that the future introduction of the new workforce management system which will replace ESR, with improved functionality and user experience, will simplify the recording process, improve data accuracy and support increased compliance and assurance over time.

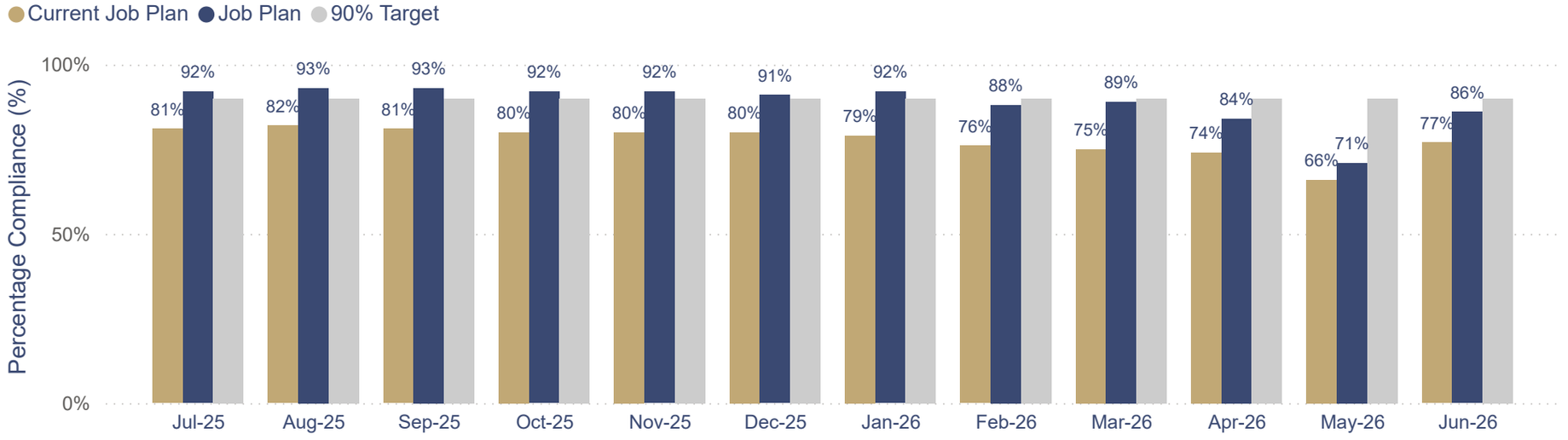
PADR Compliance to NHS Wales Performance and Target of 85%



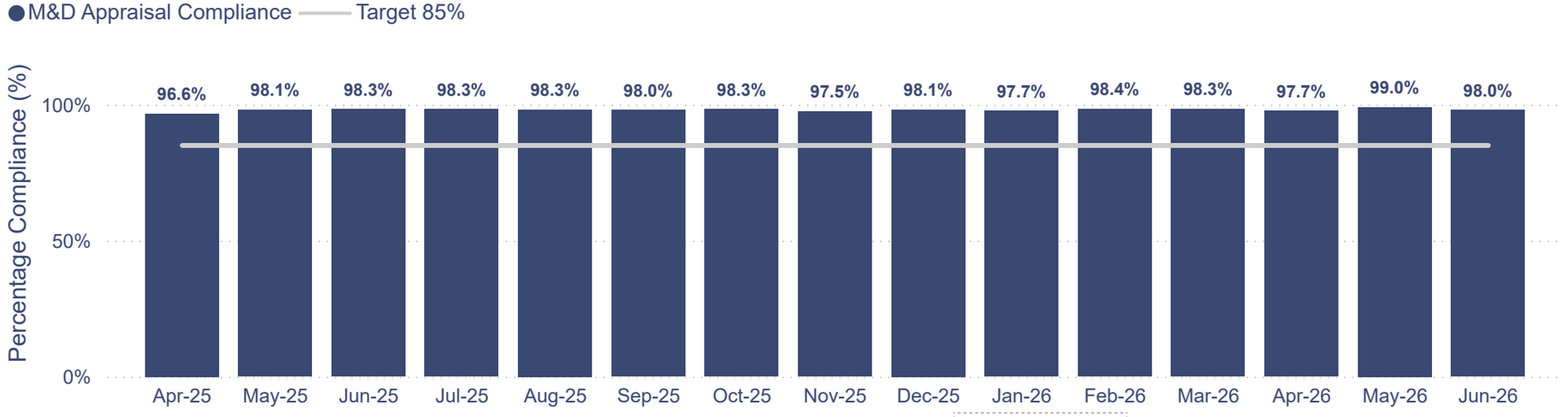
NHS delivery framework target: 5.A.i - Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months).
Strategic Delivery Lead: Medical Director Operational Delivery Lead: Head of Medical Education & Professional Standards
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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

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



Medical Appraisal Compliance Performance against Target of 85%



Current Performance

Hywel Dda changed process in line with the National Job Plan status model as agreed by AWMD (All Wales Medical Directors). There are now only 3 categories Compliant, Non-Compliant and Excluded.

Performance Against Trend

There was an 8% compliance decrease in May 2026, due to the change in the compliance period from 15-months to 12-months, this reverted back in June 2026.

Future Positive Actions

Process is in place for chasing up all clinicians to sign off their job plan. Escalation team and process in place, monthly meetings planned for all services below 90% to include Directors of Services, General Managers and Clinical Directors. To ensure action plans are developed to improve compliance.
Maintaining compliance, All Service Teams are issued monthly reports and advised to focus on expired job plans.

NHS delivery framework target: 5.B.i Percentage of compliance for staff appointed into new roles where a child barred list check is required. & Percentage of compliance for staff appointed into new roles where an adult child barred list check is required.
Strategic Delivery Lead: Assistant Director of People Management
Operational Delivery Lead: Head of Recruitment and Workforce Equality, Diversity & Inclusion
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

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

Current Performance

Performance remains compliant as per targets / expectations.

Performance Against Trend

Performance is consistently at 100%.

Future Positive Actions

Continue to perform to a high standard with robust processes to achieve required outcomes.

Compliance for staff appointed into new roles where an Adult or Child barred list check is required.
Note : All overseas recruits would have provided Overseas police checks as they cannot have a DBS until they have been in UK for 3 Months.

DBS Checks Processed

	Adult Barred Lists	Child Barred Lists	New Starters - Overseas	% Compliance
Jul-24	128	128	4	100.0%
Aug-24	168	167	2	100.0%
Sep-24	236	229	3	100.0%
Oct-24	146	141	9	100.0%
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%
Jan-26	139	136	1	100.0%
Feb-26	109	98	5	100.0%
Mar-26	110	109	7	100.0%
Apr-26	106	99	1	100.0%
May-26	136	135	4	100.0%
Jun-26	117	103	2	100.0%

5

11:53, 0 Mins

5 - SUB-COMMITTEE UPDATE REPORTS

5.1

11:53, 7 Mins

5.1 - Strategic People Planning and Education Group (SPPEG) Reports

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

For approval

Attachments

5.1 SPPEG Update Report.pdf

5.1 Appendix 1 - Draft SPPEG Minutes 24 June 26.pdf

Strategic People Planning & Education Group

UPDATE REPORT

Date of last meeting: **24 June 2026**

Quoracy: Met

Report by: Tracy Walmsley Assistant Director of People Planning (Vice Chair)

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

Alert[1] (may require discussion)

Strategic People Planning & Education Group (SPPEG) wish to have no alerts for members of the People Development Organisational Development Committee.

Advise[2] (to monitor)

Strategic People Planning & Development Group wish to **advise** members of the People Development Organisational Development Committee that:

- Future workforce ambitions linked to Community by Design will require a significant shift in workforce planning, workforce design and educational commissioning arrangements alongside increased focus on the Clinical Services Plan.

- Training capacity has the potential to become a workforce sustainability risk: capacity constraints are being noted in specialist training delivery, alongside challenges with support worker competency and delayed competency frameworks. Increasingly impacting workforce capability, recruitment, progression, patient safety and service sustainability. A demand and capacity scoping exercise is in progress to assess scale of risk.

- Apprenticeship Delivery and Qualification Validation: an operational issue presented which has now been addressed however this has flagged a wider system-level governance and assurance concern, which requires strengthening scrutiny when provider assurance fails and impacts students.

- Management capacity across Workforce Planning & Development remains compromised due to absence and vacancies, however, an interim Head of People Development has been appointed and commenced from 3 August 2026.

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[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*.

Assure[3] (to note)

Strategic People Planning & Development Group wish to assure members of the People Development Organisational Development Committee:

- Governance maturity, education governance, workforce risk visibility and future workforce pipelines

  Governance arrangements for workforce planning and education continue to strengthen. Significant progress has been made in reviewing governance structures, developing strategic workforce priorities, improving workforce risk intelligence and strengthening education governance arrangements. SPPEG will continue to oversee development of an integrated workforce planning and education framework whilst maintaining scrutiny of workforce risks and future workforce supply.

Review of Risks

The Group has reviewed the work on risk profiling to date: strategic profiling of workforce risk has been identified as workforce supply, capacity, skills, capability and affordability challenges i.e. systemic issues rather than isolated operational problems. Critical to note is the long-term workforce sustainability and associated financial risks.

Through the recent SPPEG Governance Review workshop, it was identified there may be a risk that, where major transformation programmes are in place i.e. Clinical Services Plan, Community by Design, Digital Transformation, Population Health and Equity we may face challenges in getting to the heart of workforce implications, opportunities, and risks. The critical question being: are workforce implications considered early and consistently within planning and decision-making processes to enable mitigations.

Sharing of learning

A key learning from the SPPEG Governance Review workshop (7 July 2026): the importance of taking time to reflect on and challenge existing governance arrangements, creating opportunities to strengthen oversight and ensure key considerations, such as workforce impacts, are embedded within strategic programmes of work.

Recommendation

The Committee is asked to:

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

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

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UNAPPROVED MINUTES OF STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP (SPPEG)

Date and Time of Meeting:	9am - 12pm, 24 June 2026
Venue:	Ty Ddewi, Ground Floor, Block C, Government Buildings, Picton Terrace, Carmarthen, SA31 3BT

Present:	Professor John Gammon (JG), Special Adviser, (Workforce, Education & Training) (SPPEG Chair) Tracy Walmsley (TW), Assistant Director of People Planning (Vice Chair) Claire Steel (CS), Future Workforce Programme Manager Jo Bradburn (JB), Deputy Director of Allied Health Professions Sally Hore (SHo), Head of Research and Development Janice Cole-Williams (JCW), Assistant Director of Nursing Bethan Lewis (BL), Interim Assistant Director of Public Health Sian Jenkins (SJ), Deputy Director of Finance Jon Morris (JM), Associate Medical Director for Medical Education & Training Helen Sullivan (HS), Head of Partnerships, Diversity and Inclusion
In Attendance:	William Mackintosh, General Practitioner, Clinical Lead Primary Care Academy Lee White (LW), Clinical Pharmacist Primary Care Alisha Daniels (AD), Associate Physician Nicola Henwood (NH), People Programme Manager Elwyn Edwards, Senior Management Accountant Elena Waters-Jenkins (EWJ), Future Workforce Operational Manager Professor Jo Davies (JD), Head of Simulation Education, Swansea University Jane E Lewis (JEL), Regional Partnership Manager, Regional Learning and Skills Partnership and Skills and Talent Programme 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: Anthony Tracey (AT), Digital Director James Severs (JS), Executive Director of Allied Health Professions and Health Science Helen Morgan Howard (HMH), Head of Engagement and Transformation Programme Office Huw Thomas (HT), Director of Finance Rachel Williams (RW), Head of Assurance and Risk Helen Thomas (HT), Head of Medical Education & Professional Standards Catherine Rees (CR), Head of Organisation Leadership Development Shayne Phillips-Edwards (SPE), Learning & Development Manager Martin Riley (MR), HEIW Representative Simon Chiffi (SC), Head of Operations, Facilities Michelle James (MJ), Head of Resource & Utilisation	

	Ruth Bowman (RB), Clinical Education Manager Marie Mickiewicz (MM), Head of Dental Services, Primary Care Gareth Cottrell (GC), Deputy Chief Operating Officer Samantha Hughes (SH), Primary Care & Community Services Academy Manager Robin Benton (RBe), Educational and Training Lead Pharmacist Jonathan Arthur (JA), Deputy Director of Health Science Lesley Hewer (LH), Head of Nursing Rhian Bond (RBo), Assistant Director of Primary Care Charlotte Wilmshurst (CW), Assistant Director of Assurance & Risk Simon Day (SD), Head of Maintenance & Engineering	
1.2	**Declarations of Interest**	
	Declarations of interest noted were: **The Chair (JG)** declared he is a Board Member with HEIW. **WM** declared he is the Chair of RCGP Wales **LW** declared an Honorary Lectureship with Cardiff University, School of Pharmacy.	
1.3	**Minutes and Table of Actions**	
	The minutes of the meeting held on 03/12/25 were approved as an accurate record, subject to a correction to Jo Bradburn's initials on page 1 See Table of Actions for updates	
1.4	**Strategic People Planning and Education Group (SPPEG) – Review and Refresh of Terms of Reference & Governance Review**	
	The Chair advised that the review and refresh of the Strategic People Planning and Education Group (SPPEG) Terms of Reference is required in line with Health Board governance arrangements. He reminded members of previous discussions regarding the need for a broader governance review, particularly in relation to SPPEG's role within the wider committee structure. **TW** noted that a recent workshop and ongoing discussions have informed the draft Terms of Reference, including a recognised need to rebalance the focus between education and workforce planning. She highlighted that the organisation's governance structures are evolving which may impact the future role and positioning of SPPEG. **BL** queried whether the organisational chart within the Terms of Reference was up to date and highlighted that Public Health was not included in the membership. **TW** acknowledged this as an error, confirmed Public Health should be included, and noted this would be corrected. **JB** raised questions regarding the role and clarity of subgroups, suggesting these may need to be defined and reviewed alongside their own Terms of Reference to ensure alignment. She also queried whether consideration	**TW**

	should be given to distinguishing between clinical and non-clinical workforce elements. **TW** agreed these were valid points and indicated further work and discussion would be required, including at a future workshop. **WM** supported the draft but suggested strengthening references to community-based working and strategic direction towards integrated, community-focused services. He emphasised the importance of reflecting national strategic intent within the Terms of Reference. **SJ** highlighted the need for clarity on subgroup arrangements and alignment with other workstreams, including medical stabilisation. She also stressed the importance of aligning workforce plans with financial, performance, and operational planning, and noted ongoing discussions regarding appropriate finance representation to avoid duplication. **WM** additionally highlighted the development of a new "Community by Design" Board, noting its relevance to these discussions, particularly in relation to leadership development and the shift towards community-based models, and the need to ensure alignment with SPPEG going forward. **The Chair** summarised that key themes included reviewing and updating membership (including Public Health, EDI, finance, community, leadership and culture representation), clarifying subgroup structure and remit, and ensuring an appropriate balance between education, training, and workforce planning within the Terms of Reference. He reiterated the need to maintain a strong focus on education and development alongside workforce planning. **TW** indicated that further work on governance timelines is ongoing, with an aim to hold a workshop and gain clarity on wider committee and governance structures by the end of July. **The Chair** confirmed that all feedback would be incorporated into a revised draft of the Terms of Reference.	**TW** **TW**
1.5	**Strategic People Planning and Education Group (SPPEG) – Annual Assurance Report** **The Chair** noted that a draft version of the Annual Assurance Report, would be circulated to members.	**TW/IJ**
1.6	**Annual plan –** • **People Plans** • **Education Commissioning** **The Chair** introduced the People Plan and Education Commissioning Plan, and invited **TW** to present the key points and outline the actions required of the group. **TW** explained that the People Plan provides a summary of the 60 operational workforce plans developed across services and sets out key organisational priorities. She noted that the document is intended to inform	

future discussions, including the July workshop, and to support development of a position paper and action plan.

TW outlined the key asks of the group:

- Approval of the Workforce Technical document as the strategic direction for workforce planning and education
- Endorsement of the Education Commissioning work already undertaken
- Assurance regarding workforce planning arrangements and accountabilities
- Support in identifying investment priorities and risk mitigation approaches

JB queried the process for professional sign-off within the People Plan, noting challenges in practice and the need for clearer expectations and guidance.

TW acknowledged this and confirmed work is underway to develop a prioritisation framework and strengthen processes, including panel arrangements, while avoiding siloed working and supporting a multi-professional approach.

BL highlighted that Public Health was not sufficiently visible within the plans and raised concerns regarding gaps, including workforce fragility in areas such as health visiting. She emphasised the need to better reflect Public Health workforce and education needs.

TW acknowledged this challenge, noting that while Public Health plans are included, they can be lost within the wider system priorities, and welcomed continued emphasis on strengthening this area.

WM supported the overall direction but suggested a stronger focus on opportunity and ambition, particularly in relation to primary and community services. He encouraged more emphasis on service transformation, generalist skills, and aligning workforce planning to future service models rather than solely focusing on fragility.

SJ emphasised the importance of aligning workforce planning with financial, performance, and operational plans, highlighting the need to consider affordability, future workforce supply, and investment prioritisation. She also noted the potential disconnect between professional leads and budget holders in decision-making.

JB additionally highlighted the need to triangulate workforce, finance, transformation, and planning, ensuring that risks are agreed at system level to maximise opportunities and alignment.

The Chair reflected that the papers highlighted a tension between ambition and operational reality, particularly regarding workforce supply gaps, financial constraints, and the need for prioritisation and potential de-prioritisation. He noted the importance of strengthening alignment with the Clinical Services Plan and ensuring confidence in how workforce demand and supply challenges will be addressed.

	TW acknowledged these points and confirmed that the July workshop will support further work to clarify priorities, including the development of criteria to manage competing demands and associated tensions, with a view to providing greater clarity for the group. **The Chair** confirmed that all points were noted and would inform further development and discussion	**TW**
1.7	**Risk Priorities**	
	TW outlined the development of this work, noting that workforce-related risks identified through Datix have reduced from approximately 280–300 to around 200. She explained that analysis has identified key themes, with the majority (92%) relating to workforce planning, categorised into areas such as supply, demand, capacity and skills. **TW** highlighted the need to move towards identifying root causes and reframing risks into strategic themes, including workforce modelling capability, education and training pipeline, long-term workforce sustainability, and financial affordability.**TW** advised that a validation process is underway, with plans to complete quality assurance work and introduce revised thematic categorisation within Datix by the end of August, to support a more strategic approach and alignment with governance arrangements. **WM** queried whether the approach was overly reliant on Datix data and suggested incorporating wider intelligence, including population health outcomes and patient experience. **JCW** and **CS** echoed this concern, noting that Datix usage and reporting culture are inconsistent across services, meaning risks may not be fully or reliably captured. **TW** acknowledged these points and agreed that, while Datix provides a baseline, there is value in adopting a broader, more opportunity-focused approach, with the group playing a role in challenging and refining the themes. **The Chair** welcomed the update, noting the clarity of the approach and timeline, and requested that a further update would be brought to a future meeting. **TW** confirmed that progress will be reported at the next SPPEG meeting, with the intention to align this work with outputs from the July workshop into a more integrated approach.	**TW** **TW**
1.8	**Multiprofessional Workforce Planning & Development (position paper and plans)**	
	Deferred	
1.9	**Workplan**	
	TW encouraged members to provide feedback, noting that the work plan may need to be revised but should act as a working document over the coming months while the group's priorities and focus continue to evolve. **The Chair** emphasised the importance of shared ownership of the work plan, highlighting that it should reflect the breadth of membership and not be solely directed by People Planning and People Development. Members were encouraged to actively contribute to shaping the group's future work.	

	JB requested that Enhanced Advanced Consultant Practice be explicitly included within the work plan, particularly in light of the ongoing national review.	**TW/IJ**
	The Chair proposed that the work plan be noted, with any comments or questions to be fed back to TW and IJ.	**All**

2.0	**EDUCATION AND WORKFORCE PLANNING**	
2.1	**Community by Design Strategic Plan – Implications for Workforce planning and Education**	
	WM presented the paper as a discussion document aimed at supporting a strategic shift towards a community-based, preventative and integrated model of care. He emphasised the need for a paradigm shift in workforce planning and education, including a stronger focus on generalist skills, multi-professional working and leadership development. He noted the ambition to influence the group's work plan and bring forward more detailed proposals and priorities. **LW** supported the direction, highlighting the importance of generalist, multi-professional practice, strengthened clinical leadership, digital skills, and a value and outcomes-based approach. **AD** identified opportunities to utilise the Physician Associate workforce within this model, noting available workforce capacity and alignment with generalist approaches. **CS** emphasised culture as a key enabler and highlighted the need for a leadership shift to support delivery. She raised the importance of ensuring workforce voice, particularly from primary and community care. **JB** supported the direction but stressed the need to move from strategy to delivery, requesting a clearer and more tangible action plan outlining how the shift will be achieved. **SH** highlighted the scale of change required in education and workforce models, noting the need for a radical rethink to support new roles and ways of working. **JCW** supported the direction and noted opportunities within the nursing workforce, including surplus graduates, but highlighted the need for structured planning to prepare the workforce. **BL** emphasised the importance of shifting existing resources from secondary care into community models and strengthening links with Public Health and inequalities work. **JD** highlighted opportunities to align with university curriculum transformation to better prepare the future workforce. Microsoft Teams Chat contributions reinforced key themes, including: • Opportunities to strengthen links with the 20Four7 prevention framework and leadership development **(BL, CS)**	

	• The need for flexible use of budgets to support workforce shifts **(JB, SJ)**, alongside recognition that this group can make recommendations but does not hold budget authority, with decisions requiring consideration by operational leads, budget holders and, where appropriate, Executive teams **(SJ)** • The importance of developing a "learning system", workforce planning principles, and maintaining ongoing dialogue **(TW, CS)** • The need to account for overlap during transition and support apprenticeship and community-based workforce models **(JCW, CS)** **TW** highlighted opportunities to rethink workforce planning through a "learning system" approach and identified key areas for exploration, including workforce design, education pathways, and financial flexibility. She proposed using the July workshop to continue the dialogue and develop plans. **The Chair** welcomed the ambition of the paper but highlighted the need to move from strategy to implementation. He emphasised the importance of developing a phased and practical approach, including clear actions, timelines, workforce implications, and alignment with financial and service planning. It was agreed that: **IJ** to recirculate the paper for further feedback from members A revised paper would be developed outlining tangible next steps, to be brought back to the group to inform recommendations to the People, Organisational Development Culture Committee (PODCC) and Board.	**IJ/All WM**
2.2	**CPD – Non-Pay Element Deal of the Pay Deal** Deferred	
2.3	**Atriwm update paper** **The Chair** introduced the Atriwm update paper and noted it was for information. He queried whether contingency plans were in place should the deferred timeline (February 2027) be delayed further. **TW** confirmed that contingency planning is in progress and advised that work is underway with the Central Accommodation Group to develop a broader accommodation strategy, which will be brought back to a future meeting. **The Chair** noted the update, confirming that the paper was received and that contingency planning is being considered within the wider context of organisational accommodation.	
2.4	**Simulation Plan Contract Position** **The Chair** introduced the paper and invited JD to provide a summary. **JD** outlined that the contract covers three key elements: • Simulation-based training (levels 1 and 2) to build workforce capability • Advanced simulation to support quality improvement and system development • A consultancy element to provide flexible support aligned to organisational needs	

	The Chair sought assurance regarding governance arrangements and oversight of the programme. **TW** advised that, while there are current capacity challenges due to organisational restructure, work is ongoing to strengthen leadership capacity. She confirmed that this group would provide governance oversight and that a refreshed plan would be brought back to a future meeting. She also highlighted this as an opportunity for wider engagement across the organisation. **The Chair** queried monitoring of spend against outputs. **JD** confirmed that robust tracking arrangements are in place, with regular oversight shared with TW. She noted that the contract is being delivered flexibly to meet organisational need and that transparency can be provided through regular updates if required. She also confirmed that arrangements have been adjusted to accommodate service pressures, including extending elements of the contract. **TW** confirmed that pauses in delivery referenced in the paper relate to capacity constraints. **WM** highlighted the value of simulation within primary and community care, noting ambitions to develop local faculty capacity and maximise the educational impact, particularly through protected learning time initiatives. **JD** added that the work extends beyond the contract through research and innovation partnerships, including simulation and virtual reality developments, which offer additional opportunities for workforce training and development. **The Chair** thanked contributors and noted the update.	**TW**
2.5	**New Workforce Solution Update** **The Chair** introduced the item and invited **TW** to provide an update. **TW** outlined that significant progress is being made on the Workforce Planning solution at both national and local level. She confirmed she has been appointed as Senior Responsible Owner (SRO), with Lisa Gostling identified as Executive Sponsor, and that governance arrangements are currently being finalised through the Executive Team. **TW** advised that subgroups will be established across the seven system domains, with the solution expected to significantly transform workforce planning through digital and AI-enabled capabilities. She emphasised the importance of engagement from members as governance structures are developed and implemented. **The Chair** queried the affordability of the programme and noted that resources are not yet fully defined. **TW** confirmed that funding discussions are ongoing at a national level, with some allocation identified through Shared Services Partnership. She noted that internal considerations are also underway regarding resource	

	requirements, including impacts on business processes, system mapping, engagement, and training. **The Chair** sought assurance that benefits and risks would be clearly identified. **TW** confirmed that work is underway with national partners to define benefits and risks across participating organisations, with further detail to be developed and shared in due course. **The Chair** noted the update	**TW**
2.6	**Governance Review: Apprenticeship Delivery and Qualification Validation**	
	The Chair introduced the paper and invited **CS** to highlight key points. **CS** advised that the issue was no longer operational but represented a system-level governance and assurance concern, highlighting a material workforce and governance risk. She emphasised the need to: • Strengthen escalation routes where provider assurance fails • Clarify thresholds and oversight arrangements • Consider whether the risk should be formally recorded on the organisational risk register She noted that the issue raised concerns regarding organisational assurance and reputational risk, particularly as apprentices were informed before the Health Board. **The Chair** confirmed that the issue should be escalated through established governance routes, including reporting to PODCC and discussed further with Executive leads. **JB** queried whether the issue was isolated or indicative of wider risk across other providers. **CS** advised that the issue was specific to one provider but highlighted concerns that similar risks could occur elsewhere due to reliance on provider communication, despite existing governance arrangements. **SJ** sought clarification on the current status and financial implications. **CS** confirmed the issue had now been resolved, with learning delivery back on track, but noted that programme timelines had been extended, reinforcing the need to prevent recurrence. **JCW** raised potential risks in relation to expansion of apprenticeship pathways and the need for ongoing monitoring and assurance. **TW** highlighted that similar issues have arisen previously, indicating a broader need to strengthen provider management and oversight. **The Chair** summarised that key actions arising were: • Review and strengthen operational processes and monitoring of apprenticeship programmes • Strengthen and clarify escalation routes and governance arrangements	**TW** **TW** **TW**

	The Chair noted the discussion.	

3.0	**MONITORING AND COMPLIANCE**	
3.1	**Finance Performance and Initiatives (WOD Budget)**	
	TW provided a verbal update on financial pressures, noting a reduction of £110,000 in HEIW Band 2 to 4 funding, leaving approximately £60,000 available for education and development support. She also advised that, following the higher awards process across multiple funding streams, there is currently an estimated £100,000 shortfall. **TW** confirmed that efforts are underway to identify alternative funding sources and that a prioritisation approach will be required, likely prioritising continuing learners before new applicants. She noted this represents a shift towards more constrained funding and the need for more formal prioritisation. **JB** queried whether demand for higher awards had changed compared to previous years and sought assurance on alignment with HEIW workforce oversight work. **JCW** raised concerns regarding the sustainability of funding reductions and the impact on workforce planning, highlighting the need to better align funding and education planning proactively. **TW** advised that further work is needed to confirm trends in demand but indicated that funding reductions are likely to continue, requiring review of staffing profiles and a more proactive approach. She also confirmed engagement with the national Workforce Oversight Group, noting ongoing challenges regarding workforce supply, particularly for newly qualified staff. **JB** highlighted that these challenges extend beyond nursing and paramedics to include AHP and Health Science professions. **BL** queried whether SCPHN training aligned with higher awards and raised concerns that Public Health staff weren't always recognised within funding structures, which may disadvantage access to development opportunities. **The Chair** noted the discussion and key concerns raised.	**TW** **TW**

4.0	**POLICIES – For information**	
4.1	**Performance Management (SPF and PODCC in May)**	
	For information	
4.2	**Induction (SPF and PODCC in May)**	
	For information	
4.3	**Learning & Development (SPF and PODCC in May)**	
	For information	
4.4	**Work Experience Policy (went to PODCC in Feb)**	
	For information	

5.0	**INNOVATION AND COLLABORATION**	
5.1	**Research & Innovation Update**	
	The Chair introduced the Research & Innovation update and invited **SH** to present.	

	SH advised that the paper is a routine update from the R&I Sub-Committee through the wider governance structure. **The Chair** queried the ongoing issue regarding digital clearance delays and associated financial implications. **SH** confirmed that this remains an issue and has been formally escalated. The update was noted.	
5.2	**Regional Learning Skills Partnership Update**	
	JEL provided an overview of the work of the Regional Learning and Skills Partnership (RLSP), highlighting its role in assessing current and future skills needs across sectors and informing Welsh Government planning. She emphasised key workforce challenges relevant to health and social care, including recruitment difficulties, skills gaps, an ageing workforce, and increasing numbers of individuals not in education, employment or training (NEET). **JEL** highlighted the importance of early engagement with schools and colleges to raise awareness of career opportunities across the Health Board and remove barriers to entry. She also outlined ongoing work to support workforce development through initiatives such as micro-credentials and highlighted wider challenges including infrastructure, transport, and housing. **JEL** noted opportunities for collaboration through the Skills and Talent Programme, including potential funding to support innovative training and development initiatives, and encouraged the Health Board to engage with RLSP to explore opportunities. **The Chair** welcomed the update, noting the importance of strengthening links with RLSP. He highlighted the value of collaboration to support workforce development pathways and recognised the opportunity to explore additional funding streams. It was agreed that the full presentation would be circulated and that further dialogue would continue to explore opportunities for collaboration.	**IJ/All**

6.0	**UPDATE POSITION PAPERS/ SUBGROUP UPDATE**	
6.1	**Medical & Dental Education Group Update**	
	deferred	
6.2	**Clinical Education Governance Group (CEGG)**	
	IJ to circulate to the Group and any comments returned to IJ	**IJ/All**
6.3	**Future Workforce Governance Group**	
	IJ to circulate to the Group and any comments returned to IJ	**IJ/All**

7.0	**OTHER BUSINESS**	
7.1	**Any other business**	
	No items received.	
7.2	**Date & Time of Next Meeting**	
	JG thanked all who attended and contributed to the meeting. Details of next meeting: 16th September, 9.30 -11.30am	

5.2

12:00, 7 Mins

5.2 - SPPEG Annual Report 2025-26

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

Attachments

5.2 SPPEG Annual Assurance Report 25_26 V3.pdf

5.2 Appendix 1 - SPPEG Work Plan 2023-25 v7.pdf

Strategic People Planning and Education Group (SPPEG)

Annual Summary

2025/2026

1. Introduction and Chair's Summary

In line with Standing Orders the Strategic People Planning and Education Group (SPPEG) must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Groups it has established, setting out how the Group has met its Terms of Reference during the financial year. The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes.
- Its Board Development Programme, as part of an overall Organisation Development framework.

SPPEG 2025/26

During 2025/26, the Strategic People Planning and Education Group (SPPEG) provided strategic oversight, advice and assurance in relation to workforce planning, education, training and people development across Hywel Dda University Health Board.

The Group acted as a key forum for:

- aligning workforce supply, education and development with organisational priorities;
- providing assurance on people-related risks and mitigations;
- Identifying the need, and the barriers preventing sustainable, multi-professional workforce solutions;
- and strengthening governance and accountability across workforce and education structures.

Chair's Reflections

As Chair of SPPEG, I am grateful for the commitment and engagement shown by members, officers and colleagues who have supported the Group throughout 2025/26. During the year, the Committee has maintained oversight of a broad and complex agenda encompassing workforce planning, education and workforce sustainability. Whilst I am satisfied that appropriate governance arrangements were in place and that the Group discharged its responsibilities effectively, I do not believe the year was without challenge. The Group frequently received assurance on the existence of plans, programmes and mitigating actions; however, in some areas there was less evidence available regarding the measurable impact of these interventions on workforce outcomes and service sustainability.

Through our discussions and review of assurance provided through PODCC and other governance mechanisms, it became evident that there remains an opportunity to strengthen the link between workforce strategy, workforce planning, organisational performance and demonstrable benefits realisation. Whilst progress was reported across several priority areas, the Group continued to seek greater clarity regarding outcomes, delivery trajectories and the effectiveness of mitigation actions against longstanding workforce risks. In particular, the pace of improvement in some areas

remained constrained by workforce supply challenges, financial pressures and wider service demands.

Looking back on the year, I believe SPPEG has provided the Board with reasonable assurance in relation to its areas of responsibility. However, it is equally important to recognise that assurance was not always underpinned by mature outcome measures or a sufficiently robust evidence base to demonstrate sustained improvement. As such, the has continued to encourage a stronger focus on strategic workforce planning, benefits realisation, and the development of more integrated measures that demonstrate how workforce investment contributes to organisational objectives, service transformation and long-term sustainability.

The Committee also recognised the need for a more integrated approach to workforce assurance, bringing together workforce planning, education, workforce performance and strategic risk within a single line of sight to organisational outcomes. This remains an important area of development if the Board is to gain greater confidence in the effectiveness and sustainability of workforce interventions over the coming years.

The Committee acknowledges that robust engagement arrangements remain a key source of assurance, providing an important means of testing whether strategic workforce initiatives are delivering the intended impact for staff, services and the wider organisation. Feedback received through SPPEG-sponsored programmes, including LEAP and apprenticeship initiatives, highlighted positive participant experience, strong partnership working and evidence that feedback was being actively used to improve programme delivery and impact.

As Chair I recognises that effective assurance relies not only on engagement with staff and partners, but also on the active participation and challenge provided by Committee members. Their commitment, insight and willingness to explore complex issues in depth have been integral to the Committee's effectiveness and the quality of assurance provided to the Board.

2.Terms of Reference and Workplan

The TOR for Strategic People Planning Group is reviewed on an annual basis or following any significant changes. Ongoing work around governance means that a new version of the TORs are in development. A discussion has been requested by the Chair of PODCC to reflect on the purpose of SPPEG and how we move forward.

The Strategic People Planning Group has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Sub-Committee’s Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Strategic People Planning Group workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee’s objectives.

The work plan (see Appendix 1) is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

2.1 Workforce Planning and Sustainability

SPPEG maintained oversight of workforce planning activity across clinical and non-clinical professions, including:

- Development and assurance of People Plans aligned to the annual planning cycle;
- Workforce stabilisation programmes for Nursing, Medical, Medical Associate Professionals (MAPs) and associated professions;
- Workforce planning for Allied Health Professions (AHPs), Healthcare Science, Pharmacy, Estates, Admin & Clerical, and Primary and Community Care;
- The development of workforce pipelines where traditional recruitment routes were constrained, including “grow your own” and apprenticeship-based approaches.

A recurring theme was the need to shift from short-term mitigation to longer-term, system-based workforce solutions supported by workforce modelling, career pathways, and succession planning.

2.2 Education, Training and Development

The Group provided strategic direction and assurance across the education and development agenda, including:

- Education and Development Strategic Priorities, covering leadership, digital capability, interprofessional education, equity of access, and data quality;
- Leadership and organisational development programmes, including LEAP and the Hywel Dda Managers Programme;
- Induction, preceptorship, supervision and advanced practice development across professions;
- Commissioning of education and training within financial constraints and in alignment with service need.

SPPEG consistently emphasised the importance of evaluation, outcomes and demonstrable impact, and sought to move beyond narrative assurance towards evidence of delivery and benefit.

2.3 Multi Professional Working and Career Pathways

During 2025/26, SPPEG increasingly focused on **multi-professional approaches** to workforce challenges. This included:

- oversight of Enhanced, Advanced and Consultant Practice roles, with agreement that governance and assurance should be considered collectively rather than profession-by-profession;
- shared workforce challenges across AHPs, Nursing, Healthcare Science, Pharmacy, MAPs and Clinical Psychology, particularly around supervision, retention, succession planning and leadership;
- recognition that multi-professional clinical leadership would be critical to future service transformation and the shift towards community-based care.

The Group supported the use of task-and-finish approaches where required to develop coordinated, strategic responses.

2.4 Workforce Pipelines and "Grow Your Own" Models

SPPEG considered a range of workforce pipeline approaches aimed at improving supply and retention, including:

- development of support worker and apprenticeship pathways;
- extension and support of "grow your own" models in professions experiencing persistent recruitment challenges;
- alignment of education commissioning with funded posts to avoid attrition at the point of qualification;
- consideration of retention intelligence, including exit data and staff experience, to inform workforce planning.

The Group recognised that pipeline models must be underpinned by robust workforce planning and financial alignment to be sustainable.

2.5 Risk, Annual Planning and Governance

A strengthened focus on risk-based assurance was a defining feature of SPPEG activity during the year. The Group:

- reviewed workforce-related risks aligned to the Annual Plan and organisational risk register;
- considered workforce risks by professional group and service area, including high and extreme-scoring risks;
- emphasised action-oriented risk management, with clear mitigation and ownership;
- sought alignment between SPPEG and PODCC in relation to workforce risk identification and escalation.

SPPEG also initiated work to:

- streamline its workplan in line with strategic priorities and risk;
- review its Terms of Reference;
- and clarify relationships and interfaces with other workforce, education and governance groups, reducing duplication and improving value.

2.6 Statutory and Mandatory Training and Workforce Intelligence

Throughout the year, SPPEG maintained oversight of statutory and mandatory training and took assurance that:

- compliance was actively monitored with targeted support for areas below benchmark;
- governance of mandatory training requests was being strengthened;
- unnecessary duplication and burden were being reviewed while maintaining patient safety;
- workforce intelligence and training data were being improved through work on "One Source of Truth" and Power BI dashboards.

The Group supported the development of clearer decision-making frameworks to balance regulatory, educational and operational considerations.

3. Group/s

The following Groups report into the SPPEG with their own terms of reference and workplan for the year.

- Future Workforce Governance Group - last reviewed March 2025 (under review)
- Statutory & Mandatory Training Group - last reviewed November 2024 (under review)
- Clinical Education Governance Group (CEGG) - last reviewed February 2024 (under review)
- Interprofessional Education Governance Group (IPEGG) - (under review)
- Medical & Dental Education Group - last reviewed March 2025

In line with their Terms of Reference, the Group is required to provide a report after each meeting. This is provided in the 3 As format: Alert, Advise and Assure.

4. Table of attendance

Membership	Date 21/11/24	Date 03/03/25	Date 29/07/25	Date 03/12/25
Workforce & OD Strategic Advisor (Chair)	Y	Y	Y	Y
Assistant Director of People Panning (Vice Chair)		Y	Y	Y
Assistant Director of People Development (Vice Chair)	Y	Y		
Assistant Director of Nursing	Y		Y	
Clinical Director of Pharmacy & Medicines Management				
Educational And Training Lead Pharmacist	Y	Y	Y	Y
Clinical Education Manager			Y	
Learning & Development Manager	Y	Y	Y	Y
Future Workforce Manager	Y	Y	Y	Y
Assistant Director of Primary Care				
Executive Director of Allied Health Professions and Health Sciences			Y	
Digital Director	Y		Y	
Head of Organisation Leadership Development	Y	Y		
Head of Research and Development	Y		Y	
Assistant Director of Public Health	Y		Y	
Senior Finance Business Partner				
Primary Care & Community Services Academy Manager	Y	Y	Y	Y
Head of Transformation Programme Office	Y	Y		
Head of Operations Facilities				
Assistant Director of Assurance & Risk				
Head of Medical Education & Professional Standards	Y			
Head of Resource & Utilisation			Y	
HEIW Representative		Y		Y
Head of Partnerships, Diversity and Inclusion	Y		Y	
Deputy Director of Health Sciences	Y	Y		Y

Deputy Director of Allied Health Professions				Y
In Attendance	Date 21/11/24	Date 03/03/25	Date 29/07/25	Date 03/12/25
Secretariat	Y	Y	Y	Y
General Practitioner, Clinical Lead Primary Care Academy	Y			Y
Clinical Programmes Manager	Y		Y	
OD Practitioner	Y			
Interprofessional education and simulation coordinator	Y			
Head of Estates Risk & Compliance	Y			
Project Manager (Workforce Planning)	Y			
Learning and Development Operational Manager	Y		Y	
Programme Manager (National Imaging Programme)	Y			
Senior Nurse for Resuscitation and Acute Patient Deterioration	Y	Y		
Digital Learning Co-ordinator	Y			
Learning and Development Officer	Y			
Workforce Planning Project Manager	Y			
Estates Manager	Y			
Assistant Finance Business Partner	Y			
Deputy Head Of Radiology	Y			
Head of Assurance and Risk		Y	Y	Y
Head of Maintenance & Engineering		Y		
Deputy Chief Operating Officer		Y	Y	
Strategic Workforce Planner – Primary Care and Community Services		Y		
Clinical Induction coordinator			Y	
Head of Nursing for Professional Standards and Regulation			Y	
Head of Nursing				Y
Consultant Clinical Psychologist				Y
Lead for Medical Associated Professions				
Meeting quorate?	Yes	Yes	Yes	Yes

Quoracy is considered to be a third of core membership. In attendance is required to bring forward wider services and issues.

5. **Sub-Committee Activities – alert, advise and assure.**

Alert

The following matters were areas where the Group was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required.

Statutory and Mandatory Training Capacity, Quality, Safety and Financial Impact – SPPEG raised concerns regarding the volume of mandatory training requirements in comparison with other Health Boards, the associated backfill and financial burden, and continuing non-compliance in key training areas including Resuscitation, Safeguarding Level 3 and Consent. The Committee also highlighted

inequitable access to training because of operational release constraints and training availability. SPPEG considered that Board-level attention and support were required to address capacity and compliance challenges.

Advise

The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.

Training Course Non-Attendance (DNA Rates) – SPPEG identified increasing levels of staff non-attendance at education and development programmes, with some courses reporting DNA rates of up to 56%. The impact on delivery capacity, workforce resources and efficiency was recognised, with further work underway to identify sustainable solutions.

Resuscitation Training Capacity and Compliance – The Group received a report outlining challenges in meeting organisational demand for resuscitation training, including a significant shortfall in available training capacity. Assurance was received regarding risk management arrangements; however, the matter requires continued monitoring due to the implications for compliance and patient safety.

Educational Governance and Workforce Development Risks – SPPEG identified a number of workforce education governance risks through the Clinical Education Governance Group, including matters relating to Advanced Practice and Annex 21 arrangements. Further action plans were being developed and monitored.

HEIW Targeted Visits and Educational Risks – SPPEG monitored several HEIW educational visits and associated action plans, including General Surgery (Withybush Hospital), General Medicine (Glangwili Hospital), and workforce implications arising from GP trainee rota arrangements. The Committee was assured that action plans were in place but considered ongoing monitoring necessary.

Action-Oriented Risk Management Approach – SPPEG advised PODCC of its intention to strengthen alignment between SPPEG and PODCC risk management processes, providing greater visibility and oversight of workforce planning and education risks.

Assure

The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.

Future Workforce Governance Arrangements – Assurance was received regarding the re-establishment of the Future Workforce Governance Sub-Group, providing effective oversight of widening access initiatives, apprenticeships, school engagement, volunteering opportunities and Grow Your Own programmes.

Statutory and Mandatory Training Improvement Programme – Despite recognising continuing challenges in certain staff groups, SPPEG was assured that robust governance arrangements were in place through the Mandatory Training Group and that compliance rates continued to improve through targeted interventions and support.

People Plan Development and Workforce Stabilisation – Assurance was received that a People Plan for 2025/26 was being developed and aligned to agreed organisational priorities, supported by stabilisation plans for Nursing, Medical and other professional workforces.

Registered Nursing Associate (RNA) Programme – SPPEG was assured that appropriate governance and oversight arrangements were in place to support implementation of the Registered Nursing Associate role and to monitor workforce impacts.

Modernising Scientific Careers Programme – Assurance was received that actions were progressing to address workforce pipeline and career development challenges through collaborative work with universities and HEIW.

Education Commissioning Process – SPPEG received assurance that education commissioning arrangements were progressing as planned and would meet required organisational and national timelines.

Overall Delivery Through SPPEG Governance Structure – SPPEG confirmed that projects and workstreams across its governance framework and associated sub-groups were progressing appropriately and that action plans were being delivered, with the exception of those areas specifically highlighted under Alert and Advise.

Approved

Items Approved by the Sub-Committee During the Year 2025/26

Education Commissioning Submission and Associated Workforce Planning Arrangements – SPPEG approved progression of the Education Commissioning process and associated work plans to support organisational workforce priorities.

People Planning and Workforce Development Priorities – SPPEG approved and monitored delivery of workforce planning, education, training and professional development priorities through its established governance arrangements and sub-group structures.

SPPEG Terms of Reference and Governance Arrangements – Revised governance arrangements supporting the operation of SPPEG and its sub-groups were approved and implemented during the year.

6. Conclusion

Across the year, several consistent strategic themes emerged:

- the need for sustainable workforce pipelines, rather than reliance on short-term solutions;
- multi-professional working as a critical enabler of workforce resilience and service transformation;
- improved equity of access to education, development and funding across staff groups;
- greater emphasis on risk-driven prioritisation;

- clearer governance, accountability and impact measurement for workforce and education activity.

During 2025/26, SPPEG:

- endorsed strategic approaches to workforce planning, education commissioning and development;
- approved and amended Terms of Reference and governance arrangements for multiple groups;
- supported extensions and continuation of workforce pipeline initiatives where aligned with workforce need;
- provided assurance where robust plans were in place and identified actions where further work or escalation was required.

During 2025/26, SPPEG continued to mature as a strategic advisory and assurance group, moving increasingly towards integrated, risk-aware and multi-professional oversight of workforce planning and education. The Group's work supported the Health Board in navigating complex workforce challenges and laid important foundations for further development in 2026/27.

The Sub-Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to the Committee as appropriate to evolve and continually improve.

HYWEL DDA UNIVERSITY HEALTH BOARD – STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP WORK PLAN
November 2023 – November 2025

The following table sets out the Group's proposed work plan for 2023-25, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	20 Nov 2024	20 Feb 2024	21 May 2024	15 Aug 2024	21 Nov 2024	EOY 03 Mar 2025	29 July 2025	24 Sep 2025	03 Dec 2025
GOVERNANCE AND RISK										
PAPER DEADLINE TO SPPEG SECRETARIAT	**IJ**	n/a	6 Feb	7 May	1 Aug	7 Nov	17 Feb	18 July	10 Sep	19 Nov
Welcome, introductions and apologies *	**Chair**	✓	✓	✓	D	✓	✓	✓	✓	✓
Minutes and Table of Actions*	**Chair**	✓	✓	✓	D	✓	✓	✓	✓	✓
SPPEG Terms of Reference	**Chair**	✓	✓	✓		✓				✓
Learning Story	**Vice-Chair**								✓	
CORPORATE INITIATIVES										
Leadership & Management	**CR/SPE**					✓			✓	
Admin & Clerical	**SPE**								✓	
Digital Services	**AT/CH**							✓		
Financial Performance (linked to Education & Development)	**AS/AG**								✓	✓
SERVICE EDUCATION AND DEVELOPMENT PLANS LINKED TO ANNUAL PLAN **(INCLUDING UPDATES/ RISKS/ FUTURE PLANS/ IMPACT/ TIMELINES/ CHALLENGES/ linked to workforce plans**										
Primary Care	**WM/SH**					✓			✓	
Nursing & Midwifery	**JCW**					✓				
Medical and Dental	**HT/CH**	✓		✓			✓	✓		

AGENDA ITEM/ ISSUE	LEAD	20 Nov 2024	20 Feb 2024	21 May 2024	15 Aug 2024	21 Nov 2024	EOY 03 Mar 2025	29 July 2025	24 Sep 2025	03 Dec 2025
Allied Healthcare Professionals	**JB**								✓	
Healthcare Scientists	**JA**						✓			
Pharmacy	**RBe**								✓	
Estates	**SD**								✓	
Non-Registered Workforce Development (Clinical)	**RB**					✓				
Public Health	**BL**								✓	
POLICIES										
Developing New Clinical Roles [Job Descriptions, Competencies, Learning and Education] Policy	**RB**	✓								
Preceptorship Policy	**JCW/RB**			✓					✓	
SUB-GROUP UPDATES										
Interprofessional Education Governance Group	**LT/RK**		✓		D	✓		✓	✓	✓
Medical & Dental Oversight Group	**HT/AGa**		✓		D		✓	✓	✓	✓
Statutory and Mandatory Training	**SPE/ST**		✓	✓	D	✓	✓	✓	✓	✓
Clinical Education Governance Group	**RB**		✓		D	✓		✓	✓	✓
Future Workforce Governance Group	**CS**		✓		D			✓	✓	✓
RISK MANAGEMENT										
Risks related to people planning and education and monitoring of outstanding actions	**TW/AG**							✓		
WIDER PROGRAMME MANAGEMENT/TASK & FINISH GROUPS/ALL WALES DEVELOPMENTS										
Higher Awards Update, challenges, risks	**SPE**		✓	✓						
Education & Development Strategic Priorities	**AG**				D	✓		✓		✓
Scoping Report: Career Progression and Role Enhancement Opportunities in Hywel Dda University Health Board	**AG/TW**	✓								

AGENDA ITEM/ ISSUE	LEAD	20 Nov 2024	20 Feb 2024	21 May 2024	15 Aug 2024	21 Nov 2024	EOY 03 Mar 2025	29 July 2025	24 Sep 2025	03 Dec 2025
Clinical Psychology Grow Your Workforce – Pilot Update 2024	**MT**			✓						
HEIW Visit Report – Trauma and Orthopaedics Glangwili	**HT**			✓						
Apprenticeship Programme: Driving change, commissioning commitment and alignment to internal development programmes	**CS**			✓						
Joint Apprenticeship Evaluation – end of programme	**CS**			✓						
Save a life Basic Life Support (BSL) training (TBC) - David Wastell	**DW**					D	✓			
One Source of Truth (Centralising data related to training & development)	**SPE/CH**					✓				✓
All Wales Career Framework Compliance	**CS**	✓		✓		✓		✓		
Registered Nurse Associate	**JCW**			✓		✓	✓			✓
Non-Pay Element of Pay Deal (CPD Element Only)	**AG/JCW**								✓	
All Wales Education & Development Updates	**AG**							✓		
New ESR & Education Impact	**MJ/AG**								✓	
SPPEG Annual Report (draft for sign off)	**AG**							✓		
Multiprofessional plan for School Engagement & Work Experience (2025-2028)	**CS**							✓		
STRATEGIC WORKFORCE PLANNING										
Annual Plan Update	**TW**	✓	✓				✓			
Education Commissioning Update	**TW**	✓	✓				✓			
Workforce Planning Maturity Matrix	**TW**			✓				✓		
Professional Leader's Forum ToR	**TW**			✓			✓			
Radiology/Ultrasound (to inform on national work & alignment to local action)	**TW/GL**					✓		✓		✓
Medical and MAPS	**TW**					✓		✓		✓

AGENDA ITEM/ ISSUE	LEAD	20 Nov 2024	20 Feb 2024	21 May 2024	15 Aug 2024	21 Nov 2024	EOY 03 Mar 2025	29 July 2025	24 Sep 2025	03 Dec 2025
INNOVATION AND COLLABORATION										
HEIW Update	**MR**	✓	✓	✓	D	✓		✓		✓
HEFCW Collaborative VR Project (Swansea University)	**RK**	✓		✓						✓
Regional Learning Skills Partnership									✓	
FOR INFORMATION										
SPPEG Workplan 2023/25*	**AG**		✓	✓	D	✓	✓	✓	✓	✓

Initials:

D – Deferred Chair – John Gammon AG – Amanda Glanville IJ – Indeg Jones (Secretariat Officer)	Aga – Anand Ganesan AS – Andrew Spratt AT – Anthony Tracey BL – Bethan Lewis CH – Chris Harris CR – Catherine Rees CS – Claire Steel DW – David Wastell GL – Gill Lingwood HT – Helen Thomas	HTh – Huw Thomas JA – Jonathan Arthur JB – Jo Bradburn JCW – Janice Cole Williams LT – Liz Tooby MJ – Michelle James MR – Martin Riley MT – Mark Thomas RB – Ruth Bowman	RBe – Robin Benton RK – Richard Kelly SD – Simon Day SH – Samantha Hughes SPE – Shayne Phillips-Edwards ST – Scott Thomas TW – Tracy Walmsley WM – William Mackintosh
D – Deferred			

DRAFT

6

12:07, 0 Mins

6 - FOR APPROVAL

6.1

12:07, 5 Mins

6.1 - Outcome of Advisory Appointments Committee (AAC)

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

For approval

Attachments

6.1 PODCC SBAR AAC AUGUST 2026 Final - HH1.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 August 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Advisory Appointments Committee (AAC)
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 17 April 2026 to 24 July 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 People Committee's approval on behalf of the Board:

- Consultant in Trauma & Orthopaedic Knee Surgeon
- Consultant in General Paediatrics & Neonates with Neurology Interest
- Consultant in Pain Management
- Consultant in General Medicine with interest in Geriatric Medicine
- Consultant Urologist
- Consultant Colorectal Surgeon
- Consultant in Emergency Medicine
- Consultant in Anaesthetics

Asesiad / Assessment

Consultant Trauma & Orthopaedic Knee Surgeon

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical

Director; Mr Farhan Alvi representing the Royal College and Mr Owain Ennis and Mr Stefan Bajada representing the department met on the 5 May 2026 to interview five candidates for the Consultant Trauma & Orthopaedic Knee Surgeon. This is a replacement post, full time role based at Glangwili Hospital (GGH).

Mr Abhijeet Kumar (External) was appointed to the post of Consultant Trauma & Orthopaedic Knee Surgeon. Start date agreed of 5 October 2026.

Consultant in General Paediatrics & Neonates with Neurology Interest

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, Chief Executive Officer; Dr June Picton, Associate Medical Director for Professional Standards representing the Medical Director; Dr Joanna Lawrence representing the Royal College and Dr Prem Pitchaikani and Dr Matthew Pickup representing the department met on the 12 May 2026 to interview two candidates for the Consultant in General Paediatrics & Neonates with Neurology Interest. This is a replacement post, full time based at GGH.

Dr Kerensa Newark (External) was appointed to the post of Consultant in General Paediatrics & Neonates with Neurology Interest. Start date to be agreed following their CCT date September 2026.

- Sourced via British Medical Journal (BMJ) advert (Cardiff)

Consultant in Pain Management

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Andrew Carruthers, Chief Operating Officer representing the Chief Executive Officer; Mr Mark Henwood, Medical Director; Dr Sunil Dasari representing the Royal College and Dr Susmita Oomman and Ffion John representing the department met on the 15 May 2026 to interview one candidate for the Consultant in Pain Management. This is a replacement post, part time 5 sessions based at GGH.
Dr Anantha Balasubramaniam (External) was appointed to the post of Consultant in Pain Management. Start date to be agreed as awaiting on decision on working abroad/annualised hours.

Consultant in General Medicine with interest in Geriatric Medicine

The AAC, comprising of Chantal Patel, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Dr Ashraf Nasim representing the Royal College and Dr Angela Puffett and Dr Zena Marney representing the department met on the 4 June 2026 to interview one candidate for the Consultant in General Medicine with interest in Geriatric Medicine. This is a replacement post, full time based at Prince Philip Hospital (PPH).

Dr Alexander Hale (External) was appointed to the post of Consultant in General Medicine with interest in Geriatric Medicine. Start date is 14 September 2026.

Consultant In Urologist

The AAC, comprising of Rhodri Evans, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Ms

Anna Mainwaring representing the Royal College and Mr Ngiaw Saw and Mr Mike Aniah representing the department met on the 12 June 2026 to interview two candidates for the Consultant in Urologist. This is a replacement post, full time post based at PPH.

Miss Mariele Trimboli (External) was appointed to the post of Consultant in Urologist. Start date to be agreed once on the Specialist Register (Certificate of Completion of Training - (CCT) due July 2026).

Consultant Colorectal Surgeon

The AAC, comprising of Sarah Harraway, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Dr Ardiana Gjini, Executive Director of Public Health representing the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Prof Sarah O'Dwyer representing the Royal College and Mr Andrew Deans and Mr Simone Sebastiani representing the department met on the 14 July 2026 to interview 3 candidates for the Consultant Colorectal Surgeon. This is a replacement post, full time based at Bronglais Hospital (BGH).

Mr Khawar Hashmi (External) was appointed to the post of Consultant Colorectal Surgeon. Anticipated start date within 3 months of offer.

Consultant in Emergency Medicine

The AAC, comprising of Rhodri Evans, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); James Severs, Executive Director of Allied Health Professions and Health Science representing the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Dr Jayne McKinlay representing the Royal College and Dr Vicki Hughes and Dr Mohamad Nasser representing the department met on the 17 July 2026 to interview four candidates for the Consultant in Emergency Medicine. There are 3 full time posts which are all replacement posts with 2 based at GGH and 1 based at Withybush Hospital (WGH).

Dr Katta (External) was appointed to the post of Consultant in Emergency Medicine based at GGH. Anticipated start date within 3 months.

- Sourced via LinkedIn Paid Location Advert (Altrincham)

Dr Gautam (External) was appointed to the post of Consultant in Emergency Medicine based at WGH. Anticipated start date once CCT obtained (due August 2026) and on the Specialist Register.

- Sourced via LinkedIn Paid Location Advert (Harlow)

Dr McGeoch (External) was appointed to the post of Consultant in Emergency Medicine based at GGH. Anticipated start date within 3 months.

- Sourced via LinkedIn Paid Location Advert (Wigston, Leicestershire)

Consultant in Anaesthetics

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); Andrew Carruthers, Chief Operating Officer representing the Chief Executive Officer; Dr Eiry Edmunds, Deputy Medical Director representing the Medical Director; Dr Bethan Morris representing the Royal College and Dr Jacek Zeber and Dr Andras Farkas representing the department met on the 23 July

2026 to interview one candidate for the Consultant in Anaesthetics. This is a replacement post, full time based at BGH.

Dr Omer Farooq (External) was appointed to the post of Consultant in Anaesthetics. Anticipated start date within 3 months.

- Sourced via BMJ advert (Abu Dhabi)

Argymhelliad / Recommendation

The Committee is requested to **APPROVE** the appointments listed above on behalf of the Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.18 Approve Appointments made by the Advisory Appointments Committee during the time specified.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg 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)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
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

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:	Trac Recruitment System
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Appointments Advisory Committee (AAC)

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 support workforce stabilisation and provide services to enhance patient/client outcomes within HDdUHB.
Tegwch Iechyd: Health Equity:	Not applicable
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 and the reputation of the health board.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	No adverse impact

6.2

12:12, 5 Mins

6.2 - Workforce Policies for Approval

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

For approval

Attachments

6.2 SBAR - Policies - 18 August 2026 - V2.pdf

6.2 Appendix 1a - 001 - Adverse Conditions Policy.v7.pdf

6.2 Appendix 1b - 001 - Equality impact assessment.pdf

6.2 Appendix 2a - 109-Time in Lieu Procedure.v5.pdf

6.2 Appendix 2b - 109 - Equality impact assessment.pdf

6.2 Appendix 3a - 131-Flexi-TimePolicy v6.pdf

6.2 Appendix 3b - 131 - Equality impact assessment.pdf

6.2 Appendix 4a - 334 - Relationships at Work Guideline.v5.pdf

6.2 Appendix 4b - 334 - Equality impact assessment.pdf

6.2 Appendix 5a - 350-Supporting Transgender Staff Policy.pdf

6.2 Appendix 5b - 350 - Equality impact assessment.pdf

6.2 Appendix 6a - 511-Draft CarersPolicy v5 for approval.pdf

6.2 Appendix 6b - 511 - Equality impact assessment.pdf

6.2 Appendix 6c - 511 Health and Wellbeing Passport.pdf

6.2 Appendix 6d - Health and Wellbeing Passport - Staff Guidance.pdf

6.2 Appendix 6e - Wellbeing Passport - Manager's guidance.pdf

6.2 Appendix 7a - 1506 - guidance for Staff - Single-Sex Services and Facil~.pdf

6.2 Appendix 7b - 1506 - Equality impact assessment.pdf

6.2 Appendix 8a - 1512 Breastfeeding in the workplace toolkit for approval.pdf

6.2 Appendix 8b - 767 1512 - Equality Impact Assessment.pdf

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 & 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, documents and updates
- Policies not yet presented for approval (extension requests)

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 this Committee for consideration/assurance.

Details regarding each policy (including the changes made) are outlined below:-

Local Policies - 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.

001 – Adverse Conditions Policy (Appendix 1)

- A desktop review was undertaken of the policy. Minor changes were made to amend details of key decision makers due to the Operations Directorate organisation change process (part 1) e.g. County Director to System General Manager to reflect the new Clinical Care Group (CCG) structures.
- Following consultation and discussion at Health Board Partnership Forum (HBPF) in January 2026, a further review was undertaken to manage periods of extreme heat.
- A meeting was arranged for 7 April 2026 with the nominated trade union representatives, and the following amendments were made:-
    - Removal of the requirement to 'declare' adverse conditions prior to the policy becoming active to more localised decision making to take account of differing conditions by county or directorate/CCG.
    - Inclusion of guidance and support regarding periods of extreme heat.
- Global consultation was undertaken pre-January 2026 and was not required post the further amendments made.
- Policy shared with local partnership forums and the Joint Local Negotiating Committee (JLNC) prior to being re-submitted to HBPF in July 2026.
- The equality impact assessment (EQIA) has been updated.

109 – Time off in Lieu Policy (Appendix 2)

- A desktop review was undertaken of the policy between a member of the Operational Workforce Team and a trade union representative.
- A few minor changes were made including updating the reference to the NHS Wales Disciplinary Policy and Process
- Changes were not made to the Form included at Appendix 2.
- Global consultation was not required as a result of the minor changes made.
- Policy has been shared with local partnership forums and HBPF.
- The equality impact assessment (EQIA) has been updated.

131 – Flexi Time Policy (Appendix 3)

- A desktop review was undertaken of the policy between the Assistant Director of People Management and local trade union representatives from the Royal College of Nursing (RCN).
- A few minor changes were made as follows:-
    - To note that new links for those policies referenced and also due to be considered by Committee in August 2026 will require updating prior to upload on SharePoint – specifically Carers and the Time off in Lieu (TOIL) policies.
    - No other changes made other than to expand the acronym for full time equivalent (FTE) as it was not explained anywhere.
- Policy has been shared with local partnership forums and the HBPF.
- Global consultation was not required due to the minor changes made.
- The equality impact assessment (EQIA) has been updated.

344 – Guidance on Relationships at Work (Appendix 4)

- A desktop review was undertaken of the policy between a Senior Workforce Manager and the Chair of the HBPF.
- The only changes made were to remove four policies from the “To be read in conjunction with” section as they had been removed from our suite of policies.
- Global consultation was not required as a result of the minor changes made.
- Revised policy was shared with local partnership forums, JLNC and HBPF for completeness.
- The equality impact assessment (EQIA) has been updated.

350 – Supporting Transgender Staff Policy (Appendix 5)

- This review has taken place in light of the recent Supreme Court ruling on sex, as well as updated guidance from the Equality and Human Rights Commission (EHRC).
- We have considered these developments carefully to ensure the policy remains accurate and lawful.
- The policy was shared with the ENFYS staff network who co-produced the updated version for wider consultation.
- The policy has been shared with local partnership forums and JLNC and comments received informed the policy amendments subsequently made. The final version was shared with the HBPF and no further comments received.
- Global consultation has been undertaken.
- The equality impact assessment (EQIA) has been updated.

511 – Unpaid Carers Policy (Appendix 6)

- A desktop review was undertaken and changes made to simplify and reduce the policy.
- The Carers Passport has been replaced with a new broader Health and Wellbeing Passport and accompanying Guidance documents for Managers and Staff. Members of the staff networks had the opportunity to feed into the development of the Passport.
- The list of linked policies to be read in conjunction with the Unpaid Carers Policy has been updated to reflect current guidance but has been moved to sit as an appendix to the policy for ease of reading.
- Clarification has been provided on what is meant by an unpaid carer, including the difference between a young carer and a young adult carer.
- Reference to the Employers for Carers scheme has been removed as the Health Board membership has now lapsed.
- As well as forming part of this policy, the Health and Wellbeing Passport (and Guidance documents) will be uploaded as a separate resource for staff to use for other circumstances to facilitate discussions between employees and line managers about health and wellbeing needs or reasonable adjustments.
- The equality impact assessment (EQIA) has been updated.

1506 – Guidance on Single Sex Services and Facilities (Appendix 7)

- This is a new document which has been developed in response to the Supreme Court ruling on the definition of sex within the Equality Act 2010.
- Draft guidance was shared with the ENFYS staff network who have co-produced the updated version for wider consultation.
- Policy shared with local partnership forums, JLNC and HBPF.
- Global consultation was undertaken.
- An equality impact assessment (EQIA) has been completed.

All Wales policies

All Wales documents for adoption: -

1512 - Breastfeeding in the Workplace Toolkit (Appendix 8)

- Final draft of the toolkit was issued for consultation within the Health Board with responses due back to NHS Employers by 2 July 2026.
- This was considered by Welsh Partnership Forum (WPF) on 23 July 2026 and approved.
- There was also a webinar pack shared with WPF as supplementary information in advance of a webinar being held during Breastfeeding Week commencing 1 August 2026.

All Wales Documents for Information: -

A copy of the updated All-Wales policy schedule from NHS Employers was received on 24 June 2026 and is attached as Appendix 9 for information.

Policies not yet presented for consideration

The Committee has requested an update to each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of six local policies together with rationale is therefore outlined below: -

Policy Owner	Policy name and number	Rationale	Proposed Extension Date
People Planning/Development	603 – Developing New Clinical Roles	Due to the timing of the next PODCC meeting there is a request to extend this policy from its current date of 10/10/2026, by six months.	28/02/2027
People Planning/Development	107 - Volunteers	Due to vacancies in the team, this policy review has been delayed due to capacity issues.	28/02/2027
Recruitment	42 – Guidance on Starting Salaries	Policy under consultation and will be ready for the next PODCC meeting.	30/11/2026
Occupational Health	447 – Staff Immunisation & Screening Policy	Policy under review, due to the timing of the next PODCC meeting there is a request to extend this policy from its current date of 10/10/2026 and present to the next PODCC meeting on 10/11/26.	30/11/2026
People Planning	299 - Registration and Re-registration of Health	Review being led by Nursing colleagues –	30/11/2026

	Professionals Policy	policy currently at consultation stage.	
Operational Workforce	139 – Uniform & Dress Code Policy	Due to the timing of the PODCC meeting there is a request to extend this policy from its current date of 31/10/2026 and present to the next PODCC meeting on 10/11/26. Discussions are also taking place on an All-Wales basis that may inform the review.	30/11/2026

Asesiad / Assessment

The five local policies and two guidance documents have been shared with the Local Partnership Forums and documents that apply to Medical and Dental colleagues have been shared with the Joint Local Negotiating Committee (JLNC) for information. The Health Board Partnership Forum met on 13 July 2026 to consider the revised policies and supported their onward consideration by PODCC.

A screening Equality Impact Assessment (EqIA) has been developed or updated as required on advice from the Corporate Governance Team.

In addition, one All-Wales toolkit requires adoption, and six policies require extension due to their review dates or stage of consultation.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site.

Argymhelliad / Recommendation

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

- **RECEIVE ASSURANCE** that the above local policies/guidance documents have been developed/reviewed in line with Policy 190.
- **APPROVE** the seven local policies and guidance documents listed.
- **EXTEND** six local policies in accordance with the dates provided.
- **ADOPT** an All-Wales toolkit and note the All-Wales policy schedule update provided.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.14 Approve workforce and organisational development policies and plans delegated to the Committee.
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)	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
Nodau Cynllunio 2026/27 Planning Goals 2026/27	7. Future Orientated
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
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)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	Contained in body of report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Local and Health Board Partnership Forum and LNC where appropriate

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:	The policies apply to all staff unless stated otherwise in each policy.
Tegwch Iechyd: Health Equity:	None arising from the report
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: Reputational:	None arising from the report
Gyfrinachedd: Privacy:	None arising from the report
Cydraddoldeb: Equality:	Updated or new EQIA are attached as appropriate for the revised local policies.

Adverse Conditions Policy

Policy information

Policy number: 001
Classification: Employment
Supersedes: Previous Versions
Version number: 6
Date of Equality Impact Assessment: 08.01.2026

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:

Review
Summary of document:
This policy outlines the arrangements for attendance at work during adverse conditions.

Scope:
The provisions of this policy apply to all staff employed by Hywel Dda University Health Board.

To be read in conjunction with:
122 - All Wales Special Leave Policy (opens in new tab)

Owning group: Workforce & OD Directorate
Executive Director job title: Director of Workforce & OD

Reviews and updates:
1.0 – New Policy
2.0 – Review
3.0 – Review
4.0 – Full Review
5.0 – Review 15/12/2022

Keywords: Adverse Conditions, Adverse Weather

Glossary of terms
OD – Organisational Development
TOIL – time off in lieu
HDdUHB Hywel Dda University Health Board

Introduction

This policy is to support managers and employees to understand the arrangements for attendance at work during adverse conditions.

Policy statement

Hywel Dda University Health Board (HDdUHB) expects all employees to make every reasonable effort to attend work, including when their normal arrangements have been disrupted e.g. due to extreme weather, petrol shortages, cessation of public transport, etc.

The HDdUHB has a public duty to continuously provide a service and relies on its staff to be able to fulfil this expectation. Absence can cause serious problems in respect of care delivered to patients and there is a particular problem in maintaining effective cover arrangements, which minimise disruption to the services.

Scope

The provisions of this policy apply to all staff employed by HDdUHB.

Aims and objectives

The aim of this policy is to outline the process to be followed in the event of adverse conditions, the reporting procedures and entitlements for staff, whilst considering the needs of the service.

Application of the Adverse Conditions Policy

In the event of adverse conditions arising, line managers, in conjunction with their CCG Service Director or Corporate Service Director (or nominated deputy) will work with staff in their teams to determine individual impacts and will apply this policy as appropriate.

If adverse conditions continue for a lengthy period, further guidance will be sought from the Emergency Planning and communications issued to affected staff.

This plan should be brought to the attention of all members of staff prior to potential disruption to normal working arrangements, in order to raise awareness of their duties and responsibilities.

Departmental and Reporting Process

HDdUHB expects that all staff will make reasonable efforts to attend work during adverse conditions including arrangements of lifts with other members of staff, the use of public transport services and walking, if appropriate.

Where staff are prevented from attending work due to such adverse conditions, they must notify their manager at the earliest opportunity (not later than one hour into the shift) and maintain in regular contact during the period of absence.

Any requests for unpaid leave, annual leave, Time Off In Lieu (TOIL) are to be processed in the standard manner.

Each department will review the staffing requirements for their area in the event of adverse weather or the disruption of public transport, petrol shortage, etc in order to assess whether safe staffing levels can be maintained. In accordance with local escalation arrangements and in line with their

departmental/site contingency plan, departments may need to source additional resources including facilitating the redeployment of available staff if required.

Staff may be asked for example to re-arrange shift patterns, work at another location, provide support in the community or to work from home and the expectation is, that where possible, both managers and employees work flexibly together to ensure the safe provision of services.

Staff who normally work independently in the community should discuss with their line manager if they feel they need to return home if they feel that the adverse conditions represent a serious risk to their safety or the safety of others.

Members of staff are expected to adhere to the reporting procedures in this policy. Failure to do so, or leaving the premises without authorisation, may result in action being taken in accordance with the Disciplinary Procedure.

Payment

During a period of adverse conditions, and in agreement with their line manager, any staff who attend work for any part of their shift, including if they arrive late or leave early will be paid in full for the shifts affected.

If staff cannot attend work then Annual Leave, TOIL, Flexi-time or hours worked back as agreed with their line manager must be taken in order to receive normal pay. For members of staff with dependants or caring responsibilities, provisions within the Special Leave Policy may apply for the first day of absence.

Where no leave entitlements remain, a member of staff will be required to take time off as either unpaid leave, time owing/flexi-time, working extended hours once conditions have returned to normal in order to repay time back; (this will be at plain time) or a combination of the above.

Staff who are required to work beyond their normal hours will be paid at the appropriate rate or will be entitled to time in lieu at plain time, to be taken at a mutually agreed time.

Other leave

Requests for leave for any other purpose including caring for dependents or to attend to domestic emergencies are detailed in the Special Leave policy.(opens in a new tab).

Extreme Heat

There is a risk of staff in both clinical and non-clinical environments suffering heat stress symptoms during prolonged periods of hot weather, if not properly monitored or managed. The Health and Safety Team have a number of resources which can be accessed via the dedicated Heat Stress intranet page, (opens in a new tab) including:

- A Heat Stress risk assessment template;
- A 7 Minute Briefing on work in extreme heat;
- Guidance on the use of portable fans in healthcare settings.

- Access to the HDdUHB Uniform and Dress Code policy (opens in a new tab).

Accommodation and Transport

In the very rare occasion where it is necessary to provide accommodation e.g. if a member of staff is prevented from returning home as a result of not being allowed to leave early in deteriorating conditions, or where they provide a service at the request of the organisation, which is beyond that which is normally required of them, the accommodation will be provided however, this will not necessarily be on site. Employees will be advised by their line manager of specific arrangements who can seek advice from the CCG Service Director or colleagues within the Workforce and Organisational Development team.

There will be no expectation for portering staff on any HDdUHB site to provide transport in hired vehicles for other staff during periods of adverse weather conditions.

Responsibilities

Chief Executive

The Chief Executive holds overall responsibility for the effective management of organisational policies

Director of Workforce & OD

The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

CCG Service Directors / Corporate Service Directors

CCG Service Directors / Corporate Service Directors have responsibility for implementation of this policy and working with line managers and staff to ensure the safety of their staff during periods of adverse conditions whilst ensuring service delivery can be maintained.

Line Managers

Whilst the HDdUHB continues to be conscious and appreciative of the effort that the vast majority of staff make in attending for work in such conditions, no member of staff should put themselves or others at risk or danger in their endeavour to reach the workplace. In expecting staff to attend work, the manager should be sympathetic to the needs of an individual, taking into consideration personal circumstances, and having regard to health and safety. The aim of the manager is to treat all staff in a fair and consistent manner.

Staff

It is the responsibility of each member of staff to make every reasonable effort to report for duty at their place of work during periods of adverse conditions.

Implementation

Managers are responsible for raising awareness of the policy to all employees.

Monitoring and Review

This policy will be reviewed by the Director of Workforce and OD.

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, Director of Workforce and OD
Service Area	Operational Workforce

Title of Procedure, Project, Proposal, Policy being screened:	Scheduled review of the Adverse Conditions policy

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

The Adverse Conditions policy outlines arrangements for attendance/inability to attend work during periods of adverse conditions.
Workforce policies are reviewed every 3 years and this policy is now due for review and approval.

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

Evidence considered includes:

- Knowledge of the current use of the policy and feedback from stakeholders
- Feedback and input from Trade Union colleagues on it's application and their national advice and guidance
- Knowledge of the demographics of the Health Board staff group and how this policy may impact the differing staff groups.

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: The policy does not impact differently due to age. While it is acknowledged that some staff may experience age-related frailties, the policy provides for flexible arrangements where needed. These may include extending paid special leave, offering flexible working days or times once adverse conditions have passed, or exploring opportunities to work from alternative locations.					
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: While it is recognised that employees with disabilities may have more limited options for attending the workplace, the policy includes a range of mitigating measures. These include offering flexible arrangements such as extending paid special leave, allowing flexibility in working days or times once adverse conditions have passed, and exploring opportunities to work from alternative locations. The policy also suggests managers to seek advice from the ED&I or Workforce teams if any concerns arise.					
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: The policy does not impact those in this group differently to others.					
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: The policy does not impact differently due to marriage/civil partnership. Presumptions will not be made based on a persons relationship 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: It is recognised that employees who are pregnant or who have recently had a baby may have more limited options for attending the workplace. The policy therefore includes a range of flexible measures, such as extending paid special leave,					

allowing flexibility in working days or times once adverse conditions have passed, and exploring opportunities to work from alternative locations. The policy also suggests managers to seek advice from the ED&I or Workforce teams if any concerns arise.

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:
The policy does not impact those of different races or ethnicity differently to others.

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:
The policy does not impact those of differently religions or beliefs differently to others.

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:
The policy does not impact males of females differently.

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:
The policy does not impact this group differently to others.

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:
The policy does not impact those in this group differently to others.

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: It is acknowledged that individuals with lower financial means may experience adverse conditions differently from others, such as being unable to afford public transport or taxis. To address this, the policy outlines a range of mitigating measures. These include offering flexible options such as extending paid special leave, allowing adjustments to working days or hours once conditions improve, and considering opportunities to work from alternative locations. The policy also advises managers to seek guidance from the ED&I or Workforce teams if any concerns arise.					
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: The policy does not impact on a persons opportunity to use 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	Rebecca Noyce
	Title	Assistant Head of Workforce
	Contact details	Rebecca.noyce@wales.nhs.uk
	Date	05/01/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Rebecca Noyce
	Title	Assistant Head of Workforce
	Contact details	Rebecca.noyce@wales.nhs.uk
	Date	05/01/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@Wales.nhs.uk
	Date	08/01/2026
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.

Time off in Lieu Procedure

Procedure information

Procedure number: 109
Classification: Employment
Version number: *5*
Date of Equality Impact Assessment:

Approval information

Approved by: People, Organisational Development and Culture Committee
Date of approval:
Date made active:
Review date:

Summary of document:
This procedure is intended to facilitate flexible time management whilst establishing an agreed procedure which deals effectively with time accrued.

Scope:
This procedure applies to all staff working under Agenda for Change Terms and Conditions of Service.

To be read in conjunction with:
131 - Flexible working flexi time policies – opens in a new tab
201 – Disciplinary Procedure – opens in a new tab
NHS Terms and Conditions of Service Handbook - opens in a new tab

Owning group: Workforce & OD
Executive Director job title - Director of Workforce and OD

Keywords: Time in Lieu TOIL
Glossary of terms: TOIL – Time off in Lieu

INTRODUCTION

The Health Board recognises that it may be necessary for staff to work above and beyond their contracted working hours to support service delivery needs and objectives. Where this occurs, and where prior authorisation has been given, employees may receive time off in lieu (TOIL) as compensation.

It is imperative to note that any additional hours are worked on a purely voluntary basis. TOIL should not be used as a routine workforce management solution i.e. it must not be used as a substitute for appropriate workforce planning or recruitment to substantive vacancies.

Where staff and their line manager or team leader have agreed to the extra time being performed outside their standard hours, it is important that extra hours are recorded and compensated. This procedure must be applied consistently and fairly across the Health Board.

This procedure sets out the arrangements for the authorisation, accrual, recording, and taking of TOIL, ensuring a consistent, fair, and safe approach across the organisation.

This procedure is further to the provisions set out in Section 3 of the Agenda for Change Handbook, Working Time Regulations and relevant Health Board Polices

SCOPE

This procedure applies to all employees working under Agenda for Change Terms and Conditions of Service.

It does not apply to Medical and Dental staff (who are subject to separate contractual arrangements) and / or staff covered by formal flexible working agreements (where separate arrangements apply).

AIM

The purpose of this protocol is to facilitate flexible time-management whilst establishing agreed principles which deal effectively with time accrued.

OBJECTIVES

This procedure will achieve consistent, equitable and fair practice in the application of time off in lieu.

PRINCIPLES

The recognition of time worked over an employees' contracted hours must be by agreement with line management and should only ever be in response to service delivery needs. The minimum time off in lieu that may be accrued is 15 minutes. TOIL will be calculated on a time-for-time basis unless otherwise specified.

The requirements of the Working Time Regulations in relation to unpaid rest breaks must be observed as outlined in the Agenda for Change Terms and Conditions of Service and Working Time Regulations. It is recognised that in response to service delivery needs it may be necessary, on occasions, to work through breaks but this should only be done as an exception and with the authority of the appropriate line manager. Unpaid compensatory rest will be given in these circumstances.

All time owing worked and taken back must be recorded either electronically via E-roster/Allocate or by using the form in Appendix 1 – opens in a new tab- and should be authorised by the appropriate

manager on each occasion. Failure to maintain full and proper records will result in time in lieu not being granted. Each individual member of staff is responsible for maintaining their own time in lieu record, which must then be held securely in their department.

Every effort will be made to accommodate staff requests for taking back time owing but ultimately this will depend on the needs of the service and the staffing arrangements at the time.

All requests to take time owing back must be planned and authorised by the appropriate manager.

Managers will not normally allow the accrual of more than 15 hours' time owing within a calendar month. Where the maximum accrual is reached it is the responsibility of the manager and the employee to:

- take the necessary action to reduce the time owing by giving time back, or
- arrange payment for any TOIL not taken within 3 months as set out in Section 3 of the Agenda for Change Handbook.

All documents generated under this protocol, including applications, and formal notes and documents generated by managers, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

MONITORING

Details of concerns and disciplinary issues related to this protocol will be recorded in a database and reported on periodically to the Partnership Forum and the Executive Board.

EQUALITY AND FAIRNESS

This procedure will be applied in accordance with the Health Board's Equality and Diversity policies. Managers must ensure that TOIL opportunities are allocated fairly, and no individual is disadvantaged by the application of this procedure.

DISCIPLINE

Breaches of this procedure will be investigated and may result in the matter being treated as a disciplinary offence under the Health Board's 201 - Disciplinary Procedure. (opens in a new tab).

Appendix 1 - INDIVIDUAL TIME OWING RECORD

Name		Hospital/Unit				Accrued Hours	
Date	Reason for accrual of time owing	Time period worked	Total Time	Authorised signature	Total time back and date	Running balance	Authorised signature
NB Authorisation may be by telephone or email but should be backed up by a signature at a later date. A copy of this sheet should be retained in the employee's personal file							

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Workforce & OF
Service Area	Operational Workforce

Title of Procedure, Project, Proposal, Policy being screened:	Time off in Lieu Procedure

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

The Time Off in Lieu (TOIL) Procedure sets out the arrangements for authorising, recording, accruing and taking time off in lieu where employees work additional hours beyond their contractual commitments to meet service needs. The procedure aims to ensure that additional hours worked are recognised and compensated fairly, consistently and safely across the Health Board, whilst ensuring compliance with Agenda for Change terms and conditions, Working Time Regulations and organisational policies. It also clarifies the respective responsibilities of employees and managers in relation to the approval, recording and use of TOIL.

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

The Policy is line with the Agenda for Change Terms and Conditions of Service which have been agreed nationally. These have been scrutinised and deemed to be fair to all employees and not to have a negative impact upon those with a protected characteristic.

We recognise that employees have different needs e.g. arising under the Equality Act 2010, and these may change a different stage of their working life. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking into account the needs of the service.

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: The procedure applies consistently to all eligible employees regardless of age. Access to TOIL is based on service need, prior authorisation and hours worked beyond contractual requirements, not age. The policy has the potential to positively impact staff at all ages, but especially those who have child-care or unpaid caring responsibilities, as it can provide opportunities for staff to agree TOIL with their manager.					
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: The policy applies equally to employees with and without disabilities. It provides a framework for recording and taking accrued time and does not place disabled employees at a disadvantage. Managers are expected to apply the procedure fairly and in line with Equality and Diversity policies. The policy has the potential to positively impact staff with a disability as it can provide opportunities for staff to agree TOIL which might support them to better manage the needs arising from their disability.					
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: The policy contains no provisions that differentiate between employees on the basis of gender reassignment status. Eligibility and access to TOIL are determined solely by employment arrangements and authorised additional hours worked.					
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:
The policy applies equally to all eligible employees regardless of marital or civil partnership 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:
The procedure does not disadvantage employees who are pregnant or on maternity leave. Where additional hours are worked and authorised, TOIL arrangements apply consistently and fairly. This may provide additional flexibility during pregnancy and maternity period where staff may need to attend additional appointments or are experiencing fatigue.

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:
The policy applies consistently to all staff irrespective of race, nationality, ethnic origin, language or cultural background.

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:
The policy does not impact employees differently on the basis of religion or belief. Access to TOIL is based on operational requirements and authorised additional working time. The policy has the potential to positively impact staff with who have cultural needs such as religious observance as they have the opportunity to agree TOIL with their manager.

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:
The policy applies equally to all genders and contains no provisions that would result in differential treatment. The policy has the potential to positively impact staff, especially female employees, a large proportion of whom have unpaid caring roles or childcare responsibilities, as it can provide opportunities for staff to agree TOIL with their manager.

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:
No aspect of the policy differentiates between employees on the basis of 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:
The procedure does not adversely affect members of the Armed Forces community or their families and applies consistently to all eligible employees. The policy has the potential to positively impact staff from the armed forces community, especially if family members have leave at short notice because of their Armed Forces role. It can provide opportunities for staff to agree TOIL with their manager.

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:
The procedure supports fair recompense for authorised additional hours worked through time off in lieu or payment where applicable under Agenda for Change provisions. It does not create disadvantage for employees from lower socio-economic groups.

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:
The procedure does not affect opportunities to use the Welsh language and applies equally to Welsh and English speakers.

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	Lisa Hughes
	Title	Assistant Head of Workforce

	Contact details	Lisa.hughes@wales.nhs.uk
	Date	27/07/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director People Management
	Contact details	Heather.Hinkin@wales.nhs.uk
	Date	27/07/2026
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	31st July 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.

Flexi Time Policy

Policy information

Policy number: 131
Classification: Employment
Supersedes: 131
Version number: 6
Date of Equality Impact Assessment:

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of document:
Rules and regulations governing the operation of flexi time within the organisation

Scope:
All employees of the Heath Board covered by AfC terms and conditions

To be read in conjunction with:
109 - Time off in Lieu Procedure (opens in a new tab)
129 - Time off for Medical and Dental Appointments (opens in a new tab)
201 – NHS Wales Disciplinary Policy and Process (opens in a new tab)
511 – Carers Policy (opens in a new tab)
Working Time Regulations 1998 (opens in a new tab)

Owning group: Workforce & OD Directorate
Executive Director Job Title: Director of Workforce and OD and Deputy Chief Executive Officer

Reviews and updates:
Version 1 – New Policy – 02/08/2011
Version 2 – Revised – 02/10/2014
Version 3 – Revise but no changes – 18/05/2017
Version 4 – Full Review but no changes – 30/06/2020
Version 5 – Signed Off 10.10.2023
Version 6 – Full review, no changes
Version 7 – Full review

Keywords: Flexi-time, Flexible Working, Flexibility

Glossary of terms
WTR – Working Time Regulations

Introduction

We recognise that employees have different needs e.g. arising under the Equality Act 2010, due to entering a different stage of their working life. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking in to account the needs of the service and demonstrates our commitment to fair and equal treatment at work from attracting high calibre applicants to retaining and valuing our existing workforce.

Policy Statement

This document outlines the core principles and process to be followed by employees who work flexi time, i.e. choose the time they begin and finish work around a set core time each working day. The scheme provides for authorised time worked beyond contracted hours to be “banked” as “credit” and taken as time off to suit both the employee and the employer.

Scope

This scheme applies to all employees on Agenda for Change terms and conditions who work in departments that only operate within the hours of 7am and 6pm.

The following are therefore excluded from the scheme:-

- casual or locum workers
- employees subject to rostering or working specific fixed hours
- medical and dental staff

Employees who wish to participate in the scheme will not be able to claim overtime during the flexi bandwidth i.e. hours between 7 am and 6 pm.

Aim

This scheme enables both managers and employees to exercise discretion over the arrangement of working hours, subject to the service requirements of the department being covered.

Scheme Parameters

Allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment to work an average of 37.5 hours (Full Time Equivalent - FTE) per week over the reporting period.

For full time employees, each working day will include core time totalling 4 hours. The maximum working hours are 9 and the minimum is 5 hours per day.

For part-time employees, the core time will be determined according to departmental needs but will normally comprise at least 50% of their daily working hours.

There is a compulsory unpaid break of 30 minutes if the employee works for more than six hours in that day.

Hours can be worked between 7 am and 6 pm. The core hours are 10 am – 12 noon and 2 pm – 4 pm. Any variation to this must be agreed at Head of Department level (or equivalent).

Employees are permitted to carry over up to 8 hours into the following month or a debit of 4 hours.

Up to one day each month (including core time) may be taken off, subject to authorisation from the manager. This time off will not count against contractual leave entitlement and should not be entered on ESR.

During periods of sickness, holidays and study leave, a normal day's working hours will be credited for each day of absence.

Within flexi time, a standard day is 7.5 hours (or the equivalent of one fifth of the normal working hours of a part time employee). Work outside these hours may be counted towards total hours worked, provided that is has been authorised in advance by the manager and the hours are recorded on the flexi time form (Appendix 1).

Wherever possible, employees on flexi time should make medical and dental appointments outside core time (see also HDUHB 129 - Time off for Medical and Dental Appointments Policy – opens in a new tab).

Concerns raised in relation to the potential falsification of flexi time records will normally be considered under the 201 NHS Wales Disciplinary Policy and Process.- opens in a new tab.

Responsibility of Managers

Managers have a responsibility to ensure that all requests to work flexi time are considered fairly and equitably. Managers must ensure that the records of hours worked and hours owing/owed for each employee are accurate, up to date and are authorised and retained appropriately.

Managers who only have a proportion of their employees working flexi time, should make specific provision to monitor the working time of those not on flexi time to ensure that there is equity between the two groups of employees in terms of total working time.

Managers should ensure that details of the scheme are communicated to eligible new employees.

Responsibility of Employees

Employees will be responsible for liaising with colleagues to ensure there is cover in the department during the normal working day as defined by the manager.

Employees will be responsible for maintaining accurate and contemporaneous records on the Flexi time form (see Appendix 1), of hours worked, owing and owed and ensuring records are submitted monthly and appropriately authorised by their manager.

A record of the previous 12 months' flexi time must be kept and made available on request e.g. for audit purposes.

APPENDIX – FLEXI TIME RECORD SHEET

Flexi time Record Form (V1 - 12.5.23) **Contracted Week Hrs:** **Period:**

Period Start:

		Start	End	Start	End	Start
1	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
		CONTRACTED HRS PER WEEK				

		Start	End	Start	End	Start
2	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
		CONTRACTED HRS PER WEEK				

		Start	End	Start	End	Start
3	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
		CONTRACTED HRS PER WEEK				

		Start	End	Start	End	Start
4	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
		CONTRACTED HRS PER WEEK				

		Start	End	Start	End	Start
5	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
		CONTRACTED HRS PER WEEK				

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, Director of Workforce and OD / Deputy Chief Executive Workforce and Organisational Development
Service Area	People Management

Title of Procedure, Project, Proposal, Policy being screened:	Flexi Time Scheme

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

This scheme allows managers and staff to exercise discretion over the arrangement of working hours. These arrangements are subject to the service requirements of the department/section being covered whilst giving flexibility to employees to enable them to work hours suited to their individual requirements. The objective is to improve efficiency of departments and the wellbeing of staff.

The scheme covers all staff employed by HDUHB who work within departments that operate within the hours of 8am and 6pm. For employees whose conditions of service include unspecified hours of work, flexitime may be available by individual negotiation within the scope of staff covered by the policy.

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

We recognise that employees have different needs e.g. arising under the Equality Act 2010, and these may change a different stage of their working life. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking into account the needs of the service. This policy demonstrates our commitment to fair and equal treatment at work from attracting high calibre applicants to retaining and valuing our existing workforce.

It is recognised that flexi-time cannot be operated in all areas due to the needs of some services e.g. medical and dental staff and other clinical or patient facing areas.

This policy has been in place since 2011, and three previous reviews have been undertaken. We are not aware of any complaints received in relation to its operation since inception.

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: The policy has the potential to positively impact staff at all ages, but especially those who have child-care or unpaid caring responsibilities, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					
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: The policy has the potential to positively impact staff with a disability as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. This might support them to better manage the needs arising from their disability. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					
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: The policy has the potential to positively impact staff with a protected characteristic of gender reassignment as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					
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:

No impact identified

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:

The policy has the potential to positively impact staff who are pregnant or returning from maternity leave as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.

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:
No impact identified

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:

The policy has the potential to positively impact staff with who have cultural needs such as daily prayers, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.

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:

The policy has the potential to positively impact staff, especially female employees, a large proportion of whom have unpaid caring roles or childcare responsibilities, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.

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:
No impact identified

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:

The policy has the potential to positively impact staff from the armed forces community, especially if family members have leave at short notice because of their Armed Forces role. It can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.

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:

The policy has the potential to positively impact staff with who are on lower incomes, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. This might be helpful if they are reliant on public transport so that they are able to get to work at an agreed time. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.

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: No impact identified.					

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	Heather Hinkin
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	Date	27/06/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
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	Date	27/06/2026
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	31/07/2026
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.

Personal Relationships at Work Guideline

DRAFT FOR CONSULTATION

Guideline Information

Guideline number: 334

Classification:
Employment

Supersedes:
Previous Versions

Version number:
5

Date of Equality Impact Assessment:
Click or tap to enter a date.

Approval information

Approved by:
People, Organisational Development and Culture Committee (PODCC)
Date of approval:

Date made active:
Click or tap to enter a date.
Review date:
Click or tap to enter a date.
Summary of document:
To assist in the management of personal relationships at work

Scope:
This guideline applies to all staff employed by Hywel Dda University Health Board.

To be read in conjunction with:
201 - Disciplinary Policy – opens in a new tab
158 - Redeployment Policy – opens in a new tab
573 – Organisational Change Policy – opens in a new tab
836 – Information Governance Policy – opens in a new tab

Patient information:
Include links to Patient Information Library

DRAFT

Owning group:
People, Organisational Development and Culture Committee
03/04/2023

Executive Director job title:
Director of Workforce and Organisational Development

Reviews and updates:
1 – new policy June 2013
2 – minor amendments August 2016
3 – full review 15.5.2019
4 – full 03.04.2023 – changed to a guideline
5- Minor amendments April 2026

DRAFT

Scope
This guideline applies to all staff employed by Hywel Dda University Health Board.

Aim
The aim of this document is to:

- To assist managers in dealing sensitively, but effectively, with situations where employees have, or form a close personal relationship/friendships with someone with whom they work in order to avoid any possible conflict of interest or accusation of bias, favouritism or prejudice.
- To ensure that all employees feel confident of fair treatment without the fear that a close personal relationship/friendship will influence their or other employees treatment or broader working relationships.
- To ensure that employees are not involved in any appointment where they are a relative or partner of, or have a close personal relationship with, the individual being considered for appointment.
- To ensure that employees are not involved in decisions relating to discipline, promotion or pay adjustments and signing expenses for any other employee where there is a close personal relationship.
- To avoid the potential for individuals to claim unfair treatment in terms of employment practice.
- To avoid the potential for the collusive abuse of patients or staff.
- To avoid any potential deterioration in individuals job performance resulting from relationship break down.
- To avoid any adverse impact on staff or patients resulting from a potentially divisive situation.

Objectives
Managers and staff to be aware of this guideline and its implications, adhere to its principles in carrying out their duties

Definition of personal relationships

- Employees who are married, in a civil partnership, or in a co-habiting arrangement.
- Immediate family members e.g. parents, son/daughter, sibling, grandparent/grandchild or who act as such e.g step parent.
- Extended family such as aunts, uncles, cousins, nieces, nephews and in laws.
- Friendships

Principles
Although the existence of a personal relationship between members of staff does not constitute a bar to the employment or promotion of either party, staff must declare to their line manager or equivalent any personal relationships which may give rise to a conflict of interest, or breach of confidentiality.

Staff who have close personal relationships/friendships must not work in a direct reporting relationship or in the same chain without making a disclosure to an appropriate manager. Where a personal relationship exists or develops between members of staff who are in a line management or supervisory relationship with one another at work, they must not be involved in recruitment, selection, appraisal, promotion, or other management activity or process involving the other party. Alternative management arrangements will be put in place for the more junior member of staff.

Where close relationships exist or develop staff must not work in the same department, client home or

team without making a disclosure to the appropriate manager. It may not be necessary to alter working arrangements if there is no risk of a health and safety issue, conflict/breach of confidentiality or unfair advantage the line manager is responsible for reviewing and monitoring this.

Staff who are involved in relationships with work colleagues do need to be aware, at all times, of their behaviour towards each other, particularly in the work environment.

Recruitment and appointment of employees

Where an applicant, if appointed, would work in the same team with an employee with whom they have a close personal relationship/friendship the implications of this must be considered and discussed during the selection process.

Staff already in employment

Staff who have concerns regarding a close personal relationship/friendship, either between colleagues, or with a patient should seek guidance in confidence from their local Workforce Team or their trade union representative.

Where a close personal relationship involves the direct line manager and a member of staff, advice will be sought from Workforce Team. A discussion will take place and may involve:

- Make alternative supervision/line management arrangement of the team member for issues involving a potential conflict of interest.
- Undertake a risk assessment to consider any other operational issues that might occur and how these might be managed and assess any impact on service users and the general public.

Where there is a known close personal relationship/friendship between two team members (with no line management relationship) the line manager should explore the
relevant issues with the individuals concerned, including any potential conflict of interest and confidentiality issues or operational issues effecting the team and/ or service users

Where any issues identified cannot be managed effectively there will be the need to explore, in discussion with both employees alternative arrangements, such as working opposite shifts, deployment to a different work area

When a relationship breaks down

There may be occasions when a close personal relationship/friendship breaks down and the individuals concerned remain in the same department with a potential impact on team relationships and service delivery. If it is envisaged that the breakdown of the relationship/friendship is causing or will cause ongoing workplace issues, these must be addressed sensitively in discussion with the employees with a view to the issues being resolved, where possible. If issues cannot be resolved managers must seek guidance from Workforce and this will be managed under the healthy working relationships – Managing conflict course.

Transfer of employees

Should it be necessary to consider the transfer of an employee every effort must be made to ensure that they are moved to comparable alternative employment in consultation with the employee(s) and the local Workforce Team. If the employee is not in agreement, any concerns will be dealt with under

the Respect and Resolution Policy. Where alternative employment is not available on a comparable grade, the Workforce Team will be able to advise based on the individual circumstances of the case.

DRAFT

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	Heather Hinkin / Workforce and Organisational Development
Service Area	Workforce and Organisational Development

Title of Procedure, Project, Proposal, Policy being screened:	Relationships at Work Guideline

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

The Relationships at Work Guideline provides a framework to support managers and employees in managing situations where close personal relationships exist within the workplace.

The key aims are to:

- Ensure fair and equitable treatment of all employees, regardless of personal relationships
- Prevent conflicts of interest, bias, favouritism or perceived unfairness in decision-making
- Maintain professional boundaries in areas such as recruitment, supervision, pay, disciplinary matters and performance management
- Promote transparency where relationships exist which may impact working arrangements
- Reduce the risk of complaints, disputes, or perceived inequity
- Safeguard staff and patients from potential harm arising from inappropriate relationships or conflicts of interest
-

The guideline does not prohibit personal relationships but ensures these are appropriately managed to protect individuals, teams, and the organisation. It supports consistent decision making and reinforces the Health Board's commitment to equality, dignity, and respect in the workplace.

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

The assessment has been informed by a review of the existing Relationships at Work Guideline, including the previous Equality Impact Assessment undertaken as part of the 2023 review. This review found that the guideline had been applied fairly and did not identify any adverse impact on individuals with protected characteristics. In addition, there have been no recorded equality related complaints or concerns regarding the application of the guideline.
The guideline aligns with the Equality Act 2010, the Employment Rights Act 1996 and NHS Wales employment frameworks, ensuring that equality, diversity and inclusion principles are embedded. The evidence available suggests that the guideline continues to support fair and consistent practice across the workforce.

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	
The guideline promotes fairness and transparency, which benefits employees across all age groups. Younger employees may gain protection from unfair favouritism, while more experienced staff are supported through clear expectations on professional boundaries.					
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	
Clear governance arrangements reduce the risk of bias in decision making, ensuring employees with disabilities are not disadvantaged by informal or undisclosed relationships. The guideline supports objective and fair treatment in areas such as appraisals 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
There is no evidence that the guideline impacts individuals undergoing or proposing gender reassignment differently. It applies equally to all staff.					
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
While the guideline recognises relationships, it does not disadvantage individuals who are married or in a civil partnership. It ensures fairness where relationships intersect with professional responsibilities.					
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	
The guideline supports fair decision making, ensuring that employees are not treated more or less favourably due to relationships during pregnancy or maternity. Transparency supports equitable access to opportunities and protections.					
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	x

There is no evidence of differential impact. The guideline promotes fairness and reduces risk of bias, supporting equitable treatment across all ethnic groups.

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	x

The guideline does not restrict or disadvantage individuals based on religion or belief. It applies consistently regardless of personal values or cultural background.

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	

The guideline helps mitigate risks of power imbalance or perceived favouritism (for example in hierarchical relationships), supporting fair treatment for all genders.

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

Positive Impact		Negative Impact		No Impact	x

The guideline applies equally regardless of sexual orientation. It does not differentiate between types of relationships but focuses on professional conduct

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	

No specific impacts identified. The guideline applies consistently to all employees regardless of service background.

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	
By ensuring fair access to opportunities and preventing favouritism, the guideline supports equitable treatment for individuals from all socio-economic backgrounds					
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	x
The guideline does not alter opportunities to use the Welsh language and treats Welsh no less favourably than English. .					

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	Laura Palmer
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	Date	7/05/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
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	Date	22.5.26
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@Wales.nhs.uk
	Date	10/06/2026
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.

Supporting Transgender Staff Policy

Policy information

Policy number: 350
Classification: Employment
Supersedes: version 5
Version number: *6*
Date of Equality Impact Assessment: 09/06/2026

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of Document:
This policy sets out the support available to transgender (trans) and non-binary employees, from recruitment through to any transition during employment. It aims to ensure that staff who are considering, undergoing, or have undergone transition are supported in a consistent, inclusive and dignified manner.

Scope
This policy applies on an organisation-wide basis to all staff, at all levels, in all departments.

To be read in conjunction with:
133 - Equality and Diversity Policy (opens in a new tab)
995 - Respect and Resolution All Wales Policy (opens in new tab)
201 - Disciplinary Policy and Procedure (opens in new tab)
139 - Uniform and Dress Code Policy for All Health Board Staff (opens in new tab)
129 - Time off for Medical and Dental Appointments During Working Hours (opens in new tab)
768 - Managing Attendance at Work All Wales Policy (opens in new tab)

340 - Staff Psychological Wellbeing Policy (opens in new tab)

131 - Flexi Working Policy (opens in new tab)

Owning group: Diversity and Inclusion Team
Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:
1 – New Policy – 31.10.2013
2 – Approved - 07.12.2016
3 – Approved – 17.5.2018

4 – Approved – 21.1.2020
5 – Approved – 17.08.2023

Keywords
Transgender (Trans)

Glossary of terms

Unisex/universal facilities - the term used in this policy when referring to toilets and/or changing rooms, which must be single occupancy, self-contained units with a lockable door.

Unisex/universal *services* - services that can be used by all, such as mixed-sex wards or individual side rooms occupied by one person only.

Single-sex services - the provision of services (and facilities such as toilets and changing rooms) which are separate services for persons of each sex or for one sex only (e.g. a service for women only or male only toilets).

Gender identity - refers to a person's internal sense of their own gender, how they personally understand and experience themselves.

Gender expression - refers to how a person externally shows or communicates their gender to others.

Affirmed gender - the gender a person knows themselves to be and chooses to express and be recognised as

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INTRODUCTION

We want all our staff at Hywel Dda University Health Board (the Health Board) to feel included, so that everyone can be themselves, add value and fulfil their potential without fear of discrimination. This includes colleagues whose gender identity does not align with the sex they were assigned at birth (often referred to as transgender or trans people).

This policy is informed by the Equality Act 2010 and relevant case law, which recognise sex and gender reassignment as separate protected characteristics. It reflects the clarification that, under the Equality Act 2010, references to ‘man’, ‘woman’ and ‘sex’ are understood to relate to biological sex, even where an individual has a Gender Recognition Certificate and their legal gender differs from their biological sex under the Gender Recognition Act 2004.

On 16 April 2025, the Supreme Court clarified aspects of how ‘sex’ is interpreted within the Equality Act. National guidance is evolving, and the Health Board will continue to review and update this policy in line with Equality and Human Rights Commission (EHRC) statutory guidance as it is finalised. We recognise that this may impact colleagues and those who use our services in different ways and may cause uncertainty or concern. We remain committed to supporting our trans and gender-diverse staff.

The Health Board will apply the Equality Act, including provisions relating to single-sex services and spaces, in line with current legislation, statutory guidance and best practice, ensuring the rights, dignity and safety of all staff are respected.

Under the Equality Act, anyone undergoing, intending to undergo, or who has undergone gender reassignment is protected from direct and indirect discrimination. While we are committed to supporting trans staff, we also recognise the rights of others with protected characteristics. Where rights interact, decisions will be made on a case-by-case basis, with a clear legitimate aim and proportionate, necessary action, taking account of the dignity, privacy and safety of all staff. No single protected characteristic automatically takes precedence, and decisions will be based on proportionality, evidence and the specific context.

While non-binary is not subject to specific protection under the Equality Act 2010, non-binary staff will be always treated with dignity and respect.

Managers should seek advice from Workforce and OD where there is any uncertainty.

POLICY STATEMENT

The Health Board will not tolerate unlawful discrimination, victimisation, harassment or bullying. At the same time, it recognises that different protected characteristics, including sex, gender reassignment, religion or belief, and others, may require careful balancing.

All decisions under this policy will be made in line with the Equality Act 2010, including where it is lawful to apply single-sex provisions or other exceptions, provided this is a proportionate means of achieving a legitimate aim.

SCOPE

This policy applies to all staff, including those currently employed, potential employees, locums, staff on honorary contracts, students and volunteers.

AIM

This policy aims to provide guidance on how trans employees should be supported and treated in a dignified, non-discriminatory way.

PROCEDURE

Supporting Transition at Work

One of the most important factors in successfully supporting an employee's transition is early planning and agreeing with them how best to proceed. When an employee is considering, or are in the process of transitioning, discussions may feel sensitive or difficult. Any information shared, including what is shared, when, and with whom, will be led by the individual. Their wishes must be always respected.

Employees are encouraged to speak with their line manager as early as possible so that appropriate support can be discussed and put in place in a sensitive and supportive manner. If an employee feels they cannot talk to their line manager or that they need additional support, they can contact any of the following for help and guidance:

- Equality, Diversity and Inclusion team
- Workforce and Organisational Development (OD) team
- Trade Union Representative

All Health Board contacts will maintain confidentiality about an employees' trans status, except as agreed otherwise by the individual.

Health and Wellbeing Passport

The line manager (or nominated contact) and trans employee should complete a Health and Wellbeing Passport together, outlining the arrangements and support needed before, during and after transition. Trans employees are also encouraged to meet regularly with their manager to review the passport, review progress and agree any updates or changes required.

The timescales, activity and communication will be driven and led by the employee. If at any point they decide to delay or amend their Health and Wellbeing Passport, any information they have already shared will be kept confidential, in line with their wishes.

Informing Colleagues

Information about an employee's trans status or history should only be shared with their explicit consent. The employee should decide who shares this information, how and when it is shared, who it is shared with, and the level of detail, which may vary for different audiences.

Trans employees are not required to disclose their trans history as a condition of employment or promotion. If they transitioned before joining the Health Board, this information should not be shared unless absolutely necessary and only with their permission.

Where an employee plans to change their gender expression at work, the approach to any disclosure should be agreed with the individual on a case-by-case basis and recorded in the Health and Wellbeing Passport.

An employee's transition may be visible to colleagues and/or the public in some roles. While some staff may wish to move to an alternative role during this time, this will not be a requirement. Managers will take a supportive, individualised approach, listening to the employee's experience and working with them to identify appropriate and practical solutions.

No employee will be disadvantaged in their role, pay or career opportunities as a result of transitioning.

Use of Facilities

The use of changing, showering, toilet and any relevant facilities will be discussed and agreed, considering legal requirements. The Health Board will provide access to appropriate facilities in a way that upholds dignity, privacy and safety for all staff.

In accordance with the Equality Act 2010 where single-sex facilities are in place, this must be a proportionate means of achieving a legitimate aim, such as:

- privacy during undressing
- intimate care
- safeguarding considerations
- preventing reasonable distress

Single-sex services must be provided, based on biological sex. This does not mean automatic exclusion of trans staff from facilities aligned with their gender identity. Any decision must be justified as proportionate, necessary, and evidence based.

Decisions relating to access to facilities will be considered on a case-by-case basis, considering:

- legal obligations
- the needs and rights of all staff
- the nature of the working environment
- explicit consideration of impact on the trans employee

Trans employees will not be left without access to safe and dignified facilities, and a unisex or single-occupancy alternative will be made available.

No member of staff will be required to use a particular facility without appropriate consideration of their circumstances.

Staff must not challenge, question or attempt to 'police' individuals' use of facilities. Any concerns should be raised with their manager and advice sought from Workforce and OD so that concerns are handled sensitively and appropriately. Any inappropriate behaviour (e.g. challenging use of facilities, gossip, harassment) will be managed under the Disciplinary/Respect & Resolution policies.

Where a member of staff raises concerns in relation to sharing facilities, managers must:

- consider the concern respectfully and without assumption
- assess the situation in line with the Equality Act 2010
- identify whether a legitimate aim is engaged (e.g. privacy, dignity, safety)
- ensure any decision is proportionate and evidence-based
- document the rationale for the decision

Where gender-neutral or single-occupancy facilities are not available, the Health Board will:

- work with the employee to agree appropriate interim arrangements
- ensure access to safe, private and dignified facilities at all times
- consider the employee's preferences, legal obligations and the working environment
- ensure no employee is left without access to appropriate facilities
- review opportunities to improve access to inclusive facilities where reasonably practicable

Advice should be sought from Workforce and OD where appropriate.

Patient Preferences and Care Provision

As outlined in the **Chaperone Policy** (opens in new tab), all clinical interventions may cause distress, particularly intimate examinations (e.g. rectum, genitalia, breasts), which must be undertaken sensitively.

While gender cannot be defined by appearance or stereotypes, patients may express preferences about the sex of the clinician due to personal beliefs or experiences. Such requests should be considered sensitively on a case-by-case basis, considering clinical need, proportionality, and legal obligations, and accommodated where practical.

Any adjustments must not disclose or imply a staff member's trans status. Managers must ensure staff are supported and confidentiality is maintained.
Examples:
Non-intimate care (e.g. observations, triage) → refusal is unlikely to be reasonable.
Intimate care (e.g. breast/genital exams) → preferences may be reasonable; where possible, accommodate using neutral language (e.g. *"We'll arrange an alternative clinician"*) without "outing" staff.

Uniform and Dress Code

If a uniform and/or dress code is in place for the role, managers will ensure that the trans employee has access to uniform and are supported to dress in a way that aligns with their gender identity and expression.

The Health Board adheres to the All Wales Uniform and Dress Code Policy (opens in new tab). All staff are expected to comply with this policy, including requirements related to health, safety, infection control and professional standards.

Within these requirements, managers will take a flexible and supportive approach to ensure that trans staff can dress in accordance with their gender identity at a time agreed with the individual, respecting their dignity, privacy and individual circumstances.

Where uniform or clothing is provided by the Health Board, appropriate items will be made available to the employee in line with their gender identity, on the same basis as other uniform provision (e.g. changes in role or size).

Confidentiality

The trans employees' explicit permission should always be sought to disclose any information to others. This must be on a confidential, strictly 'need to know' basis.

Employees who have undergone gender reassignment may wish to maintain privacy regarding their gender history. Anyone with access to this information must maintain the trans employees' right to confidentiality. Under no circumstances should a staff member's trans status or gender history be confirmed, implied or disclosed without their explicit consent, including in response to queries from patients, colleagues or the public

Where an individual holds a Gender Recognition Certificate (GRC), additional legal protections apply under the Gender Recognition Act 2004. It is a criminal offence to disclose information about a person's gender history, where this has been obtained in an official capacity, without their consent.

Managers must seek advice from Workforce and OD where they are unsure of their responsibilities.

Use of Pronouns

Managers will use the name and pronouns specified by the employee and should ensure these are respected in the workplace. Where appropriate, an employee's name and pronoun preferences may be recorded in the Health and Wellbeing Passport to support consistent use. Some individuals, including those who are non-binary, may use pronouns such as 'they/them' or other pronouns. Where an individual's pronouns are not known, colleagues should ask sensitively and respectfully and avoid making assumptions based on appearance.

Updating Records

Electronic records will be updated at a mutually agreed time to reflect the employee's gender identity and name. Where appropriate, this should include modifying records containing a binary title (e.g. Mr, Mrs, Miss, Ms) or a non-binary title (e.g. Mx, Ind, M, Misc).

Care will be taken to ensure that records do not link back to the former name or title, e.g. this may entail creating a whole new email address rather than simply changing the name on the existing one. The manager and employee should work together to ensure nothing is missed.

Name changes can occur informally without any legal process upon request by the trans employee. An individual does not need to hold a Gender Recognition Certificate in order to have their name details changed in any Health Board systems.

New name badges and security passes with the correct name and a new photograph will be issued, without any replacement cost to the employee.

Where possible, paper records will be updated. Those which cannot be updated will be stored in a separate secure place and marked clearly for access by specifically named persons, as agreed by the employee.

Professional Registration

If the employee's role involves professional registration, the individual is responsible for checking whether the registration body has a specific, confidential process for gender transition.

Time Off Work

An employee may wish to take a period of leave at the time of the transition and return to work in their affirmed gender.

Trans employees may undergo treatment, which can include hormone therapy and surgery. This may necessitate taking time off work, which may have an impact on workload and colleagues. Managers will be accommodating during this time and may need to consider making temporary adjustments to role requirements.

Reasonable time off will be provided to attend transition-related appointments. The length and amount of time off will vary according to individual need; therefore trans employees will be given reasonable time off to attend appointments where possible. The individual transitioning will have the right to privacy of appointments.

Absence related to surgery and recovery will be recorded as sickness absence; however, this should not automatically trigger formal sickness absence procedures. Trans employees are entitled to the same sick pay and absence provisions as all staff, in line with the All Wales Managing Attendance at Work Policy (opens in new tab).

Managers will endeavour to be flexible and supportive to employees. This should include discussing workload allocation with employees before the absence from work and on return, and any adjustments that could be made to facilitate the return to work. Managers should not seek to impose a change of duties on the individual, however, where appropriate, should seek assistance, including advice from Occupational Health, before decisions are made.

Recruitment

Applicants

The Health Board welcomes applications for employment from trans people, and all applicants can be assured of equal and fair treatment.

Applicants are not required to disclose their gender identity as part of the recruitment process. Gender identity is not a relevant criterion for selection and should not be asked about or inferred at any stage of recruitment or interview.

In limited circumstances, where a lawful occupational requirement or other exemption applies, it may be necessary to request relevant information. In such cases, appointing managers must seek advice from the Workforce and OD team, as strict legal criteria apply.

Any requirement for disclosure must be accompanied by clear reassurance that the information will be treated in strict confidence and will not affect the individual's eligibility for the role.

There is no general obligation for a trans person to disclose their trans status as a condition of employment. Selection decisions must be based solely on an individual's skills, experience and qualifications.

Anyone involved in recruitment who becomes aware of an applicant's trans status must treat this information as strictly confidential, in line with relevant legislation and organisational policy.

Disclosure and Barring Services (DBS)
Some roles require a Disclosure and Barring Service (DBS) check. As part of this process, applicants are normally required to provide details of any previous names.

The Health Board recognises that this requirement may cause concern for trans applicants and employees who have changed their name.

The DBS offers a confidential checking process for trans applicants, allowing them to provide previous identity information directly to the DBS, without disclosing this to the employer.

Further guidance on the sensitive DBS application process for trans applicants is available via the DBS website: Transgender applications - GOV.UK (www.gov.uk) (opens in new tab).

References
Where a reference request is received for an existing employee who has transitioned, the Health Board will respect the employee's privacy and only respond using the employee's affirmed name and gender in the reference.

Disclosure on sickness absence will not include time taken off for transition-related medical appointments. This information is strictly confidential, and managers must be very careful of any record keeping for this.

When the Health Board requests a reference, it will be made using the prospective employee's affirmed name and gender since transitioning. No reference will be made to previous names or gender identity, unless specifically asked to do so (in writing) by the trans individual.

It may sometimes be necessary for a trans person to disclose a previous identity in order for a reference from a past employer to be obtained. In these cases, strict confidentiality and respect for dignity must be applied and protected information kept secure.

Birth Certificates
An individual who has changed gender is able to obtain a new birth certificate which will not disclose the fact that they have changed gender.

Work Permits
Staff who are working in the Health Board on a work permit or student visa are responsible for complying with any work permit/visa regulations which may relate specifically to name change or gender identity in order that the work permit/visa continues to be valid.

National Insurance
Trans employees who change their name are responsible for informing the local Department of Work and Pensions, however, they are under no obligation to provide a Gender Recognition Certificate (GRC) or disclose their trans status.

For those who wish to provide a full GRC, National Insurance (NI) contributions will be paid on the basis of their affirmed gender.

Pension

Pension entitlements and state pension arrangements are determined in accordance with current legislation. Where relevant, entitlements may depend on an individual's legal gender.

Employees are encouraged to seek advice from their pension provider or relevant authority for specific guidance.

RESPONSIBILITIES

Chief Executive

The Chief Executive holds overall responsibility for the effective management of organisational policies.

Director of Workforce and OD

- Ensure all employment policies are developed in line with employment legislation and practice.
- Ensure all employment policies are monitored and reviewed on a 3 yearly basis.

Workforce and OD

- Co-ordinate the monitoring of the effectiveness of this policy.
- Provide guidance, advice and support when required.
- Ensure fairness and consistency in the treatment of all employees.
- Refer employees to external bodies where appropriate.

Managers

- Support employees at work and encourage them to proactively discuss their individual needs and complete the Health and Wellbeing Passport.
- Maintain confidentiality at all times, including securing paper documents and files
- Appropriately investigate instances of discrimination, victimisation, harassment and/or bullying.
- Ensure they are familiar with the types of facilities available within their service (single-sex, unisex/universal, and single-occupancy), and that these are clearly communicated and signposted.
- Managers should check in with and offer appropriate support to staff following any incident where care is refused or concerns are raised relating to their gender identity or expression

Employees

- Notify the employer that they wish to transition and engage in discussions under the terms of this policy.
- Adhere to the requirements of this policy and treat trans people, including non-binary, with dignity and respect, which requires an acceptance of the needs and differences of others.
- Report any instances of discrimination, victimisation, harassment and/or bullying.

Occupational Health Department

- Provide support, guidance and advice to managers and staff.

- Respond to referrals from managers.

Trade Unions

- Encourage their members to seek help where appropriate.
- Inform members of their rights and responsibilities under this policy.

Enfys LGBTQ+ Staff Network

- Offer peer support

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Director and Directorate	Lisa Gostling, Director of Workforce and Organisational Development
Service Area	Whole Health Board

What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the Equality Act 2010 with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

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.

Support
For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

1.	**What are you Equality Impact assessing?**	350- Supporting Transgender Staff Policy
2.	**Brief Aims and Description of the procedure/ proposal/ project/ policy:**	The nature of the policy is to support all staff and potential employees. The policy will also advocate the Health Board wants all staff to feel included, so that everyone can be themselves, add value and fulfil their potential without fear of discrimination. This includes colleagues whose gender identity does not match the gender they were assigned at birth and who may identify themselves as transgender, and also those whose gender identity cannot be defined within the margins of the gender binary: man or woman (also known as “non-binary”). The policy is inclusive of all additional protected characteristics and is designed to have a positive impact on those to whom it applies. It is also intended to guide managers when supporting a trans employee at work. This policy aims to provide guidance on how trans employees should be supported and treated in a dignified, non-discriminatory way.
3.	**Who is involved in undertaking this EqIA? (names/job titles)**	Equality, Diversity & Inclusion Team
4.	**Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?**	A recent Supreme Court ruling has clarified aspects of how “sex” and/or related protections are interpreted in law. This may affect how policies supporting trans staff are applied in practice, particularly where they relate to single-sex spaces, legal definitions, and balancing rights across protected groups. This EqIA considers the potential impacts of that clarification on staff with the protected characteristic of gender reassignment, alongside other groups. 153 - Equality and Diversity Policy (opens in a new tab) 995 - Respect and Resolution All Wales Policy (opens in new tab) 201 - Disciplinary Policy and Procedure (opens in new tab)

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

		139 - Uniform and Dress Code Policy for All Health Board Staff (opens in new tab) 129 - Time off for Medical and Dental Appointments During Working Hours (opens in new tab) 768 - Managing Attendance at Work All Wales Policy (opens in new tab) 340 - Staff Psychological Wellbeing Policy (opens in new tab) 131 - Flexi Working Policy (opens in new tab) 312 - Chaperone Procedure (opens in new tab)
5.	**Is this a new EqIA or an updated EqIA?**	New ☐ Updated ☒ Date of original or last version of the EqIA: 31/7/2023 Please give details / explain any amendments.
6.	**Who will be affected by the procedure/ proposal/ project/ policy development?** (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	This policy applies to all staff, including those currently employed, potential employees, locums, staff on honorary contracts, students and volunteers.
7.	**What might help/hinder the success of the procedure/ proposal/ project/ policy?**	• Managers applying different interpretations • Increased HR casework and complaints • Legal risk if policies are not aligned with current law

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.		
Consider, is the procedure/ proposal/ project/ policy relevant to:	Yes	No
Article 2: The right to life. **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.	✓	
Article 3: The right not to be tortured or treated in an inhuman or degrading way. **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5: The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓
Article 6: The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence		✓
Article 8: The right to respect for private and family life, home and correspondence. **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11: The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 3: Gathering of Evidence and Assessment of Potential Impact

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?		**Positive**	
		Negative	
		No Impact	✓
Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Patient data** N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of staff age in the specific service/ area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the age of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	  Workforce data as at 31st March 2025	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact**	**Opportunities for improvement / mitigation** • Ensure that training and guidance are accessible and tailored to different learning needs, including practical, scenario-based guidance for managers and staff. Support will be made available to all staff to improve understanding and ensure consistent and respectful application of the policy.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Provide a brief summary of the positive impacts you have identified.	**N/A**
If you have determined no impact, please provide a brief explanation.	**No Impact** The policy is not expected to directly disadvantage any particular age group; however, it is important to recognise that staff of different ages may experience or respond to the policy differently. Younger staff may have greater familiarity with gender identity inclusion, whereas some older staff may feel less confident in understanding policy expectations or legal context, particularly in relation to facilities and terminology.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.	**Positive**	
	Negative	✓
	No Impact	

Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Patient data** N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.
Insert breakdown of staff with a disability who may be affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation who have a disability is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations. Workforce data as at 31st March 2025

	Headcount	%
Disabled	718	5.37%
Not Disabled	11,127	83.28%
Prefer Not to Say	53	0.40%
Not Recorded on ESR	1,463	10.95%
Total	**13,361**	**100%**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** • Disabled staff, including those with physical disabilities, sensory impairments, or mental health conditions, may be disproportionately affected by changes to facilities or expectations arising from this policy as some disabled facilities may need to be changed to make them gender neutral and accessible to all. • Disabled trans staff may rely more heavily on specific facilities, changes to provision may cause increased distress or practical barriers.	**Opportunities for improvement / mitigation** • The Health Board will ensure that accessible facilities remain available for those who need them. • Individual needs will be addressed through reasonable adjustments, supported by the Health and Wellbeing Passport and, where appropriate, Occupational Health input.
Provide a brief summary of the positive impacts you have identified.	**N/A**	
If you have determined no impact, please provide a brief explanation.	**No Impact**	

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How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.	**Positive**	✓
	Negative	✓
	No Impact	

Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Patient data** N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.
Insert breakdown of staff gender reassignment information affected by your specific service/area of work. If no information is available, please state that here including how you	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

plan to address any identified data gaps in the future.		
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** • There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff experience across teams or sites. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment.	**Opportunities for improvement / mitigation** • Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The policy confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The policy reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The policy clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements.

	• Staff may misinterpret recent legal developments as permission to challenge or exclude colleagues inappropriately. • These factors may contribute to reduced wellbeing, potential disengagement, and increased turnover among trans staff, as well as reputational risk for the organisation •	
Provide a summary of the positive impacts you have identified.	**Positive Impact** • Clearer legal framework may support more consistent decision-making were applied well • New name badges and security passes with the correct name and a new photograph will be issued, without any replacement cost to the employee • This policy sets out the support available to trans and non-binary employees, from recruitment through to any transition during employment. It aims to ensure that staff who are considering, undergoing, or have undergone transition are supported in a consistent, inclusive and dignified manner. • Policy highlights that it is a criminal offence to disclose information about a person's gender history, where this has been obtained in an official capacity, without their consent. •	
If you have determined no impact, please provide a brief explanation.	**No Impact**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	**No Impact** No direct impact has been identified in relation to marriage and civil partnership, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this policy.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity **Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.**	**Positive**	
	Negative	
	No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct adverse impact has been identified; however, staff who are pregnant or returning from maternity leave may experience uncertainty regarding changes to workplace facilities or expectations. Clear communication will be provided to staff returning from leave, and where concerns arise regarding privacy or facilities, appropriate arrangements will be discussed and implemented to ensure dignity and wellbeing are maintained.	

How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.	**Positive**	
	Negative	✓
	No Impact	
If data is available insert a breakdown of Race / Ethnicity or Nationality of those that are affected. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Patient data** N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.	
Insert breakdown of the Race/Ethnicity or Nationality of the staff affected by your	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their race/ethnicity or nationality is not	

<table>
<tr><td>specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.</td><td colspan="2">known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

<table>
<tr><th></th><th>Headcount</th><th>%</th></tr>
<tr><td>Asian or Asian British</td><td>735</td><td>5.50%</td></tr>
<tr><td>Black or Black British</td><td>185</td><td>1.38%</td></tr>
<tr><td>Mixed</td><td>119</td><td>0.89%</td></tr>
<tr><td>White</td><td>11,425</td><td>85.52%</td></tr>
<tr><td>Any Other Ethnic Group</td><td>210</td><td>1.57%</td></tr>
<tr><td>Not Recorded on ESR</td><td>687</td><td>5.14%</td></tr>
<tr><td>Total</td><td>13,361</td><td>100%</td></tr>
</table>

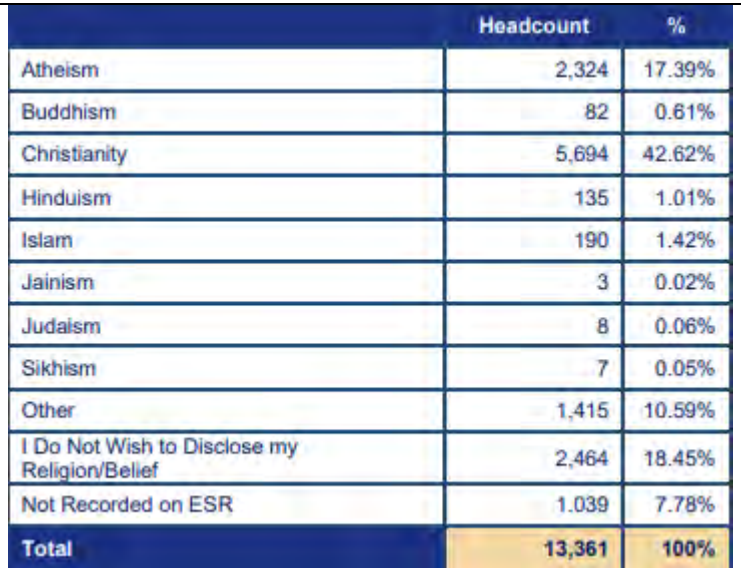
Workforce data as at 31st March 2025</td></tr>
<tr><td>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</td><td>Negative Impact
Staff from different cultural or ethnic backgrounds may have differing perspectives on gender identity, which may influence understanding of, or response to, the policy.
Staff who are both trans and from ethnic minority backgrounds may experience compounded discrimination and barriers.</td><td>Opportunities for improvement / mitigation
The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups.
The policy will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback.</td></tr>
<tr><td>Provide a brief summary of the positive impacts you have identified.</td><td colspan="2">N/A</td></tr>
</table>

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	**No Impact**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.		**Positive**	
		Negative	✓
		No Impact	
If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Patient data** N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their religion or belief (or non-belief) is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

	Headcount	%
Atheism	2,324	17.39%
Buddhism	82	0.61%
Christianity	5,694	42.62%
Hinduism	135	1.01%
Islam	190	1.42%
Jainism	3	0.02%
Judaism	8	0.06%
Sikhism	7	0.05%
Other	1,415	10.59%
I Do Not Wish to Disclose my Religion/Belief	2,464	18.45%
Not Recorded on ESR	1,039	7.78%
Total	**13,361**	**100%**

Workforce data as at 31st March 2025.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** • Some staff may hold strong views about sex and gender, increasing the risk of conflict • Risk of sharing facilities with members of the opposite sex	**Opportunities for improvement / mitigation** • Ensure that all staff can access facilities in a way that maintains dignity, safety, and respect • Decisions will be made on a case-by-case basis, ensuring that any actions are lawful, proportionate, and do not result in discrimination or harassment.
Provide a brief summary of the positive impacts you have identified.	**N/A**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	**No Impact**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

<table>
<tr><td colspan="2">How will the procedure/ proposal/ project/ policy impact on Sex
Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?</td><td>Positive</td><td>✓</td></tr>
<tr><td colspan="2"></td><td>Negative</td><td>✓</td></tr>
<tr><td colspan="2"></td><td>No Impact</td><td></td></tr>
<tr><td>If data is available insert a breakdown of the Sex of those affected. This data can be recorded in table or free text format.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</td><td colspan="3">Patient data

N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.</td></tr>
<tr><td>Insert breakdown of the Sex of staff affected by your specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.</td><td colspan="3">Staff data
The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

<table>
<tr><th></th><th>Headcount</th><th>%</th></tr>
<tr><td>Female</td><td>10,573</td><td>79.13%</td></tr>
<tr><td>Male</td><td>2,788</td><td>20.87%</td></tr>
<tr><td>Total</td><td>13,361</td><td>100%</td></tr>
</table>

Workforce data as at 31st March 2025.</td></tr>
</table>

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** • The policy may have differing impacts based on sex, particularly in relation to access to single-sex facilities. • Some staff may have concerns regarding privacy, dignity, or safety when sharing facilities. • Risk of sharing facilities with members of the opposite sex	**Opportunities for improvement / mitigation** • Decisions regarding facilities will be made on a case-by-case basis, balancing the rights of all individuals. • Wherever possible, alternative options such as single-occupancy or unisex facilities will be made available to support the dignity, privacy, and safety of all staff.
Provide a summary of the positive impacts you have identified.	**Positive Impact** • Some staff may feel reassured by clearer definitions linked to single-sex provision	
If you have determined no impact, please provide a brief explanation.	**No Impact**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.		**Positive**	✓
		Negative	✓
		No Impact	
If data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Patient data** N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

	Headcount	%
Bisexual	153	1.15%
Gay or Lesbian	195	1.46%
Heterosexual or Straight	10,585	79.22%
Not Stated – Person Asked but Declined to Provide a Response	1,358	10.16%
Not Recorded on ESR	1,025	7.67%
Other Sexual Orientation Not Listed	28	0.21%
Undecided	17	0.13%
Total	**13,361**	**100%**

Workforce data as at 31st March 2025.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** • It is recognised that there may be differing views within the LGBTQ+ community, which could lead to tension in some cases.	**Opportunities for improvement / mitigation** • The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups. • The policy will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback. • The policy confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The health board's Respect and Resolution policy guides staff and managers on raising and resolving concerns early, fairly and consistently. • Enfys staff network will continue to provide peer support to all members and allow for continuous engagement with trans staff to understand lived experience and inform ongoing improvements.
Provide a summary of the positive	**Positive Impact** • The policy is expected to have a positive impact on LGBTQ+ staff by reinforcing an inclusive and respectful workplace	

impacts you have identified.	
If you have determined no impact, please provide a brief explanation.	**No Impact**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider 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**	
	Negative	
	No Impact	✓
If you have determined no impact, please provide a brief explanation.	**No Impact** No direct impact has been identified in relation to armed forces, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this policy**.**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Socio-economic Deprivation 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 resource please see: **https://gov.wales/more-equal-wales-socio-economic-duty**	**Positive**	
	Negative	
	No Impact	✓
If you have determined no impact, please provide a brief explanation.	**No Impact** No direct impact has been identified in relation to socio-economic status, and individuals from different socio-economic backgrounds are not expected to be affected differently from other staff as a result of this policy.	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		**Positive**	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	**No Impact** The opportunity for staff to use the Welsh language will remain the same as a result of this policy.		

Additional considerations
In addition to the above protected characteristics please consider impact on the following: • **Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)** • **Unpaid Carers** • **Individuals and communities who experience Digital Exclusion** • **Rural and Urban communities**
No direct impact has been identified for vulnerable groups. However, it is recognised that individuals from these groups may be more likely to experience marginalisation or barriers within the workplace more broadly, and where this intersects with gender identity, there may be an increased risk of exclusion or discrimination. The Health Board will ensure that all staff are treated with dignity and respect, and that any concerns are addressed through appropriate support mechanisms.
Intersectionality
It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges. **Example:** The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqIA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

The Health Board recognises that individuals may experience the impact of this policy differently where they have more than one protected characteristic. For example:

- a trans person with a disability may be more reliant on specific facilities
- a trans person from an ethnic minority background may experience compounded discrimination
- staff with strong religious beliefs may experience tension in relation to facilities use.

These overlapping factors have been considered, and a flexible, case-by-case approach will be taken to ensure that all staff are treated with dignity and respect.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: an **opportunity/impact score and a likelihood score.** The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores with automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Opportunity/impact Score x Likelihood Score = Total Score)

OPPORTUNITY AND IMPACT			
IMPACT	**SCORE**		**The proposed change is anticipated to lead to the following level of opportunity and/or impact:**
Positive	**5**	Excellence	(Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence.
	4	Major	(Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements.
	3	Moderate	(Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements.
	2	Minor	(Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities.
	1	Negligible	(Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities
Neutral	**0**	Neutral	(Neutral): No effect, either positive or negative.
Negative	**-1**	Negligible	(Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery
	-2	Minor	(Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery.
	-3	Moderate	(Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery.
	-4	Major	(Major): Major negative impact, major injury potential, and major negative impacts on service delivery.
	-5	Catastrophic	(Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

LIKELIHOOD		
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur
3	Possible	Expected to occur at least monthly. Reasonable chance of occuring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More than likely to occur.

LIKELIHOOD	OPPORTUNITY						IMPACT				
	5	**4**	**3**	**2**	**1**	**0**	**-1**	**-2**	**-3**	**-4**	**-5**
5	25	20	15	10	5	0	-5	-10	-15	-20	-25
4	20	16	12	8	4	0	-4	-8	-12	-16	-20
3	15	12	9	6	3	0	-3	-6	-9	-12	-15
2	10	8	6	4	2	0	-2	-4	-6	-8	-10
1	5	4	3	2	1	0	-1	-2	-3	-4	-5

CATEGORY			
	Excellent opportunity		Extreme risk
	Good opportunity		High risk
	Moderate opportunity		Moderate risk
	Minor opportunity		Low risk

- **To access the scoring table below you will need to double click on the table to open an editable version.**
- **To close the scoring table, you need to click to the side of the table.**
- **The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Area					Opportunity* / Impact Rating**	*IIA Matrix		
Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative	Positive impact	Neutral impact	Negative impact	Unknown		Opportunity/Impact	Likelihood	Total Score
Age			X		* positive rating			0
					** negative rating	-1	1	-1
Disability			X		* positive rating			0
					** negative rating	-2	3	-6
Gender Reassignment	X		X		* positive rating	1	3	3
					** negative rating	-1	3	-3
Marriage and Civil Partnership					* positive rating			0
					** negative rating			0
Pregnancy and Maternity					* positive rating			0
					** negative rating			0
Race/Ethnicity or Nationality			X		* positive rating			0
					** negative rating	-1	2	-2
Religion or Belief			X		* Positive rating			0
					** negative rating	-1	2	-2
Sex	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Sexual Orientation	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Armed Forces					* positive rating			0
					** negative rating			0
Socio-economic Deprivation					* positive rating			0
					** negative rating			0
Welsh Language					* positive rating			0
					** negative rating			0

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 5: Outcome and Actions
This section should be used to detail and monitor any actions identified in sections 1-4.

Will the procedure/ proposal/ project/ policy be adopted? **If no, please give reasons and any alternative action(s) agreed.**	Yes
If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.	

	Actions • Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. • Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments/ Update**
1.	**What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?** Complaints, respect and resolutions, trans staff retention and recruitment.	Eiddan Harries	10/12/2026		Check 6 monthly
2.	Update policy once EHRC guidance has been approved by government	Eiddan Harries	10/6/2027		Update policy if EHRC guidance approved earlier
3.	This EqIA action plan to be regularly reviewed to ensure all actions are relevant and have been undertaken.	Eiddan Harries	10/6/2027		
4.	Facilitate Trans Awareness Training for staff.	Eiddan harries	10/6/2027		Earlier if any complaints received

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 6: Authorisation

Ensure that the details for the person completing, as well as the person authorising/owning the EqIA are included (ideally these should not be the same person). A member of the Diversity and Inclusion team will add their information to the final section, to show that the Diversity and Inclusion team have had sight of the EqIA and if required provided guidance.

EqIA Completed by:	**Name/s**	Kylie Daniels
	Title	Senior Diversity & Inclusion Officer
	Team / Division	Business, Partnership & Inclusion
	Contact details	Kylie.Daniels@wales.nhs.uk
	Date	9/6/2026
EqIA Authorised by/Owned by: • **Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy** • **Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5**	**Name**	Eiddan Harries
	Title	Diversity & Inclusion Manager
	Team / Division	Business, Partnership & Inclusion
	Contact details	Eiddan.Harries@wales.nhs.uk
	Date	9/6/2026
Guidance has been provided by Diversity & Inclusion Team: (to be completed by Diversity and Inclusion team only)	**Name**	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Team	Business, Partnership & Inclusion
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/6/2026
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.

Supporting staff who are unpaid Carers Policy
(Unpaid Carers Policy)

Policy information

Policy number: 511
Classification: Employment
Supersedes: Previous versions
Version number: 5
Date of Equality Impact Assessment: 18.06.2026

Approval information

Approved by: People, Organisational Development and Culture Committee
Date of approval:
Date made active:
Review date:

Summary of document:
This policy sets out a vision and guidance for providing a supportive working environment for Hywel Dda University Health Board staff who are looking after a family member or friend in their personal lives as an unpaid carer.

Scope:
This policy is for all employees under a contract of employment with the Health Board who have caring responsibilities fitting the definition of an unpaid carer.

To be read in conjunction with:

126 - All Wales Flexible Working Policy – opens in a new tab
131 Flexi Time Policy and Procedure – opens in a new tab
122 All Wales Special Leave Policy – opens in a new tab
245 Employment Break Scheme – opens in a new tab
1085 – Leave and pay for new and existing parents policy – opens in a new tab
129 Time Off for Medical/Dental Appointments During Normal Working Hours Policy– opens in a new tab
768 All Wales Managing Attendance at Work Policy – opens in a new tab
133 Equality, Diversity and Inclusion Policy – opens in a new tab
340 Staff Psychological and Wellbeing Policy – opens in a new tab
109 Time off in Lieu Procedure – opens in a new tab

Hywel Dda University Health Board
172 Confidentiality Policy – opens in a new tab
Annual Leave Purchase Scheme – opens in a new tab

Patient information:
Owning group: Carers Team
Executive Director job title: Director of Workforce & OD

Reviews and updates:
1 – new policy 17.12.2020
2 – revised
3 – full review 15.04/2024
4 – full review

Keywords: Unpaid Caring, Flexible Working, Flexibility, Work Life Balance

Glossary of terms:

ESR - Electronic Staff Record

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Introduction

People are at the heart of everything we do at Hywel Dda University Health Board (Health Board). Each day, our staff and volunteers help improve the lives of people and communities across our large, mainly rural area. The wellbeing of our staff is crucial, and the Health Board is committed to creating an environment that supports staff to manage their employment alongside their unpaid caring roles. Our Unpaid Carers Policy aligns with the Health Board's values and promotes a culture which allows staff to be open about their unpaid caring responsibilities so that they feel recognised, respected and supported.

Within this Policy the term "carer" is used to describe unpaid carers. The three statements below provide a definition of an unpaid carer and set out the different circumstances of caring roles:

An unpaid carer is someone who looks after a relative, friend or neighbour who is ill, frail, disabled, has a mental health concern or problematic substance use and who could not manage without that help.

A young carer (under 18) or **young adult carer** (18–25 years old) is someone whose life is restricted because of the need to take responsibility for a family member due to issues as above.

A parent carer is someone who looks after their child, who would struggle to manage without their help, due to illness, physical disability, learning disability or who has a mental health concern or substance misuse problem.

In each of the definitions above the care they provide is **unpaid**. Receiving a benefit, such as Carer's Allowance, does not mean a person is paid; individuals receiving such benefits are still considered unpaid carers. This highlights the difference between unpaid carers and paid care workers e.g. domiciliary carers, personal assistants who are employed to do a caring role.

This policy contributes to our responsibilities under the Equality Act 2010, Social Services and Well-being (Wales Act) 2014 and Carer's Leave Act 2024. It will also support the Health Board People First, Future Ready WOD Strategy 2026–2031 which is currently under development.

Policy Statement

Hywel Dda University Health Board is committed to supporting staff with unpaid caring responsibilities. We will promote a culture where unpaid carers are recognised, respected and supported to balance their work and caring commitments, in line with our values and legal responsibilities.

Scope

This Unpaid Carers policy is for all staff under a contract of employment with the Health Board who meet the definition of an unpaid carer.

Aim

The aim of this policy is to ensure that the valuable role that unpaid carers play in our families and communities are recognised, and unpaid carers are identified and supported by the Health Board. The policy promotes the Health Board's values to provide a compassionate, inclusive and healthy working environment.

Objectives

The Health Board is committed to supporting unpaid carers in accordance with the following aims:

- **Self-identification as an unpaid carer:** Proactively encourage individuals with unpaid caring responsibilities to identify themselves as an unpaid carer to their line manager.
- **Identification as an unpaid carer:** Encourage line managers to identify staff with unpaid caring responsibilities to encourage the use of the Health and Wellbeing Passport.
- **Support for unpaid carers:** the line manager will be proactive in advising staff about how they can access information, advice and assistance from internal and external support services, including Health Board policies relevant to their needs. This will support staff to remain in work and fulfil their career potential whilst continuing with unpaid caring responsibilities, contributing to increased staff retention.
- **Improve staff experience**: supporting staff to balance employment and unpaid caring responsibilities.
- **No unfair treatment:** Staff who have identified themselves as an unpaid carer and/or requested support in accordance with this policy will not be treated unfairly or be disadvantaged as a result.
- **Confidentiality:** Information about a staff member's caring responsibilities and any support they need will be kept confidential and only shared when necessary, and with their agreement, to support them and ensure the effective running of Health Board services.

Carer Awareness

According to national Census data (2021), around half of unpaid carers in Wales are in employment and this represents about 10% of the total number of people in employment. In Hywel Dda we know that, as of 31 March 2026, 379 staff had self-identified as unpaid carers through ESR.

Not everyone recognises themselves as an unpaid carer. When people care for an ill, older or disabled family member or friend it can often be considered a part of everyday life. Staff with caring responsibilities are encouraged to self-identify themselves as unpaid carers by highlighting their caring role to their line manager and registering their unpaid caring role through the supplementary role function in their Electronic Staff Record (ESR). For more information about how to do this, click here: Adding Supplementary Roles Guide (opens in a new tab).

The Health Board has made the Carer Awareness e-learning (accessed via ESR) mandatory. A guide on how to access the e-learning can be found using the link below:

People Development - Carer Awareness e-Learning Guide.pdf - All Documents (sharepoint.com) (opens in a new tab)

Further carer awareness or bespoke training is available. For information about how to access training, email CarersTeam.hdd@wales.nhs.uk (opens in a new tab)

Sources of support

Staff with unpaid caring responsibilities can access support in a number of ways.

Staff Health and Wellbeing Passport

The Health Board recognises that staff may find it difficult to explain their personal circumstances, issues and challenges. The purpose of the Staff Health and Wellbeing Passport is to provide a template for staff to record their caring needs, and any reasonable adjustments that might help them to fulfil their employment or career development opportunities alongside their caring responsibilities. Completion of the Passport is voluntary, and the staff member retains ownership of the form. Click here to access the Health and Wellbeing Passport. (link to be uploaded once the policy is approved).

Completing a Passport enables an unpaid carer and their manager to hold a supportive conversation and document the agreed flexibilities that will be available to support the staff member in their unpaid caring role and work. Requests for support will be considered on an individual basis, in line with this policy, taking into account the employee's circumstances and ensuring fairness and consistency. Managers should ensure they take a consistent approach to the application of this policy and staff requests for adjustments, whilst recognising that every caring situation is unique and confidential.

The Passport should be treated as a living document and should be reviewed every year, or as needed, to respond to any changes in the nature or impact of the caring responsibilities on staff health and wellbeing.

Having a Passport does not guarantee that the previously agreed arrangements will remain in place as line managers have a responsibility to balance the needs of the employee with the requirement to ensure service delivery and business continuity is maintained. Where the needs of a service or team change, managers are expected to explore alternative ways to support the staff member through open discussion and ensure that this is clearly documented.

Click here to view the Health and Wellbeing Passport - Managers Guidance (opens in a new tab)

Click here to view the Health and Wellbeing Passport - Staff Guidance (opens in a new tab) Links to be uploaded following Policy Approval.

Unpaid Carer's Leave Act 2024

Staff with an unpaid caring role are entitled to take up to a week's unpaid leave in any 12-month period. A 'week' means the length of time they usually work over 7 days. For example, if someone usually works 3 days a week, they can take 3 days of unpaid carer's leave. Requests for unpaid time off can be made in consecutive or non-consecutive half-days or full days. This unpaid leave is for planned events only such as appointments or regular therapy sessions.

Staff must give written notice to their line manager of their intention to take unpaid Carer's Leave. The notice period must be either three working days, or twice the amount of time of the period of leave requested – whichever is longer. Whilst requests for unpaid Carer's Leave must not be refused line managers may postpone a request if the department or service would be unduly disrupted. In these circumstances, the line manager must explain the reasons why and consult with the staff member about rescheduling the leave. The line manager must then allow the leave to be taken within one month of the date of the original leave request. More details about unpaid Carer's Leave can be found here: Unpaid carer's leave - GOV.UK (opens in a new tab)

Health and Well-being services

There are several services that are available to all employed staff including those with an unpaid caring role. These include the Occupational Health Service, employee assistance programme, and Staff Psychological Wellbeing service. See the SharePoint pages for more details: Staff Health & Wellbeing Gateway (sharepoint.com) (opens in a new tab)

Staff Networks

The Health Board recognises the important role that staff networks provide as an opportunity for staff to connect, socialise, support one another, and discuss issues of relevance to them in accordance with their shared characteristics and common experiences. The Health Board has a growing number of staff networks, including a Carers Peer Support network. More information about the staff networks can be found here: Staff Networks (opens in a new tab)

Carers Team

The Health Board has a Carers Team who can provide information, advice and support for individuals and teams. Information and resources for staff can also be found on the Health Board's Unpaid Carers SharePoint page: Unpaid Carers (opens in a new tab)

Policies to support unpaid carers

There are a range of other employment policies which can support staff with caring responsibilities which are set out in Appendix 1.

Community support

Services delivered by the third sector or other support organisations can enable unpaid carers to maintain their caring role. Information about a wide range of support services can be found on the Carers Support West Wales Website:
Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru (opens in a new tab)

Responsibilities

Chief Executive

Holds overall responsibility for the effective management of organisational policies.

Director of Workforce & Organisational Development

Has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Line Manager

Have the responsibility to familiarise themselves with this Policy and to work within its parameters. They should undertake associated training such as the Carer Aware e-learning and specific training for line managers to be able to recognise, value and support unpaid carers working within their teams.

Staff

Staff should undertake Carer Aware e-learning training so that they are able to recognise, value and support colleagues who are working within their teams. Staff are not obliged to disclose that they are caring for someone but are encouraged to do so making use of the Health and Wellbeing Passport.

Workforce Advisors

Provide support and guidance to managers on the application of this and other employment policies.

Appendix 1 – Other relevant Policies

Policy Title	How it can help
126 - All Wales Flexible Working Policy – opens in a new tab	Helps staff to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives.
131 Flexi Time Policy and Procedure – opens in a new tab	Sets out principles and process to be followed by employees who work flexi time, including steps needed to discuss a flexible working pattern whilst remaining on the same contractual hour.
109 Time off in Lieu Procedure – opens in a new tab	Sets out procedure to facilitate flexible time-management whilst establishing agred principles which deal effectively with time accrued.
122 All Wales Special Leave Policy – opens in a new tab	The policy includes provision for paid time off work for emergency unpaid carers and dependent leave.
Annual Leave Purchase Scheme – opens in a new tab	Staff can buy additional leave on top of their standard leave entitlement, with deductions spread evenly across the financial year.
245 Employment Break Scheme – opens in a new tab	Staff have an opportunity to apply to leave the workplace for a specific period of unpaid leave and to return to the same or a similar position at the end of that period.
1085 – Leave and pay for new and existing parents policy – opens in a new tab	Provides a clear understanding of their statutory and employment entitlements and the type and period of leave, both paid and unpaid that can apply in relation to maternity, adoption, paternity leave, shared parental leave and ordinary parental leave.
129 Time Off For Medical/Dental Appointments During Normal Working Hours Policy– opens in a new	Clarifies the process in respect of staff taking time off to Attend medical and dental appointments to support dependents. It covers both planned and emergency situations.
768 All Wales Managing Attendance at Work Policy – opens in a new tab	Sets out the provision to support the health and wellbeing of staff in the workplace.
133 Equality, Diversity and Inclusion Policy – opens in a new tab	The policy sets out the expectations that staff will implement a values-based approach when carrying out their duties and create an inclusive environment where everyone is treated fairly and equitably.
340 Staff Psychological and Wellbeing Policy – opens in a new tab	Outline of how to promote employee mental health, resilience and psychological wellbeing, identify and reduce key stressors in the organisation and for individual employees, and how to support staff who may be experiencing difficulties.
172 Confidentiality Policy – opens in a new tab	This policy states our commitment to maintain the confidentiality, Privacy and security of all Classified information and outlines mechanisms for ensuring this takes place.

DRAFT

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, Workforce and Organisational Development
Service Area	Business, Partnerships and Inclusion - Carers

Title of Procedure, Project, Proposal, Policy being screened:	511 Supporting staff who are unpaid carers Policy

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

The Health Board is committed to supporting staff who are unpaid carers in according with the following aims:

- Support employees to remain in work and fulfil their career potential whilst continuing with unpaid caring responsibilities.
- Outline the range of existing policies and employee support that can be accessed by employees with caring responsibilities.
- Provide guidance to managers about the needs of carers to promote a supportive response to unpaid caring responsibilities/needs identified by employees.
- Improve the employee experience of balancing employment and caring responsibilities
- Contribute to increased staff retention.

The policy provides:

- Vision and guidance for managers on how to support staff with caring responsibilities.
- Information for staff on how to seek support from the Health Board and external services to help them with their caring responsibilities.

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

A staff survey is carried out annually and in 2025 there were 188 respondents. The survey included an equality monitoring questionnaire and the information gathered has been used to feed into this screening tool.

The Health Board's ESR system includes a category to self-identify that they are an unpaid carer as a supplementary role. This this information is provided on a voluntary basis and cannot therefore be relied upon as an accurate representation of the number of unpaid carers within the workforce. As of 31 March, we know that 379 members of staff have reported their caring role to the Health Board.

Demographic information is not routinely collected for unpaid carers across the Health Board. It is also noted that some unpaid carers may not wish to self identify or recognise themselves as carers. Whilst the Health Board encourages unpaid carers to discuss their caring responsibilities with their line manager this is not mandatory.

2021 Census data suggests that within Wales there are more than 47,000 unpaid carers, representing 12.5% of residents (ONS, 2021) and we know there is a considerable number of hidden carers who do not define themselves as such

It is estimated that 5 million people juggle work and care in the UK, 1 in 7 in every workplace, and this figure is set to increase. In Wales, around half of unpaid are in employment. Given the stresses and strain that can result from balancing work and caring, it is unsurprising that 1 in 6 carers give up work or reduce their hours to care (Employers for Carers).

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:

According to the Carers Staff Survey in 2025, most staff with unpaid caring responsibilities in Hywel Dda are aged 45 to 55. While this group is likely to benefit most, the policy supports carers of all ages by encouraging self-identification and access to support both within the workplace and the community, resulting in an overall positive impact.

The Draft National Strategy for Unpaid Carers reported that a significant number of people do not self-identify as unpaid carers, particularly in communities where caring is viewed as a familial responsibility. This was reported to be especially common among older individuals, Black, Asian and Minority Ethnic people, and those caring for partners or children.

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:

Unpaid carers come from all backgrounds and may care for individuals with a range of conditions, including physical disabilities, dementia, mental health conditions and stroke. Carers themselves may also have their own disabilities. According to the Health Board Carers Survey in 2025, 18% of staff who are an unpaid carer have a disability of their own.

This policy outlines carers information and support both within the Health Board and in the community that staff may need, according to what's important to them.

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 to all unpaid carers, including those who have undergone, intend to undergo or are currently undergoing gender reassignment, ensuring equitable access to support regardless of gender identity.

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 supports staff who are caring for spouses or partners and reinforces existing employment protections, ensuring they are able to access appropriate support in the workplace.

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 to all unpaid carers and will benefit those who are pregnant or have recently had a baby. Staff who are pregnant or on maternity leave and also have additional caring responsibilities may experience increased pressure, this policy highlights coordinated support across policies.

The Carers Staff Survey report in 2025 says that 17% of staff in the Health Board look after or care for children and young people under the age of 18 years old. A good proportion of staff will therefore benefit from this policy.

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:

The Draft National Strategy for Unpaid Carers reported that a significant number of people do not self-identify as unpaid carers, particularly in communities where caring is viewed as a familial responsibility. This was reported to be especially common among older individuals, Black, Asian and Minority Ethnic people, and those caring for partners or children.

This policy supports staff from all racial and ethnic backgrounds by recognising that caring responsibilities are experienced across diverse communities. It promotes equitable access to support, helping to ensure that staff can balance work and caring responsibilities

regardless of their background. By encouraging self-identification and improving awareness of available support, the policy also has the potential to reduce disparities in access to support.

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 supports staff of all religions and beliefs by recognising that caring responsibilities may be influenced by cultural and faith-based values. It promotes equitable access to support, ensuring that staff can balance work and caring responsibilities in a way that respects their beliefs. By encouraging awareness and self-identification, the policy helps to ensure inclusive support across a diverse workforce.

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 supports staff of all sexes by promoting equitable access to support. As women are more likely to have caring responsibilities, it is expected to have a particularly positive impact on female staff while remaining inclusive to all.

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 supports staff of all sexual orientations by promoting equitable access to support for those with caring responsibilities. It recognises that caring relationships may include partners and family structures beyond traditional definitions, ensuring that support is inclusive and accessible to all staff.

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 supports members of the Armed Forces community and their families by recognising that caring responsibilities may be shaped by unique circumstances, such as mobility, deployment, and changes in support networks. It promotes equitable access to support, helping staff to balance work and caring responsibilities and ensuring inclusive support for this group.

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 will benefit all staff in particular staff in low income or living in areas known to exhibit poor economic indicators, by supporting them to remain in employment while managing caring responsibilities.

The Draft National Strategy for Unpaid Carers (2026) unpaid carers consistently reported financial pressures and hardship, often due to having to give up work or reduce their working hours. By supporting staff to balance work and care, this policy may help to reduce financial strain and mitigate longer-term impacts on income, career progression and pension outcomes.

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 does not impact a person's opportunity to use the Welsh language. Carer's Information is available bilingually and unpaid carers are encouraged to use 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	Beverly B Davies
	Title	Strategic Partnership and Inclusion Manager
	Contact details	Beverly.davies@wales.nhs.uk
	Date	18 June 2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Helen Sullivan
	Title	Head of Partnerships, Diversity and Inclusion
	Contact details	Helen.Sullivan@wales.nhs.uk
	Date	18 June 2026
	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer

Guidance has been provided by Diversity & Inclusion Team:	Contact details	Kylie.daniels@wales.nhs.uk
	Date	18/06/2026
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.

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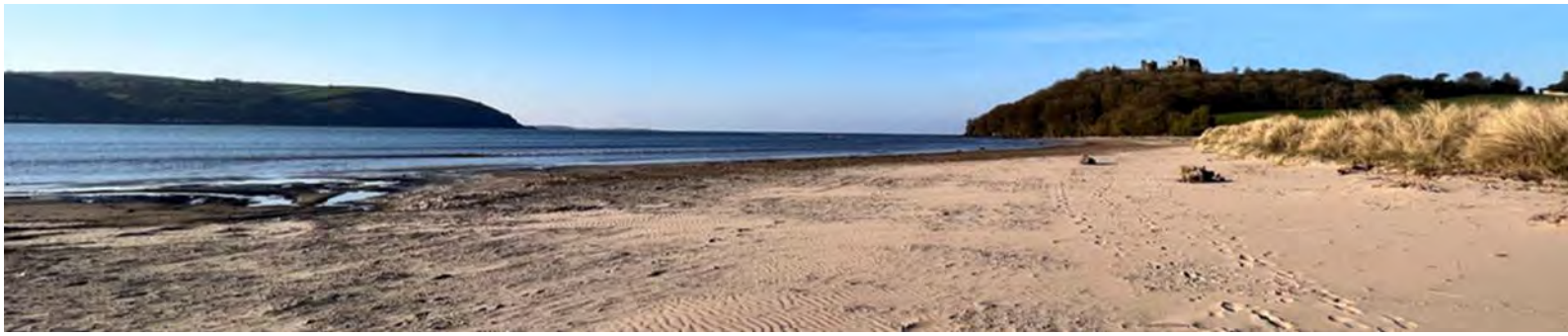
Health and Wellbeing Passport



Welcome to your Health and Wellbeing Passport

This passport forms part of Hywel Dda's commitment to staff wellbeing, inclusion, and reasonable adjustments. It complements existing HR and Occupational Health processes and supports early, proactive conversations

Your Health and Wellbeing Passport is a voluntary, staff-owned document designed to help you work at your best in a supportive and inclusive environment.

It gives you a structured way to:

- Share what helps you stay well at work
- Record agreed support and reasonable adjustments
- Avoid having to explain the same information repeatedly
- Ensure continuity of support if your role or manager changes

The Passport is:

- About support, not judgement
- Focused on what helps, not what's "wrong"
- Owned and controlled by you
- Flexible and can change over time

The Passport is not:

- A performance or capability document
- Part of sickness absence management
- A requirement to disclose medical diagnoses
- Something that replaces HR or Occupational Health processes

You don't need to complete every section of this passport; fill in the parts that feel relevant and helpful for you at work. You can write in bullet points, short phrases, or sentences, there is no "right" level of detail.

You can ask for support from a person of your choice to help you complete this passport (for example a manager, colleague, staff network, or trusted individual).

Supporting guidance for manager's and staff are available here, and further information and signposting can be found at the end of this document.

Personal details and confidentiality agreement

- The information held in this Health and Wellbeing Passport is confidential
- You own your passport
- You decide what information to include
- You agree who can see it and where it is stored
- It will not be shared without your consent

Please complete the section below to confirm that you and your manager have read, understood, and agreed to the points above.

Staff Member Name		
Preferred Name		
Staff Member Pronouns		
Staff Member Number		
Staff Member Signature		Date:
Manager's name		
Manager's Signature		Date:
Team / Department		

If my usual line manager is unavailable, I am comfortable for the following person or role to be contacted to help ensure continuity of support or agreed adjustments:

Preferred alternative contact (name or role):	
What they should know / have access to:	
Any support I would prefer not to be discussed:	

This document will be stored (e.g Staff Member's One Drive, Manager's One Drive):	
Staff Member Signature:	
Manager's Signature:	

Review

The Passport must be reviewed at agreed intervals, and additionally whenever circumstances change, including health, personal situation, job role, or working environment.

Agreed review intervals:

This is to be completed by staff member and manager after each review.

Review date	Agreed changes/ no changes	Manager's Signature	Staff Member's Signature

About my personal circumstances

You can briefly describe anything relevant to your work, such as:

- A disability or long-term condition
- Neurodivergent conditions or differences
- Mental health or wellbeing needs
- Menopause
- Caring responsibilities
- Religion or belief
- Gender reassignment
- Pregnancy or fertility treatment

You do not need to share your diagnosis if you have one. The purpose of this section is to help your manager better understand any background information that you feel may be relevant.

Please use this space to describe how your personal circumstances may affect you at work. This is about impact, not labels.

If you feel able to, you may wish to indicate whether your circumstances are

Ongoing	Fluctuating	Temporary	Expected to change over time

Wellbeing at work

Please outline how your disability, health condition, or personal circumstances impact you at work. You may wish to describe what this looks like on a good day and on a bad day. This helps your manager understand that not every day may be the same.

Good day	Bad day

Symptoms and support

Please use this space to describe any symptoms that may indicate you need support or are not well enough to remain at work and note any actions or adjustments that would help in these situations.

You may wish to include details here of who should be contacted if you become unwell at work, for example if you suffer with migraines or epilepsy and suddenly become unwell at work and may not be able to make your way home without additional support.

Environmental and Team Support Preference

Please use this space to describe any environmental needs you may have for the workplace. This could be noise levels, lighting, smells, quiet space, seating etc.

Please describe the types of support from your manager or colleagues that would help you do your best work such as regular check-ins, advance notice of change etc.

Please use this space to note what information, if any, should be shared with your team to support you at work. Agree together what will be shared and with whom.

Triggers stressors, or situations that can make work more difficult for you

Please use this space to describe anything that may create challenges for you at work.

Reasonable Adjustments and Occupational Health Adjustments

A reasonable adjustment is a change that removes or reduces the impact of a disability, enabling a staff member to do their job.

This section records adjustments that are:

- Already in place
- Newly discussed
- Agreed or not agreed

Examples of adjustments:

- Flexible start and finish times
- Adjusted workload during flare-ups
- Home or hybrid working
- Longer breaks
- Assistive technology
- Specialist equipment and devices
- Phased return after illness

If an adjustment isn't agreed straightaway, it can still be reviewed later.

Use this section to record current adjustments and any discussed, agreed, or declined changes. For agreed adjustments, include who is responsible for any actions.

(Copy and paste the boxes below to add additional adjustments.)

1.	
Agreed (yes or no) (add a reason if not agreed)	
Manager's Signature	
Staff Member Signature:	
Date:	
2.	
Agreed (yes or no)	
Manager's Signature (add a reason if not agreed)	
Staff Member Signature:	
Date:	

NB: If a reasonable adjustment of flexible working is agreed, the appropriate application for flexible working must also be completed, as directed in the Flexible Working Policy, available on the intranet. A copy of this application must be kept with the Passport and reviewed in line with the policy.

Please use this space to share any other information that may be relevant to your health and wellbeing that hasn't been covered in the previous sections. You may want to note:

- Regular medical or caring appointments
- Religious observance
- Periods when flexibility is especially helpful

Support page

- Staff Psychological Wellbeing Service
- Occupational Health
- Staff Support Networks (SSNs)
- Carers support resources
- Menopause information
- Flexible Working Policy
- Stress Risk Assessment tools
- HR or People Services

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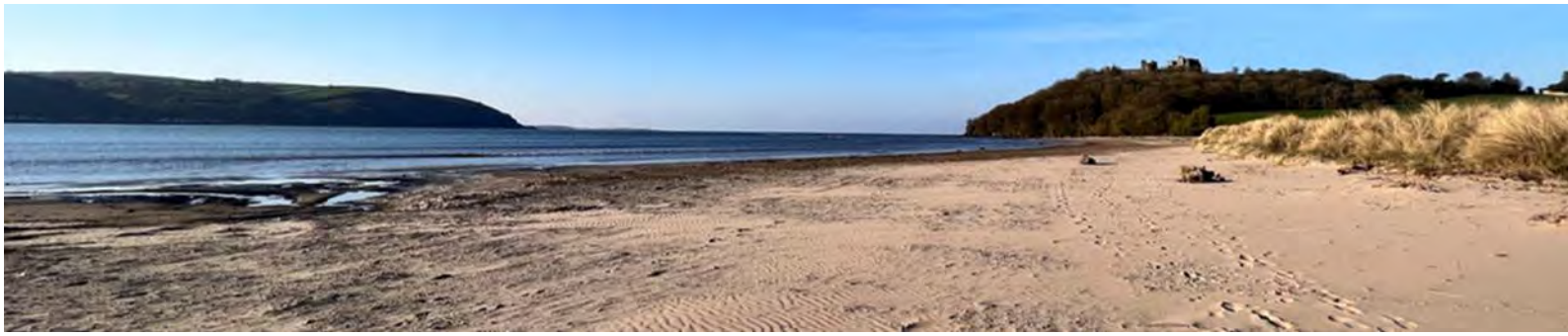
Health and Wellbeing Passport

Staff Guidance



Staff Guidance: Completing Your Health and Wellbeing Passport

Introduction

This guidance is here to support you in completing your Health and Wellbeing Passport. The passport is designed to help you share information about your health, wellbeing, and working needs in a way that supports you to perform at your best.

It is a supportive, non-judgemental tool, not an assessment, and there is no expectation to disclose anything you are not comfortable sharing.

The aim is to:

- Help your manager understand how to support you effectively
- Create open, honest conversations about wellbeing
- Identify practical and reasonable adjustments
- Support consistency, particularly if you change roles or managers

You remain fully in control of:

- What information you include
- When you share it
- Who you share it with

Top Tips Before You Start

- You only need to share what you feel comfortable sharing, this document should feel safe and supportive
- Focus on what helps you work well, not just what can be difficult
- You do not need to use medical language, simple descriptions are fine
- You can complete this gradually and revisit it over time
- Consider completing it with support from a manager, colleague, HR, or staff network if helpful
- Be realistic about what is practical within your role and service
- Remember, your needs may change, and this document can be updated at any time

About My Personal Circumstances

Purpose:
To help your manager understand any background factors that may influence your work, without needing to share private or detailed personal information.

What to include:

- Ongoing health conditions
- Neurodivergence (if you wish to share)
- Caring responsibilities
- Temporary life circumstances affecting wellbeing
- Cultural, religious, or personal considerations that impact work

Helpful prompts:

- Is there anything that regularly affects your energy, focus, or availability?
- Are there responsibilities outside work that may occasionally impact your working day?
- Are there situations where you may need flexibility or understanding?

Examples:

- “I have a long-term condition that can affect my energy levels, particularly in the morning.”
- “I have caring responsibilities which may occasionally impact my start and finish times.”
- “I experience anxiety in busy or unpredictable environments.”
- “I am currently experiencing personal circumstances that may temporarily affect my concentration.”

Impact on Work (Good Day / Bad Day)

Purpose:
To help your manager understand how your experience may vary, so they can respond appropriately and proactively.

What to consider:

- Your ability to focus, communicate, and complete tasks
- Differences in productivity or energy
- How visible (or not) these changes may be to others

Helpful prompts:

- What does a typical “good” day look like for you?
- What signs might indicate you're struggling?
- What might others notice?

Examples
Good day:

- “Able to focus, prioritise, and complete tasks independently”
- “Comfortable contributing in meetings and engaging with colleagues”
- “Able to manage workload and deadlines effectively”

Bad day:

- “Struggle with concentration and decision-making”
- “May feel overwhelmed and need clearer prioritisation”
- “May find communication more difficult or need additional time to respond”
- “May need a quieter space or additional breaks”

Symptoms and Support

Purpose:
To help your manager recognise when you may need support and what would help in that moment.

What to include:

- Early signs that you may be struggling
- What support helps prevent things from worsening
- What support is helpful vs. unhelpful

Helpful prompts:

- How might others recognise you need support?
- What helps you recover or manage symptoms?
- What should someone avoid doing?

Examples:

- “If I become overwhelmed, I may become quieter or withdrawn, a short break helps me reset.”
- “If I experience migraines, I may need reduced screen time or to work in low lighting.”
- “If my workload feels unmanageable, I benefit from someone helping me prioritise tasks.”
- “Gentle check-ins are helpful, but too many interruptions can increase stress.”

Environment and Team Support

Purpose:
To outline the working conditions and team approaches that help you thrive.

What to include:

- Preferred working environment (noise, lighting, space)
- Communication preferences
- Ways of working that help you stay organised and engaged
- Team behaviours that support your wellbeing

Helpful prompts:

- What type of environment helps you focus best?
- How do you prefer to receive information or feedback?
- What helps you feel included and supported in your team?

Examples:

- “I work best in quieter environments or with noise-reducing options.”
- “Advance notice of changes helps me feel prepared and reduces anxiety.”
- “Written follow-ups after meetings help me retain information.”
- “Regular check-ins (e.g. weekly) help me stay on track.”

Triggers or Stressors

Purpose:
To identify situations that may impact your wellbeing, so that they can be anticipated or reduced where possible.

What to include:

- Workplace triggers
- Environmental or interpersonal stressors
- Patterns or situations that increase pressure

Helpful prompts:

- Are there situations that consistently increase stress or anxiety?
- Are there changes or demands that are particularly challenging?

Examples:

- “Short notice changes to plans or expectations”
- “Periods of sustained high workload without breaks”
- “Busy, noisy environments or interruptions”

Reasonable Adjustments

Purpose:
To identify adjustments that may support you to work effectively and sustainably.

What to include:

- Practical, realistic adjustments
- Temporary or long-term needs
- Adjustments that directly relate to your role

Helpful prompts:

- What changes would make your work more manageable?
- What has helped you previously?
- What small adjustments could make a big difference?

Examples:

- Flexible start and finish times
- Hybrid or home working arrangements
- Adjusted workload during difficult periods
- Additional or structured breaks
- Changes to workspace or equipment
- Clearer task prioritisation or deadlines

Not all adjustments will be possible, but your manager will work with you to explore options that are:

- Reasonable
- Practical within your role
- Sustainable for the service

Consideration will include:

- Service and organisational needs
- Impact on team delivery
- Feasibility and proportionality

If you feel adjustments are not being implemented, you can seek support via HR, Staff Networks, or Speak Up processes.

Where to Get Further Support

You do not have to manage things alone. Additional support is available:

Internal support:

- Staff Psychological Wellbeing Service
- Occupational Health
- Staff Support Networks (SSNs)
- Carers support resources
- Menopause information
- Flexible Working Policy
- Stress Risk Assessment tools
- Organisational Development

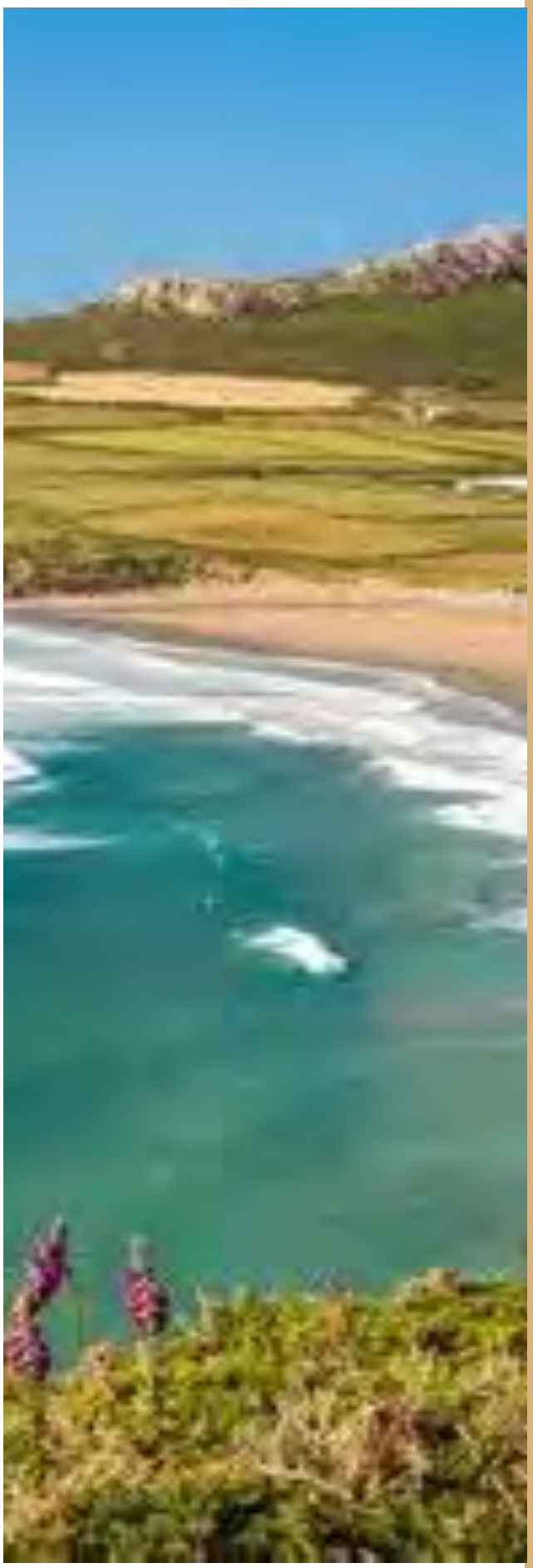
External support:

- Access to Work (practical and financial support for adjustments)
- GP or specialist healthcare services
- Mental health organisations (e.g. Mind, Samaritans)

Final Reminder

This passport is about helping you to work in a way that supports your wellbeing and success.

- It should feel supportive, not burdensome
- There is no “right” way to complete it
- You can update it at any time
- You remain in control of your information
- Sharing even small details can make a big difference to your support



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Health and Wellbeing Passport

Managers Guidance

Manager's Guidance: Supporting Staff with the Health and Wellbeing Passport

Purpose of this Guide

This guide is designed to help managers confidently support staff in completing and using the Health and Wellbeing Passport. It aims to:

- Encourage meaningful, supportive conversations about wellbeing
- Ensure consistency in how passports are completed and used
- Help managers identify practical, reasonable adjustments that enable staff to perform at their best
- Promote a proactive, preventative approach rather than reactive problem-solving

Ultimately, the passport should be a live, working document that improves employee experience, wellbeing, and productivity.

Your Role as a Manager

As a manager, you play a key role in setting the tone and ensuring the passport process is supportive and effective. You should:

- Create psychological safety so staff feel comfortable sharing information
- Focus on what individuals need to work well, not just what they struggle with
- Take a collaborative, problem-solving approach
- Balance service needs with individual needs in a fair and transparent way
- Follow through on agreed actions and ensure accountability
- Keep the passport relevant by reviewing and updating it regularly

Good practice includes being visible, approachable, and consistent, demonstrating that wellbeing is a priority rather than a one-off conversation.

Starting the Conversation

A positive start is essential for building trust. When introducing the passport:

- Arrange a private, comfortable space (virtual or in person)
- Allow sufficient uninterrupted time (avoid rushed conversations)
- Explain the purpose clearly: to support the staff member to thrive at work
- Reassure them that this is not a performance or absence management tool
- Emphasise that they are in control of what they choose to share

Example approach:
"This conversation is about understanding what helps you perform at your best and seeing if there's anything we can put in place to support you."

Managers should also be mindful that staff may feel nervous or unsure, so patience and reassurance are key.

How to Respond to Staff

Effective listening and response are critical. You should:

- Practise active listening (e.g. summarising, reflecting, asking open questions)
- Acknowledge and validate what the staff member shares
- Thank them for their openness and trust
- Focus on impact, not diagnosis (you do not need medical details)
- Avoid making assumptions or offering quick fixes

Helpful questions include:

- "What does a good day at work look like for you?"
- "What tends to make things more difficult?"
- "What has helped in the past?"

Your role is to understand and support, not to assess or challenge.

Completing the Passport Together

The passport should be completed collaboratively and meaningfully.

To ensure quality:

- Encourage staff to use their own words wherever possible
- Focus on:
    - How their wellbeing affects their work
    - Patterns (good days vs more difficult days)
    - Triggers or barriers
    - Practical strategies that help
- Avoid vague statements, aim for clear, actionable information

Managers should guide the discussion to ensure:

- Information is relevant to the workplace
- Adjustments are realistic and specific
- The content is clear enough to be used by others if needed (with consent)

Agreeing Reasonable Adjustments

Adjustments should be:

- Practical and achievable within the service
- Focused on reducing barriers and enabling performance
- Tailored to the individual
- Trialled and reviewed rather than fixed permanently

Examples include:

- Flexible working hours or patterns
- Adjusted workload or deadlines during difficult periods
- Changes to the work environment (e.g. quieter workspace)
- Additional breaks or structured check-ins
- Temporary changes during recovery or periods of stress

Managers should ensure adjustments are:

- Clearly defined
- Mutually agreed
- Documented in the passport

Implementing Adjustments

Once adjustments are agreed:

- Confirm who is responsible for each action (manager, staff member, or both)
- Set clear timelines for implementation
- Communicate any agreed changes appropriately (with consent)
- Ensure consistency in applying adjustments

Managers should:

- Monitor how well adjustments are working
- Be proactive in addressing any issues
- Avoid delays, as this can undermine trust

Implementation is just as important as agreement, unfollowed actions reduce confidence in the process.

If You Cannot Agree a Reasonable Adjustment

- Acknowledge the request and explain clearly and sensitively why it cannot be supported
- Work together to explore alternative or partial adjustments
- Consider trialling a solution where appropriate
- Seek advice from HR, Occupational Health, or Diversity and Inclusion teams if needed
- Document the request, decision, and any alternatives discussed
- Keep the conversation open and agree a follow-up discussion
- Ensure decisions are fair, consistent, and non-discriminatory

Confidentiality

The passport belongs to the staff member. Managers must:

- Respect that staff control what is recorded and shared
- Agree what information can be shared, with whom, and why
- Store information securely in line with organisational policy

Be clear that:

- Information will not be shared without consent (unless there is a serious risk)
- Only relevant information should be shared when necessary

Building trust here is essential, poor handling of confidentiality can discourage future engagement.

Review and Ongoing Support

The passport should be regularly reviewed to keep it relevant. Reviews should:

- Take place at agreed intervals (e.g. every 3–6 months) or sooner if needed
- Consider what is working well and what may need to change
- Reflect any changes in role, health, or personal circumstances

Managers should:

- Encourage staff to request reviews proactively
- Treat the passport as a flexible tool, not a static document
- Use reviews as an opportunity to strengthen support and engagement

Signposting Support

Signposting should be:

- Timely and appropriate
- Clearly explained (what the service offers and how to access it)

Managers should be confident in directing staff to available support, including:

Internal support:

- Staff Psychological Wellbeing Service
- Occupational Health
- Staff Support Networks (SSNs)
- Carers' support
- Stress management tools and resources
- Flexible working policies

External support:

- Access to Work
- Other relevant community or national services

Additional Support

If needs are more complex or adjustments are not sufficient:

- Seek advice from Occupational Health or HR
- Consider formal assessments or referrals where appropriate
- Ensure the staff member is informed and involved throughout

Managers should not feel they need to manage complex situations alone, seeking support is good practice.

Building a Supportive Team Culture

Beyond individual passports, managers should:

- Normalise conversations about wellbeing in team settings
- Encourage regular check-ins as part of routine management
- Promote awareness of available support services
- Lead by example in demonstrating healthy working practices

A supportive culture helps reduce stigma and encourages earlier conversations, making interventions more effective.

Key Principles

- Staff-led: The individual guides what is shared and what support is helpful
- Supportive: Focus on enabling success, not highlighting problems
- Flexible: Adapt to changing needs and circumstances
- Trust-based: Build openness through confidentiality and follow-through
- Practical: Focus on clear, realistic actions that make a difference

Guidance for Staff: Single-Sex Services and Facilities

Guideline information

Guideline number: 1506
Classification: Employment
Supersedes: new guidance
Version number: 1
Date of Equality Impact Assessment: *10/06/2026*

Approval information

Approved by: PODCC
Date of approval
Date made active
Review date

Summary of document:
This guidance provides an overview of the principles of providing single-sex services, managing single sex spaces, supporting service users and colleagues, and handling sensitive situations.

Scope:
This guidance applies on an organisation-wide basis, to all staff, at all levels, where there are single-sex services and facilities. The guidance also applies to patients and visitors, in relation to the provision of single sex services and facilities.

To be read in conjunction with:
312 – Chaperone Policy (opens in new tab)
350 - Supporting Transgender Staff Policy (opens in new tab) currently under review
WP5 – All Wales Respect and Resolution Policy (opens in new tab)
Listening to People (2026) Regulations (opens in new tab)
CG138 NICE Guidance Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (opens in new tab)

Owning group: Diversity and Inclusion Team
Executive Director job title: Lisa Gostling Director of Workforce and OD/Deputy CEO

Reviews and updates:
1. New policy

Keywords
Transgender/trans, Single-sex

Glossary of terms

Unisex/universal *facilities* - the term used in this guidance when referring to toilets and/or changing rooms, which must be single occupancy, self-contained units with a lockable door.
Unisex/universal *services* - services that can be used by all, such as mixed-sex wards or individual side rooms occupied by one person only.
Single-sex services - the provision of services (and facilities such as toilets and changing rooms) which are separate services for persons of each sex or for one sex only (e.g. a service for women only or male only toilets).

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Scope

This guidance applies on an organisation-wide basis, to all staff, at all levels, where there are single-sex services and facilities. The guidance also applies to patients and visitors, in relation to the provision of single sex services and facilities.

Aim

The aim of this document is to:

- Provide an overview of the principles of providing single-sex services, managing single sex spaces, supporting service users and colleagues, and handling sensitive situations.
- The information within this guidance summarises the Health Board's responsibilities under the Equality Act 2010, following the Supreme Court judgement in *For Women Scotland v Scottish Ministers* [2025] UKSC 16 and changes made to the Equality and Human Rights Commission Code of Practice for services, public functions and associations.

Objectives

The aim of this document will be achieved by the following objectives:

- Detailing what services/facilities the Health Board must provide
- How the services/facilities will be used
- How the Health Board will handle sensitive situations
- Provide guidance for managers/staff to provide the services

Key Principles

Sex, as a protected characteristic within the Equality Act 2010 means biological sex

The Supreme Court has confirmed that references to "man" and "woman" and "sex" in the Equality Act 2010 refer to biological sex, even if a person has a gender recognition certificate and their legal gender is different to their biological sex (under the Gender Recognition Act 2004).

This means that single-sex services must be provided based on biological sex.

Trans people are protected from discrimination

Under the Equality Act, anyone undergoing, intending to undergo, or who has undergone gender reassignment is protected from direct and indirect discrimination.

It is important to note that disclosing information about a person's gender history and trans status, without their consent, can be a criminal offence, particularly if the disclosure is made by someone in an official capacity.

Gender expression

Gender cannot be defined by how someone looks, dresses or whether they conform to societal stereotypes.

Single sex services can be lawful

The Health Board may lawfully provide single sex services, where this is:

- a proportionate means of achieving a legitimate aim (e.g. privacy, dignity, safety, religious/cultural needs)
- or where required by law (e.g. certain workplace facilities such as toilets)

No one should be left without access to services/facilities

When providing single-sex services, it is important to ensure that everyone is treated with dignity and respect and has access to suitable services and facilities. A trans person must not be left without a safe and dignified service/facility to use.

Providing unisex/universal or single occupancy services/facilities (including accessible toilets that have been assigned as 'accessible to all') can meet this requirement.

What Services/Facilities must the Health Board provide?

For the public (patients and visitors):

The Health Board may provide:

- male and female single sex services
- unisex/universal services
- unisex/universal, single occupancy, lockable facilities

The law does not require every area to have male, female and unisex/universal services and facilities, but provision must be proportionate and non-discriminatory.

For staff (Workplace (Health, Safety and Welfare) Regulations 1992):

Workplaces must provide either:

- Separate male and female toilets, or
- Fully enclosed unisex/universal toilets (one person, lockable)

Changing rooms used for undressing must normally be single sex, unless they are single occupancy and lockable, where they would be considered unisex/universal.

Reasonable adjustments

Often the solution is:

- Changing signage on existing accessible toilets to ("Accessible to all")
- Designating one self-contained lockable room as a unisex/universal changing room

These options are considered legally acceptable.

Use of Services/Facilities

General approach

Patients and staff are required to use single-sex services based on their biological sex. However, everyone should be treated with dignity and respect at all times so Trans people should not be compelled to use services/facilities matching their biological sex, as this is likely to be discriminatory. Therefore, a safe, proportionate alternative service/facility, such as a unisex/universal option should be provided.

A typical arrangement might be that single-sex services remain as they are, and an additional unisex/universal option is provided (e.g. a toilet that is a single occupancy, self-contained unit with a

lockable door or a side room on a ward that is used by one person only). This enables trans individuals to choose to use the unisex/universal service/facility or the single-sex service of their biological sex.

When could exclusion from a single sex space be lawful?

Exclusion is only lawful where:

- the service is legitimately single sex, and
- exclusion is a proportionate means of achieving a legitimate aim, e.g.:
    - intimate care
    - undressing
    - religious/cultural needs
    - vulnerability of service users
    - potential alarm/distress to others

An alternative service or facility must always be made available for the trans person. There cannot be a situation where someone who is trans has no alternative provision to use, as this would result in them being excluded from a service or facility and would be considered indirect discrimination.

Handling sensitive situations

If a patient refuses care from a trans staff member

As set out in the 312 – Chaperone Policy (opens in new tab),"all clinical interventions (consultations, examinations, investigations, inspection, photography etc.) are potentially distressing to the patient or person undergoing them. Interventions involving the rectum, genitalia or breasts are particularly intrusive and collectively referred to as "intimate examination". As such, these can cause anxiety with patients and need to be practised in a sensitive manner.

Gender cannot be defined by how someone looks, dresses or whether they conform to societal stereotypes but due to individual beliefs, views, religion, culture and experiences, there may be occasions where a patient refuses care or expresses a preference for the healthcare professional performing the procedure. Wherever practical, these requests should be considered and supported."

Examples of situations and responses:

- Non-intimate care (e.g. taking blood pressure, triage, observations)

  → refusal is unlikely to be reasonable.

- Intimate or personal care (e.g. breast examination, genital exam)

  → patient preferences may be reasonable. Seek to accommodate the request without "outing" staff. A neutral explanation should be used e.g.: "We'll arrange an alternative clinician for you." Do not confirm or imply a staff member's trans status as this would result in a breach of confidentiality.

In situations where patients are refusing to be cared for by a trans staff member it is important to check on the well-being of the member of staff and provide support if needed. Having a patient refuse for them to provide care and/or perform a procedure can cause upset and distress.

If a patient objects to a trans patient being accommodated in a single-sex service e.g. single-sex ward, maternity department or breast screening service

Whilst it is hoped that these circumstances will be rare, it is important to consider what action could be taken. Possible approaches could include:

- Offering alternative appointment times
- Offering additional privacy
- Arranging a single-occupancy side room if needed and available

At all times, concerns should be managed sensitively. Both individuals' rights must be balanced; neither protected characteristic group's rights automatically override the other.

Do not confirm or imply a patient's trans status as this would result in a breach of confidentiality.

Complaints by patients, visitors or staff about the use of single-sex services

If a concern is raised:

- Gather information from all parties sensitively.
- Check whether single sex use is legally required in that context (e.g. that the provision of the service on a single-sex basis is a proportionate means of achieving a legitimate aim).
- Seek to provide access to an alternative facility if appropriate (e.g. unisex/universal facility, private/individual room), ensuring the dignity, safety and privacy of both parties.

If either/both parties remain unsatisfied and no reasonable solution can be reached, escalate concerns to the manager and:

a) If the concern has been raised by a patient/visitor: follow the Health Board complaints procedure, Listening to People (2026) Regulations (opens in new tab).
b) If the complaint is about the use of single-sex services by staff, seek advice from the Health Board's HR department and, if needed, follow the WP5 – All Wales Respect and Resolution Policy (opens in new tab).

Guiding Principles

Managers/Staff Providing Services must ensure:

- They are clear about the options which are available within their ward or service setting i.e. single sex services, unisex/universal services and unisex/universal single occupancy services.
- Clear signage of the facility options
- Make decisions that are evidence based, proportionate, and recorded
- Staff, patients and visitors are treated with dignity and respect
- Staff, patients and visitors are not indirectly or directly discriminated against, as a result of their protected characteristic (e.g. Sex, Gender Reassignment)
- If situations are unclear, they use usual escalation processes for their ward, service setting or department (including for situations that arise out of hours) and seek advice from HR and Equality, Diversity and Inclusion colleagues, as and when necessary
- Local solutions are developed in situations where buildings are older or have limited space

Where space is limited:

- Repurposing an existing accessible toilet as a unisex/universal toilet would usually be considered lawful and proportionate
- Full redesign or building works are not normally required

Non Binary Individuals

Non binary is an umbrella term used for people whose gender identity doesn't sit comfortably with "man" or "woman". Those who are non-binary are not currently recognised as a protected group under the Equality Act 2010. However:

- They must still be treated with dignity
- Unisex/universal, single occupancy facilities remain the appropriate option

Summary of Key Points

✅ Treat all service users and colleagues with dignity and respect and maintain confidentiality at all times

✅ Provide a unisex/universal option wherever possible

✅ Single sex provision is lawful where justified

❌ Do not make assumptions about anyone's sex or gender identity

❌ Do not "police" toilets or changing rooms

❌ Do not force trans people to use services/facilities matching their biological sex

❌ Do not "out" anyone as trans

References

Equality and Human Rights Commission (opens in new tab)
Code of Practice for services, public functions and associations, Equality and Human Rights Commission (opens in new tab)
Equality Act 2010 (opens in new tab)
Supreme Court judgement in *For Women Scotland v Scottish Ministers* [2025] UKSC 16 (opens in new tab)
Gender Recognition Act 2004 (opens in new tab)
Workplace (Health, Safety and Welfare) Regulations 1992 (opens in new tab)

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Director and Directorate	Lisa Gostling, Director of Workforce and Organisational Development
Service Area	Whole Health Board

What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the Equality Act 2010 with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

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.

Support
For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

1.	**What are you Equality Impact assessing?**	Guidance for staff: Single-sex Services and Facilities
2.	**Brief Aims and Description of the procedure/ proposal/ project/ policy:**	This guidance provides practical instructions for staff on providing single-sex services, managing single-sex spaces, supporting service users and colleagues, and handling sensitive situations. The information within this guidance summarises the Health Board's responsibilities under the Equality Act 2010, and the Supreme Court judgement in *For Women Scotland v Scottish Ministers* [2025] UKSC 16. The guidance is inclusive of all additional protected characteristics and is designed to have a positive impact on those to whom it applies.. This guidance outlines how trans employees, patients and visitors should be supported and treated in a dignified, non-discriminatory way.
3.	**Who is involved in undertaking this EqIA? (names/job titles)**	Helen Sullivan Head of Partnerships Diversity and Inclusion
4.	**Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?**	A recent Supreme Court ruling has clarified aspects of how "sex" and/or related protections are interpreted in law. This may affect how policies are applied in practice, particularly where they relate to single-sex spaces, legal definitions, and balancing rights across protected groups. This EqIA considers the potential impacts of that clarification on staff, patients and visitors with the protected characteristic of gender reassignment, alongside other groups. 312 – Chaperone Policy (opens in new tab)

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

		350 - Supporting Transgender Staff Policy (opens in new tab) currently under review WP5 – All Wales Respect and Resolution Policy (opens in new tab) Listening to People (2026) Regulations (opens in new tab)
5.	**Is this a new EqIA or an updated EqIA?**	New ☒ Updated ☐ Date of original or last version of the EqIA: Please give details / explain any amendments.
6.	**Who will be affected by the procedure/ proposal/ project/ policy development?** (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	This guidance applies to all staff, including those currently employed, potential employees, locums, staff on honorary contracts, students, volunteers, patients and visitors.
7.	**What might help/hinder the success of the procedure/ proposal/ project/ policy?**	• Managers applying different interpretations • Increased HR casework and complaints • Legal risk if application of this guidance is not aligned with current law

Section 2: Human Rights

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.		
Consider, is the procedure/ proposal/ project/ policy relevant to:	Yes	No
Article 2: The right to life. **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.	✓	
Article 3: The right not to be tortured or treated in an inhuman or degrading way. **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5: The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓
Article 6: The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence		✓
Article 8: The right to respect for private and family life, home and correspondence. **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11: The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

Section 3: Gathering of Evidence and Assessment of Potential Impact

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?	**Positive**	
	Negative	
	No Impact	✓

Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Population data** Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by age.
Insert breakdown of staff age in the specific service/ area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the age of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	  General Workforce data as at 31st March 2025	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact**	**Opportunities for improvement / mitigation** • Ensure that training and guidance are accessible and tailored to different learning needs, including practical, scenario-based guidance for managers and staff. Support will be made available to all staff to improve understanding and ensure consistent and respectful application of the guidance.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Provide a brief summary of the positive impacts you have identified.	**N/A**
If you have determined no impact, please provide a brief explanation.	**No Impact** The guidance is not expected to directly disadvantage any particular age group; however, it is important to recognise that staff of different ages may experience or respond to the guidance differently. Younger staff may have greater familiarity with gender identity inclusion, whereas some older staff may feel less confident in understanding the guidance or legal context, particularly in relation to facilities and terminology.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.	**Positive**	
	Negative	✓
	No Impact	

Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.)

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

Population data

Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients who have a disability.

General population data

	Carms	Cere	Pembs	Total
Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	40463
Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499
Total with a disability	43152	15637	27173	85,963
Total population	187,895	71,474	123,366	382,735
Percentage of population with a disability	23%	22%	22%	22%

Insert breakdown of staff with a disability who may be affected by your specific service/area of work.

If no information is available, please state that here including how you plan to address any

Staff data

The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation who have a disability is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

General Workforce data as at 31st March 2025

<table>
<tr><td>identified data gaps in the future.</td><td colspan="2">
<table>
<tr><th></th><th>Headcount</th><th>%</th></tr>
<tr><td>Disabled</td><td>718</td><td>5.37%</td></tr>
<tr><td>Not Disabled</td><td>11,127</td><td>83.28%</td></tr>
<tr><td>Prefer Not to Say</td><td>53</td><td>0.40%</td></tr>
<tr><td>Not Recorded on ESR</td><td>1,463</td><td>10.95%</td></tr>
<tr><td>Total</td><td>13,361</td><td>100%</td></tr>
</table>
</td></tr>
<tr><td>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</td><td>Negative Impact
Disabled staff, patients and visitors, including those with physical disabilities, sensory impairments, or mental health conditions, may be disproportionately affected by changes to facilities or expectations arising from this guidance as some disabled facilities may need to be changed to make them gender neutral and accessible to all.
Disabled trans staff may rely more heavily on specific facilities, changes to provision may cause increased distress or practical barriers.</td><td>Opportunities for improvement / mitigation
The Health Board will ensure that accessible facilities remain available for those who need them.
Individual needs will be addressed through reasonable adjustments, supported by the Health and Wellbeing Passport and, where appropriate, Occupational Health input.</td></tr>
<tr><td>Provide a brief summary of the positive impacts you have identified.</td><td colspan="2">N/A</td></tr>
<tr><td>If you have determined no impact, please provide a brief explanation.</td><td colspan="2">No Impact</td></tr>
</table>

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.	**Positive**	✓
	Negative	✓
	No Impact	

Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Population data** Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication.
Insert breakdown of staff gender reassignment information affected by your specific service/area of work. If no information is available, please state that here including how you	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

plan to address any identified data gaps in the future.		
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** • There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff, patients and visitors. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff and patients with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff and patient experience. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff and visitors may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment.	**Opportunities for improvement / mitigation** • Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff, patients and visitors can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The guidance confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The guidance reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The guidance clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements.

	• Staff may misinterpret recent legal developments as permission to challenge or exclude colleagues inappropriately. • These factors may contribute to reduced wellbeing, potential disengagement, and increased turnover among trans staff, as well as reputational risk for the organisation •	
Provide a summary of the positive impacts you have identified.	**Positive Impact** • Clearer legal framework may support more consistent decision-making were applied well • This guidance sets out how trans staff, patients and visitors should be supported in a consistent, inclusive and dignified manner. • The guidance highlights that it is a criminal offence to disclose information about a person's gender history, where this has been obtained in an official capacity, without their consent.	
If you have determined no impact, please provide a brief explanation.	**No Impact**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	**No Impact** No direct impact has been identified in relation to marriage and civil partnership, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this policy.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity **Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.**	**Positive**	
	Negative	
	No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct adverse impact has been identified; however, staff who are pregnant or returning from maternity leave may experience uncertainty regarding changes to workplace facilities or expectations. Clear communication will be provided to staff returning from leave, and where concerns arise regarding privacy or facilities, appropriate arrangements will be discussed and implemented to ensure dignity and wellbeing are maintained.	

How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.	**Positive**	
	Negative	✓
	No Impact	

If data is available insert a breakdown of Race / Ethnicity or Nationality of those that are affected.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

Population data

Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by race/ethnicity or nationality.

General population data

County	Carms		Cere		Pembs		Total	
Ethnicity	Value	%	Value	%	Value	%	Value	%
Total: All usual residents	187,898	100	71,473	100	123,359	100	382,730	100
Asian, Asian British or Asian Welsh	2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2
Black, Black British, Black	455	0.2	366	0.5	244	0.2	1,065	0.3

	Welsh, Caribbean or African								
	Mixed or Multiple ethnic groups	1,756	0.9	867	1.2	1,162	0.9	3,785	1
	White	182,652	97.2	68,776	96.2	120,375	97.6	371,803	97
	Gypsy or Traveller	450	0.2	55	0.08	585	0.5	1,090	0.3
	Another ethnic group	714	0.4	368	0.5	419	0.3	1,501	0.4

Insert breakdown of the Race/Ethnicity or Nationality of the staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	**Staff data** The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their race/ethnicity or nationality is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations. General Workforce data as at 31st March 2025

	Headcount	%
Asian or Asian British	735	5.50%
Black or Black British	185	1.38%
Mixed	119	0.89%
White	11,425	85.52%
Any Other Ethnic Group	210	1.57%
Not Recorded on ESR	687	5.14%
Total	**13,361**	**100%**

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation	**Negative Impact** • Staff from different cultural or ethnic backgrounds may have differing perspectives on gender identity, which may influence understanding of, or response to, the guidance. • Staff who are both trans and from ethnic minority backgrounds may experience compounded discrimination and barriers. •	**Opportunities for improvement / mitigation** • The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups. • The guidance will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback.

actions align with the relevant negative impact.		• Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.
Provide a brief summary of the positive impacts you have identified.	**N/A**	
If you have determined no impact, please provide a brief explanation.	**No Impact**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.	**Positive**	
	Negative	✓
	No Impact	

If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

Population data

Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by religion, belief or non belief.

General Population Data

County	Carms		Cere		Pembs		Total	
Religion	Value	%	Value	%	Value	%	Value	%
Total: All usual residents	187,899	100	71,476	100	123,363	100	382,738	100
No religion	83,409	44.4	30,749	43	52,998	43	167,1560	43.5
Christian	89,378	47.6	33,409	46.7	60,174	48.8	182,961	47.7
Buddhist	557	0.3	378	0.5	462	0.4	1,397	0.4
Hindu	419	0.2	158	0.2	161	0.1	738	0.2
Jewish	103	0.1	75	0.1	58	0	236	0.1
Muslim	1,026	0.5	515	0.7	587	0.5	2,128	0.6
Sikh	177	0.1	35	0	32	0	244	0.0
Other religion	1,127	0.6	677	0.9	746	0.6	2,550	0.7
Not answered	11,703	6.2	5,480	7.7	8,145	6.6	25,328	6.8

Insert breakdown of Religion or Belief (or non-belief) of staff affected by your

Staff data

The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their religion or belief (or non-belief) is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

<table>
<tr><td>specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.</td><td colspan="2">
<table>
<tr><th></th><th>Headcount</th><th>%</th></tr>
<tr><td>Atheism</td><td>2,324</td><td>17.39%</td></tr>
<tr><td>Buddhism</td><td>82</td><td>0.61%</td></tr>
<tr><td>Christianity</td><td>5,694</td><td>42.62%</td></tr>
<tr><td>Hinduism</td><td>135</td><td>1.01%</td></tr>
<tr><td>Islam</td><td>190</td><td>1.42%</td></tr>
<tr><td>Jainism</td><td>3</td><td>0.02%</td></tr>
<tr><td>Judaism</td><td>8</td><td>0.06%</td></tr>
<tr><td>Sikhism</td><td>7</td><td>0.05%</td></tr>
<tr><td>Other</td><td>1,415</td><td>10.59%</td></tr>
<tr><td>I Do Not Wish to Disclose my Religion/Belief</td><td>2,464</td><td>18.45%</td></tr>
<tr><td>Not Recorded on ESR</td><td>1,039</td><td>7.78%</td></tr>
<tr><td>Total</td><td>13,361</td><td>100%</td></tr>
</table>

General Workforce data as at 31st March 2025.</td></tr>
<tr><td>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</td><td>Negative Impact
Some staff and patients may hold strong views about sex and gender, increasing the risk of conflict
Risk of sharing facilities with members of the opposite sex</td><td>Opportunities for improvement / mitigation
Ensure that all staff, patients and visitors can access facilities in a way that maintains dignity, safety, and respect
Decisions will be made on a case-by-case basis, ensuring that any actions are lawful, proportionate, and do not result in discrimination or harassment.
Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.</td></tr>
<tr><td>Provide a brief summary of the positive impacts you have identified.</td><td colspan="2">N/A</td></tr>
</table>

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	**No Impact**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	**Positive**	✓
	Negative	✓
	No Impact	

If data is available insert a breakdown of the Sex of those affected. This data can be recorded in table or free text format.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

General Population data

County	Carms		Cere		Pembs		Total	
Gender	Value	%	Value	%	Value	%	Value	%
All persons	187,897	100	71,475	100	123,360	100	382,732	100.0
Male	91,685	48.8	34,963	48.9	60,071	48.7	186,719	48.8
Female	96,212	51.2	36,512	51.1	63,289	51.3	196,013	51.2

Insert breakdown of the Sex of staff affected by your specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

Staff data

The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and will be included in the female/male data if they have selected their sex when asked the question, based on their gender identity. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

	Headcount	%
Female	10,573	79.13%
Male	2,788	20.87%
Total	**13,361**	**100%**

General Workforce data as at 31st March 2025.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** • The guidance may have differing impacts based on sex, particularly in relation to access to single-sex facilities. • Some staff, patients and visitors may have concerns regarding privacy, dignity, or safety when sharing facilities. • Risk of sharing facilities with members of the opposite sex	**Opportunities for improvement / mitigation** • Decisions regarding facilities will be made on a case-by-case basis, balancing the rights of all individuals. • Wherever possible, alternative options such as single-occupancy or unisex facilities will be made available to support the dignity, privacy, and safety of all staff, patients and visitors. • Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.
Provide a summary of the positive impacts you have identified.	**Positive Impact** • Some staff and patients may feel reassured by clearer definitions linked to single-sex provision	
If you have determined no impact, please provide a brief explanation.	**No Impact**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.	Positive	✓
	Negative	✓
	No Impact	

If data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

Population data

Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by sexual orientation.

General population data

	County							
	Carms		Ceredigion		Pembs		Totals	
Sexual Orientation	Value	%	Value	%	Value	%	Value	%
Total: All usual residents aged 16 years and over	155,485	100	61,390	100	102,550	100	319,425	100.0
Straight or Heterosexual	139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1
Gay or Lesbian	1,845	1.2	941	1.5	1,093	1.1	3,879	1.3
Bisexual	1,500	1.0	1,617	2.6	1,050	1	4,167	1.5
Pansexual	120	0.1	150	0.2	80	0.1	350	0.2
Asexual	79	0.1	140	0.2	52	0.1	271	0.1
Queer	23	0.0	49	0.1	12	0	84	0.0
All other sexual orientations	100	0.1	90	0.1	75	0.1	265	0.1

Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work.

Staff data

The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

<table>
<tr><td>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</td><td colspan="2">
<table>
<tr><th></th><th>Headcount</th><th>%</th></tr>
<tr><td>Bisexual</td><td>153</td><td>1.15%</td></tr>
<tr><td>Gay or Lesbian</td><td>195</td><td>1.46%</td></tr>
<tr><td>Heterosexual or Straight</td><td>10,585</td><td>79.22%</td></tr>
<tr><td>Not Stated – Person Asked but Declined to Provide a Response</td><td>1,358</td><td>10.16%</td></tr>
<tr><td>Not Recorded on ESR</td><td>1,025</td><td>7.67%</td></tr>
<tr><td>Other Sexual Orientation Not Listed</td><td>28</td><td>0.21%</td></tr>
<tr><td>Undecided</td><td>17</td><td>0.13%</td></tr>
<tr><td>Total</td><td>13,361</td><td>100%</td></tr>
</table>

General Workforce data as at 31st March 2025.
</td></tr>
<tr><td>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</td><td>Negative Impact
It is recognised that there may be differing views within the LGBTQ+ community, which could lead to tension in some cases.</td><td>Opportunities for improvement / mitigation
The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups.
The guidance will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback.
The guidance confirms that no member of staff, patients or visitors will be left without access to safe and appropriate facilities.
Enfys staff network will continue to provide peer support to all members and allow for continuous engagement with trans staff to understand lived experience and inform ongoing improvements and foster good relations between those who share a protected characteristic and those who do not.</td></tr>
<tr><td>Provide a summary of the positive impacts you have identified.</td><td colspan="2">Positive Impact
The guidance is expected to have a positive impact on LGBTQ+ staff by reinforcing an inclusive and respectful workplace</td></tr>
</table>

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	**No Impact**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider 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**	
	Negative	
	No Impact	✓
If you have determined no impact, please provide a brief explanation.	**No Impact** No direct impact has been identified in relation to armed forces, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this guidance**.**	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Socio-economic Deprivation 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 resource please see: **https://gov.wales/more-equal-wales-socio-economic-duty**	**Positive**	
	Negative	
	No Impact	✓

If you have determined no impact, please provide a brief explanation.	**No Impact** No direct impact has been identified in relation to socio-economic status, and individuals from different socio-economic backgrounds are not expected to be affected differently from other staff as a result of this guidance.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	**Positive**	
	Negative	
	No Impact	✓
If you have determined no impact, please provide a brief explanation.	**No Impact** The opportunity for staff to use the Welsh language will remain the same as a result of this guidance.	

Additional considerations
In addition to the above protected characteristics please consider impact on the following: • **Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)** • **Unpaid Carers** • **Individuals and communities who experience Digital Exclusion** • **Rural and Urban communities**
No direct impact has been identified for vulnerable groups. However, it is recognised that individuals from these groups may be more likely to experience marginalisation or barriers within the workplace more broadly, and where this intersects with gender identity, there may be an increased risk of exclusion or discrimination. The Health Board will ensure that all staff, patients and visitors are treated with dignity and respect, and that any concerns are addressed through appropriate support mechanisms.
Intersectionality
It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges. **Example:** The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqIA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

The Health Board recognises that individuals may experience the impact of this policy differently where they have more than one protected characteristic. For example:

- a trans person with a disability may be more reliant on specific facilities
- a trans person from an ethnic minority background may experience compounded discrimination
- staff and patients with strong religious beliefs may experience tension in relation to facilities use.

These overlapping factors have been considered, and a flexible, case-by-case approach will be taken to ensure that all staff, patients and visitors are treated with dignity and respect. Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: an **opportunity/impact score and a likelihood score.** The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores with automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Opportunity/impact Score x Likelihood Score = Total Score)

OPPORTUNITY AND IMPACT			
IMPACT	**SCORE**		**The proposed change is anticipated to lead to the following level of opportunity and/or impact:**
Positive	**5**	Excellence	(Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence.
	4	Major	(Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements.
	3	Moderate	(Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements.
	2	Minor	(Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities.
	1	Negligible	(Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities
Neutral	**0**	Neutral	(Neutral): No effect, either positive or negative.
Negative	**-1**	Negligible	(Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery
	-2	Minor	(Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery.
	-3	Moderate	(Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery.
	-4	Major	(Major): Major negative impact, major injury potential, and major negative impacts on service delivery.
	-5	Catastrophic	(Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

LIKELIHOOD		
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur
3	Possible	Expected to occur at least monthly. Reasonable chance of occuring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More than likely to occur.

LIKELIHOOD	OPPORTUNITY						IMPACT				
	5	**4**	**3**	**2**	**1**	**0**	**-1**	**-2**	**-3**	**-4**	**-5**
5	25	20	15	10	5	0	-5	-10	-15	-20	-25
4	20	16	12	8	4	0	-4	-8	-12	-16	-20
3	15	12	9	6	3	0	-3	-6	-9	-12	-15
2	10	8	6	4	2	0	-2	-4	-6	-8	-10
1	5	4	3	2	1	0	-1	-2	-3	-4	-5

CATEGORY			
	Excellent opportunity		Extreme risk
	Good opportunity		High risk
	Moderate opportunity		Moderate risk
	Minor opportunity		Low risk

- **To access the scoring table below you will need to double click on the table to open an editable version.**
- **To close the scoring table, you need to click to the side of the table.**
- **The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Area					Opportunity* / Impact Rating**	*IIA Matrix		
Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative	Positive impact	Neutral impact	Negative impact	Unknown		Opportunity/Impact	Likelihood	Total Score
Age			X		* positive rating			0
					** negative rating	-1	1	-1
Disability			X		* positive rating			0
					** negative rating	-2	3	-6
Gender Reassignment	X		X		* positive rating	1	3	3
					** negative rating	-1	3	-3
Marriage and Civil Partnership					* positive rating			0
					** negative rating			0
Pregnancy and Maternity					* positive rating			0
					** negative rating			0
Race/Ethnicity or Nationality			X		* positive rating			0
					** negative rating	-1	2	-2
Religion or Belief			X		* Positive rating			0
					** negative rating	-1	2	-2
Sex	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Sexual Orientation	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Armed Forces					* positive rating			0
					** negative rating			0
Socio-economic Deprivation					* positive rating			0
					** negative rating			0
Welsh Language					* positive rating			0
					** negative rating			0

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 5: Outcome and Actions
This section should be used to detail and monitor any actions identified in sections 1-4.

Will the procedure/ proposal/ project/ policy be adopted? **If no, please give reasons and any alternative action(s) agreed.**	Yes
If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.	

	Actions • Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. • Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments/ Update**
1.	**What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?** Complaints, respect and resolutions, trans staff retention and recruitment.	Eiddan Harries	10/12/2026		Check 6 monthly
2.	Review guidance for any updates that may be needed once EHRC guidance has been approved by government	Eiddan Harries	10/6/2027		Update if EHRC guidance approved earlier
3.	This EqIA action plan to be regularly reviewed to ensure all actions are relevant and have been undertaken.	Eiddan Harries	10/6/2027		
4.	Facilitate Trans Awareness Training for staff.	Eiddan harries	10/6/2027		Earlier if any complaints received

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 6: Authorisation

Ensure that the details for the person completing, as well as the person authorising/owning the EqIA are included (ideally these should not be the same person). A member of the Diversity and Inclusion team will add their information to the final section, to show that the Diversity and Inclusion team have had sight of the EqIA and if required provided guidance.

EqIA Completed by:	**Name/s**	Helen Sullivan
	Title	Head of Partnerships Diversity and Inclusion
	Team / Division	Business, Partnership & Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	10/6/2026
EqIA Authorised by/Owned by: • **Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy** • **Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5**	**Name**	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Team / Division	Business Partnerships and Inclusion
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	11/06/2026
Guidance has been provided by Diversity & Inclusion Team: (to be completed by Diversity and Inclusion team only)	**Name**	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Team	Business Partnerships and Inclusion
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	11/06/2026
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.

Cymru Iach ar Waith
Healthy Working Wales

Breastfeeding in the workplace

Toolkit

August 2026

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

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Acknowledgements

This toolkit has been developed collaboratively with a number of partners. We are grateful to all organisations who have supported the creation of this document.

Commented [RE1]: Logos to be adjusted at design stage

Hywel Dda Ref: 1512 June 2026

Why breastfeeding in the workplace matters: Information for organisations

This toolkit is designed to support employers across Wales in creating inclusive, family-friendly working environments that enable employees to continue breastfeeding when they return to work. Its purpose is to support current guidance and local policy and not replace them.

This toolkit provides workplaces with a charter along with clear, practical guidance on legal responsibilities, workplace policies and best practice, helping organisations understand the needs of breastfeeding parents. In turn the workplace can implement simple, effective measures such as flexible working, appropriate facilities and supportive management approaches. Supporting employees to continue breastfeeding offers significant benefits to workplaces:

- **Retaining employees** – staff are more likely to stay, reducing recruitment and training costs.
- **Boosting reputation** – creating a breastfeeding-friendly environment strengthens your organisation's reputation for supporting workforce wellbeing and social responsibility.
- **Saving money** – support for breastfeeding can lead to fewer sick days due to healthier mothers and babies, while promoting sustainability and reducing long-term costs.

Breastfeeding is recommended for six months exclusively and for two years and beyond alongside solid food. Despite this, many employees stop breastfeeding due to perceived or actual challenges faced when returning to work. Responses to a Public Health Wales (PHW) survey found that employee experiences varied widely, demonstrating a lack of consistency in support. This toolkit will help you understand what you can do to support employees who are breastfeeding.

You can also find advice on supporting employees who are new mothers (opens in a new window) on the HSE website.

Breastfeeding charter- Your first steps

This document provides a clear framework for supporting nursing parents in the workplace and employers can demonstrate their commitment to best practice by implementing its standards. Organisations may wish to write comments or add links to show their commitment.

Requirement	Best Practice	Commitment
Breastfeeding Policy *this may be part of another workplace policy*	A policy is good practice to promote and normalise breastfeeding at work. It can include any measures to support breastfeeding employees such as dedicated facilities and additional breaks.	
Training	Line managers should understand their legal obligations and good practice around supporting breastfeeding employees. A “toolbox talk” Powerpoint presentation is available from HWW to support this.	
Breastfeeding ‘Passport’	A document that can be used to record individual plans- see example below.	
Communication	It is good practice to discuss breastfeeding before maternity leave and on returning to work. Conversations should be recorded. It should be recognised that employees may not be comfortable to bring up the subject themselves.	
Additional breaks or temporary role/ shift changes	It is good practice to provide additional breaks for breastfeeding or expressing milk. Temporary role or shift changes may also be required following a risk assessment.	
Facilities for breastfeeding/ expressing	Depending on the size and nature of the workplace, this could include an identified room or rooms or could be considered on an individual basis. It is important facilities are private, and employees are not interrupted. This can be achieved by developing a schedule, signage or a lockable door.	

Facilities for milk storage	Expressed milk should be kept refrigerated below 4°C if possible. For community staff, cool bags could be considered.	

Information for Managers: Turning policy into action

Quick checklist

Before maternity Leave	Before the employee returns	On return	First 3 months
Raise the topic sensitively	Ask if they plan to breastfeed or express at work	Complete breastfeeding support discussion and risk assessment	Review breastfeeding support discussion and risk assessment
Provide the breastfeeding passport	Schedule time for a breastfeeding support discussion and risk assessment	Finalise breastfeeding passport	Check if any needs have changed
Explain the policy and employee rights	Update rotas or cover as needed	Confirm room access and arrangements	Escalate any issues early
Explain what facilities are available	Make sure facilities are available	Remind the team about respect and inclusion.	Update passport if required

Your role as a manager

Complete relevant training on breastfeeding in the workplace, such as the toolbox talk accompanying this toolkit. Ensure you understand your legal obligations including risk assessments for breastfeeding employees.

Inform employees about available support before maternity leave, and start breastfeeding support discussions early. Agree mutually acceptable arrangements to support continued breastfeeding, following your organisation's policy, and record these in the Breastfeeding Passport. Refer to occupational health if required and follow any advice provided.

Complete and review breastfeeding support discussion and risk assessments regularly (every 2–3 months). Adjustments to accommodate breastfeeding are often short term and temporary. Promote a respectful and supportive team culture and seek advice within the organisation if needed.

The same accommodations should be considered for breastfeeding employees who have not given birth.

Starting the conversation

It's not always easy to talk about breastfeeding, but it is important that you raise the subject. Before maternity leave, you can highlight the support available by saying:

"Just so you are aware, of course it is a long way off but if you'd like to continue breastfeeding when you return to work we will make a plan to support you."

You can ask employees who are due to return:

"Would you like to discuss breastfeeding? Support is available for breastfeeding in the workplace."

You could signpost to/ provide the information for employees provided in this toolkit.

What makes a suitable room?

Must have	**Helpful extras**
Private and lockable- privacy in shared spaces can be achieved by, for example, signage and clear scheduling	Plug socket
Not a toilet, but toilets nearby	
Clean and hygienic	Table or surface
Comfortable seating	Sink in the room
Access to handwashing facilities	Soft lighting
Accessible (including for disabilities)	'Room in use' sign
A space to lie down / rest	A schedule for room users if required

Flexible breaks

Employees may need 2–3 breaks in a full working day, but this is highly variable, may change over time, and should be considered on an individual basis.

You can support this by:	**Avoid:**
Staggering breaks	Asking employees to use a toilet
Adjusting start/ finish times	Treating breaks as a problem
Allowing longer breaks	Rushing or pressuring the employee
Temporary task swapping	Suggesting formula feeding

Temporary role changes

With agreement between the employee and employer you may wish to consider role / hour changes for a temporary period. This may be appropriate in some workplaces where it is unsafe or inconvenient for the breastfeeding mother to

express/ feed whilst in their current job role or shift pattern. For example, it may be appropriate to temporarily remove an employee from night time working. This should be considered on an individual basis; using existing workplace policies such as flexible working could be considered.

Managing the team

You may get questions from colleagues. Your approach should be:

- Keep information confidential
- Reinforce expectations of respect
- Explain that the team will share workload fairly

If concerns are raised, you can say:
“These arrangements support an employee’s health and wellbeing, just as we would for anyone. Let’s work together to manage the workload fairly.”

Legal responsibilities

You must follow relevant legislation, including:

- Equality Act 2010
- Employment Rights Act 1996
- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999

Employees are protected from discrimination, harassment, and unreasonable lack of support. A risk assessment must be carried out for breastfeeding employees.

When to get support

Escalate within the organisation if:

- No suitable space is available
- There are staffing or workload concerns
- Team conflict arises
- You’re unsure how to handle a situation

Toolbox talk: Awareness training for managers

A Powerpoint “toolbox talk” is available from HWW, outlining the responsibilities of employees with managerial responsibilities in the workplace.

Breastfeeding Passport example

Employee Details		
Name		
Job Title		
Department		
Manager		
Expected Return Date		
Breastfeeding support discussion 1: Before starting maternity leave		Date:
Start breastfeeding support discussion and highlight organisational arrangements.		
Breastfeeding support discussion 2: Before returning to work		Date:
Risk assessment and breastfeeding support discussion completed.	Comments:	
Agreed actions- to include: • Role/ hours changes • Breaks arrangements • Suitable space • Storage • Any other arrangements		
Agreement confirming that the above arrangements have been discussed and agreed.		Date
Employee signature	Manager signature	
Ongoing breastfeeding support discussions- please note any adjustments		
Date:		
Date:		
Date:		

Sensitivity: Confidential - External

Success stories - how others have made it work

Fun Foundations

Established in 2010, Fun Foundations has two nurseries in the Vale of Glamorgan. As part of their inclusive approach when employees return from maternity leave, they make sure to support breastfeeding in the workplace.

This includes discussing individual needs, carrying out risk assessments and providing suitable spaces for employees to express and store milk. Through working with HWW, they have enhanced their commitment to employee health and wellbeing, including keeping up to date with health campaigns like Breastfeeding Awareness Week.

Public Health Wales – Breastfeeding facilities

Commented [RE2]: Photos to be added at design stage

Public Health Wales introduced 'The Nest', a dedicated wellbeing space that includes a parent's area for breastfeeding and expressing milk. Developed in partnership with staff networks and employee groups, it provides a private and comfortable environment that supports both parenting and wellbeing needs.

By providing visible and practical support for employees returning from maternity leave, Public Health Wales has strengthened support for breastfeeding staff and raised awareness of breastfeeding-friendly practices.

"At Public Health Wales we want to support all families in Wales to breastfeed for as long as they would like to, and that starts with our staff." Claire Birchall, Executive Director of Nursing, Quality and Integrated Governance.

Good practice examples from Public Health Wales survey

- A member of staff was provided with a lockable room with a "room in use" sign to avoid disturbance, with a radio and fan for comfort. When her baby was unwell arrangements were made for her partner to bring the baby in for feeding and comfort. The same arrangements were available to other employees.
- Longer lunch breaks were permitted for mothers to go home to feed where possible, or extra breaks provided for expressing. Shift changes considered to support continued breastfeeding.
- A department adapted shift patterns to ensure staff could get home for bedtime feeds, and allowed additional breaks.

Frequently asked questions for managers

When should I speak to an employee about breastfeeding support?

You should **initiate the conversation**:

- **During pregnancy (antenatally)**
- **Before maternity leave**
- **Before their return**
  Employees often feel uncomfortable raising the topic themselves.

What are my responsibilities once an employee notifies me?

You must:

- Ensure a **breastfeeding friendly environment**.
- Complete the **Breastfeeding Passport** with the employee.
- Carry out a **risk assessment on return**.
- Identify and provide **appropriate facilities**.
- Agree **an individualised action plan**.
- Treat information confidentially and respectfully.
- Promote a **positive, inclusive culture** among the wider team.

How do I arrange breaks for expressing?

Work with your employee to:

- Identify suitable times
- Minimise operational disruption
- Maintain fairness within the team.
  Breaks must be **reasonable and flexible**, recognising that expressing needs vary.

What if service pressures make it difficult?

Breastfeeding needs are a legal health and safety requirement. Managers must make reasonable arrangements and escalate if barriers arise.

How can I support cultural or religious needs?

Some employees may have specific modesty, privacy, or cultural requirements affecting breastfeeding. Discuss these sensitively and take reasonable steps to meet them.

What should I do if colleagues react negatively?

Managers must:

- Address inappropriate comments or behaviours immediately
- Uphold **Dignity at Work** expectations
- Model supportive behaviour
- Communicate expectations clearly within the team

Where can I signpost an employee who needs breastfeeding support?

The National Breastfeeding Helpline provides support via phone and direct message 24 hours a day- see below for link.

Further links and support

- Healthy Working Wales
- Advisory, Conciliations and Arbitration Service (ACAS)
- Health and Safety Executive (HSE)
- National Breastfeeding Helpline
- Reading University toolkit
- All Wales Breastfeeding Action Plan
- Dewis Cymru- search for Breastfeeding Friendly locations near you.

Information for employees

This information can be useful to share with employees so they understand policies and procedures in place if they wish to express or breastfeed when they return after maternity leave.

You may wish to change the information to reflect your individual policy, handbook and procedures you have in place. We recommend these are shared with the employee before they commence their maternity leave.

Your role as an employee

Discuss your breastfeeding needs with your manager before returning from maternity leave and throughout your breastfeeding journey. Inform your manager in writing if you plan to continue breastfeeding when you return to work. Your health visitor can advise you about combining breastfeeding and work.

Participate in breastfeeding support discussions and risk assessments. Complete the Breastfeeding Passport in collaboration with your manager and keep them informed of any changes. Follow any health and safety guidance relevant to your role and breastfeeding needs.

Treat colleagues with respect and contribute to a positive and supportive workplace culture. Seek advice or additional support if required.

Starting the conversation

Returning to work while continuing to breastfeed can feel daunting, but support is available. We encourage employees to talk to their manager about their breastfeeding plans before returning to work so that suitable arrangements can be discussed and put in place.

You may wish to start the conversation by saying:

"I plan to continue breastfeeding when I return to work and would like to discuss what support may be available."

Or:

"Could we arrange some time to discuss breastfeeding support before I return from maternity leave?"

Starting the conversation early can help ensure that any support, adjustments or facilities you may need are in place before you return to work.

Frequently asked questions for employees

Who should an employee inform if they wish to breastfeed or express milk at work?

Employees should notify their **line manager in writing** before they return from maternity leave. Early discussion is encouraged — ideally *antenatally* or as part of a KIT (Keeping in Touch) day — so suitable arrangements can be put in place.

What is the Breastfeeding Passport and who completes it?

The **Breastfeeding Passport** is a tool for employees and managers to agree practical arrangements, including facilities, break needs, storage and risk assessment requirements. It is completed jointly by the employee and line manager before returning to work and reviewed regularly.

Yor employer should have an example of this that they can share with you.

What support can I expect when I return to work?

Your line manager will make an individualised plan with you, which may include:

- A **clean, private, secure room** (not a toilet).
- **Flexible breaks** for breastfeeding or expressing milk.
- Access to a **fridge** for milk storage (or you may use a cool bag).
- Temporary **change in role or working hours.**
- **Respectful, dignified treatment** from colleagues and managers at all times.

How often can I take breaks to express?

You will be allowed **reasonable flexibility** to take breaks as needed.
This should be agreed in advance with your manager as part of your **Breastfeeding Passport**.

Where will I be able to express milk?

Your manager will work with you to identify a **suitable space**, with:

- A lockable door
- A chair
- Hand-washing facilities
- Nearby toilet access
  Facilities must be confirmed during your discussions before returning.

Can I store my breast milk at work?

Yes, where possible you can access a **fridge** for safe storage.
If this isn't available (e.g., community roles), a **cool bag** may be used.

Do I need a risk assessment?

Yes. A breastfeeding-specific **risk assessment must be completed upon your return** and reviewed every **2–3 months** while breastfeeding continues.

What if my plans change?

Breastfeeding plans often change- that's fine.
Just update your manager so arrangements can be adjusted.

What if I feel unsupported?

If you believe you have not been appropriately supported:

- Raise the issue with your line manager, or
- Use the **policies in your organisation** to escalate concerns.

Where can I get information, support or talk through any worries?

You can find information about returning to work in Public Health Wales's Health Information for Parents booklet- see below. Your health visitor or a local peer support group can help, or you can contact the National Breastfeeding Helpline via phone or direct message, 24 hours a day.

Breastfeeding Passport example

Employee Details		
Name		
Job Title		
Department		
Manager		
Expected Return Date		
Breastfeeding support discussion 1: Before starting maternity leave		Date:
Start breastfeeding support discussion and highlight organisational arrangements.		
Breastfeeding support discussion 2: Before returning to work		Date:
Risk assessment and breastfeeding support discussion completed.	Comments:	
Agreed actions- to include: • Role/ hours changes • Breaks arrangements • Suitable space • Storage • Any other arrangements		
Agreement confirming that the above arrangements have been discussed and agreed.		Date
Employee signature	Manager signature	
Ongoing breastfeeding support discussions- please note any adjustments		
Date:		
Date:		
Date:		

Further links and support

- Advisory, Conciliations and Arbitration Service (ACAS)
- Health Information for Parents- see p118 for “returning to work”.
- National Breastfeeding Helpline
- Dewis Cymru- search for Breastfeeding Friendly locations near you.

This document is also available in Welsh.

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	Executive Director of Allied Health Professions and Health Science
Service Area	Health and Safety

Title of Procedure, Project, Proposal, Policy being screened:	767 – New and Expectant Mothers / Birthing Parents Procedure (Version 3) and 1512 – PHW Breastfeeding in the Workplace Toolkit

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

Hywel Dda University Health Board (HDdUHB) recognises that certain factors arising from work may place new and expectant members of staff at risk and is committed to ensuring the continued health, safety, and welfare of these employees within the workplace. These potential risks include those arising from tasks, the working environment and physical, chemical, or biological agents.

It is important to recognise that pregnancy is not an illness and, provided that there are adequate arrangements in place, it should be possible for employees within the scope of this procedure to continue to work safely.

HDdUHB will take reasonably practicable steps to ensure that safe working environments are provided and that risks are eliminated or reduced to the lowest practicable level, and that employees, their unborn child or their babies/toddlers are not harmed.

HDdUHB considers that the welfare of all employees is important and will endeavour to ensure that each person's needs are assessed on an individual basis, following the Pregnancy Care Plan.

The Breastfeeding in the Workplace Toolkit, developed by Public Health Wales and partners, provides practical guidance for employers and managers across Wales on creating breastfeeding-friendly workplaces that support employees returning from maternity leave. It aims to help organisations meet legal and health and safety obligations, promote equality and wellbeing, and retain staff by implementing supportive measures such as breastfeeding policies, risk assessments, flexible working arrangements, suitable facilities, manager training, and individual support planning through a Breastfeeding Passport. The document also includes resources, case studies, FAQs, and information for employees to help normalise breastfeeding at work and ensure consistent, respectful support for breastfeeding parents.

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

Own research
Expert knowledge
Advice from Diversity staff on previous versions of EqIA for this Procedure.

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: This Procedure and Toolkit will protect the health, safety and welfare of those groups of staff who are of childbearing age, expecting a baby, new mothers or birthing parents or breast-feeding by ensuring that all reasonably practicable steps are taken to provide safe working environments and eliminating/reducing risks to the lowest practicable level.					
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	x
Justification of impact identified: The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
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: The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
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: The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
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:
The Procedure will protect the health, safety and welfare of those groups of staff who are of childbearing age, expecting a baby, new mothers or birthing parents or breast-feeding by ensuring that all reasonably practicable steps are taken to provide safe working environments and eliminating/reducing risks to the lowest practicable level.

The toolkit supports employees throughout maternity leave planning and return to work, requiring risk assessments, support discussions and individualised arrangements with potential benefits of:

- Improved transition back to work;
- Better physical and mental wellbeing;
- Increased confidence in returning to employment;
- Reduced pressure to stop breastfeeding earlier than intended.

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	x

Justification of impact identified:
The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

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	x

Justification of impact identified:
The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

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 aim of the procedure is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

The toolkit provides practical support through facilities, flexible breaks, risk assessments and supportive management arrangements, helping women remain in employment whilst continuing breastfeeding if they choose to do so.

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

Positive Impact		Negative Impact		No Impact	x

Justification of impact identified:
The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	x

Justification of impact identified:
The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

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	x

Justification of impact identified:
The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

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	x

Justification of impact identified:
The aim of these documents is to guide mangers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

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	Adam Springthorpe
	Title	Health & Safety Manager

	Contact details	adam.springthorpe@wales.nhs.uk
	Date	10/08/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Adam Springthorpe
	Title	Health & Safety Manager
	Contact details	adam.springthorpe@wales.nhs.uk
	Date	10/08/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	10/08/2026
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.

7

12:17, 0 Mins

7 - FOR INFORMATION

7.1 **12:17, 0 Mins**

7.1 - Adroddiad MNG Templed / Delivering More Than Just Words Template 2025/6

Attachments

7.2 Adroddiad MNG Templed 2025-26 (Saesneg).pdf

Delivering the actions in the More than just words Plan 2022-27: For the period April 2025 – March 2026

Organisation	**Bwrdd Iechyd Prifysgol Hywel Dda University Health Board**	
Completed by:	**Enfys Williams, Welsh Language Services Manager**	**Date: August 2026**

KEY DATA:	**When citing any statistics / data, please provide a corresponding reporting date / time period.**
Welsh Language Skills of staff	**98%of staff Welsh Language skills recorded**
Number of staff completing training	**Courtesy Course - 102** **Confidence Building Course - 118** **Welsh Language Awareness Course – 87%**
Patient / Service User Surveys e.g. secret shopper surveys	**Number and details of surveys:** Internal Mystery shopper exercise **Actions taken in response to feedback** The Welsh Language Services Team worked with various teams to make improvements where shortcomings had been identified.

Ref	Description of Short Term and Medium Term Action	Guidance for completing the response	Lead Accountability	Progress Report for 2025/26 (reporting period 1/4/25 – 31/3/26): What new and additional activities were delivered during 2025/26?	Examples of good practice / work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). *(Short term)*	This was a short term action. There are now requirements in place for the Chairs of NHS Boards and the Directors of Social Services to have specific objectives in relation to supporting the implementation of Mwy na geiriau and the Active Offer. Health bodies / social services do not need to provide an update for the 2025/26 report (unless there are specific developments they wish to share as	Welsh Government for 2025/26.		

		good practice) as Welsh Government will review progress against objectives at the end of the year.			
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. (*Short to medium term*)	HEIW and SCW to provide a response – on the work they are taking forward to support this agenda. We request that health bodies and social services also provide information on how they are supporting this action, and good practice they want to share regarding the promotion of the Welsh language across all settings.	Welsh Government / HEIW / SCW		
3	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond	Welsh Government is exploring how to take forward a "train the trainer" approach to the future delivery of the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are	Chairs and Chief Executives of health and social care bodies		

	understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. *(Medium term)*	specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on leadership in a bilingual context.			
Theme 1: Welsh language planning and policies including data					
5	Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4	Welsh Government has commissioned Alma Economics to identify key data on Welsh Language in health and social care which will help to identify data gaps in relation to monitoring outcomes, impact and progress. Health and social care bodies are asked to provide results of surveys of patient	Welsh Government / Universities, Citizen Voice Body for health and social care and think tanks		

	on mapping the data and creation of the dashboard) (*Medium term*)	experiences of accessing and receiving services such as Mystery Shopper etc. Llais / universities / health and social care think tank organisations to highlight developments that look to strengthen our understanding and knowledge of the experiences of Welsh language speakers accessing and receiving services.			
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services. (*Long term*)	Welsh Government has worked collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the health sector aimed at improving clinical care services through the medium of Welsh. Health and social care bodies are asked to provide evidence of	Welsh Government / Health and social care bodies		

		Welsh language care pathways for the priority groups particularly, or any new mainstreaming tools.			
7	Ensure national planning and guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include Integrated Medium Term Plans (IMTPs) and regional population needs assessments. *(Short term)*	Welsh Government will provide the update for this action. Welsh Language is included in the National Planning Guidance for Health Boards. Integrated Medium Term Plans (IMTPs) will be reviewed by Welsh Government and officials will continue to focus on More than just words priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.	Welsh Government		
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches	Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).	HEIW / SCW / DHCW / health and social care bodies including independent primary care contractors.	Hywel Dda knows the language skills levels of 98% of its staff.A detailed breakdown of all levels can be found on page 26 of the Health Board's	

	currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh *(Medium term)*			Welsh Language Annual Report.	
9	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards. *(Short/medium term)*	Welsh Government will work with HEIW and SCW to provide the update for this action. Health bodies / social services do not need to provide an update on this action for the 2025/26 report.	HEIW/SCW, health and social care bodies		
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care	The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been used across different settings / policies.	HEIW / Social Care Wales		

	contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (*Short term*)				
11	The importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. This includes reframing and broadening the existing duty of quality on NHS bodies. *(Short term)*	Welsh Government will update on this action. The Duty of Quality has been introduced and the importance of the Active Offer was included in the statutory guidance published in April 2023.	Welsh Government		
12	The importance of the Welsh language in planning and delivery to be included as a cross cutting theme within the revised National Outcomes Framework and progress reports to be incorporated into the	Welsh Government will update on this action. Work on the outcomes framework has been paused.	Welsh Government		

	development of the More than just words accountability arrangements including the dashboard. *(Medium term)*	As noted above: Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on Mwy na geiriau priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.			
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. *(Medium term)*	Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.	Health and social care bodies, HEIW and SCW		
14	We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across	Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.	Health and social care bodies	87% of Health Board staff have completed the course.	

	all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. *(Medium term)*				
15	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required	National Centre for Learning Welsh to provide an update on key actions, take up of specific courses, and outcomes. Health and social care bodies are asked to describe how they've worked strategically with National Centre for Learning Welsh to meet their own priorities.	Welsh Government / National Centre for Learning Welsh		

	to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (*Medium term*)				
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be developed and shared in the short term)*	All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.	Health and social care bodies	Managers can be reluctant to designate posts as Welsh essential due to concerns about reducing the available candidate pool. However, recruitment data suggests there may be greater opportunities than are often assumed. During 2026, 25% of successful applicants appointed to advertised posts reported Welsh language skills at Level 3 or above.	
17	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the	National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations.	National Centre for Learning Welsh Health and social care bodies	102 members of staff attended this course during the reporting year.	

	life of this plan, all staff working in health and social care should have courtesy level Welsh. *(Short term- introduction)*	Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh) and delivered locally, and key data on take up.			
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of Welsh across clinical settings.	Health and social care bodies	The Welsh Language Services Team continue to proactively promote all Welsh Language learning opportunities to staff, as well as supporting them to choose the most appropriate course for their level of ability. 118 members of staff attended the Cwrs Codi Hyder – which has been delivered within the Health Board for 4 years. A total of 388 members of staff have attended	

				various levels of Welsh language courses during the reporting year.	
19	Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of Welsh has in improving outcomes for individuals. *(Medium term)*	Health and social care bodies to provide information on promotion campaigns they are delivering to raise awareness of the difference learning Welsh can make. This should include case studies and awards which feature the Welsh language.	Welsh Government/ SCW and HEIW		
20	Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people. *(Short/medium term)*	HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows and engagement events held with educational institutions. Careers Wales to provide information on initiatives promoting the importance of Welsh language skills	Careers Wales / HEIW and SCW / health and care bodies		

		in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions. Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.			
21	HEIW, MEDR and SCW to monitor the numbers of bilingual students being trained as health and social care professionals each year in line with the agreed framework for measuring Welsh language skills, and publish the data annually. This could reflect or develop upon requirements that are already in place in relation to HEIW contracts, SCW monitoring and / or HESA data. In relation to publishing the data we recommend that a specific table is included in the annual Statistics Bulletin – Welsh in Higher Education Institutions to report on this data. This data to also be incorporated in the dashboard development set out under Section 4	HEIW / MEDR / SCW to provide data on the numbers of bilingual students being trained as health and social care professionals – in line with findings and recommendations from the work being undertaken by Alma Economics.	HEIW / MEDR / SCW		

	(Short term)				
22	Welsh Government monitor the number of bilingual learners and apprentices undertaking Health and Social Care courses and/or apprenticeships each year in line with the agreed framework for measuring Welsh language skills and publish the data annually. This data to also be incorporated into the dashboard development set out under Section 4. *(Short term)*	Welsh Government to include the latest data in the Annual Report 2025/26.	Welsh Government		
23	Welsh Government / MEDR have established a benchmark for bilingual provision i.e. that one third of a course (at least) is available in Welsh. Such a benchmark allows students who are confident in Welsh to undertake part of their course through the medium of Welsh and to develop a level of confidence to work bilingually. This also reflects international best practice e.g. University of Helsinki Medical School. HEIW / SCW to work with universities in Wales and the Coleg Cymraeg Cenedlaethol to identify any courses where students cannot at present study one third of their health and social care courses bilingually	Coleg Cymraeg Cenedlaethol to update on the number of undergraduate courses in the areas of health and care. This to include information on health and social care courses where students cannot study one third of the course in Welsh.	HEIW / SCW / Coleg Cymraeg Cenedlaethol		

	and take appropriate action to ensure that bilingual provision is offered on every health and social care course in Wales. Appropriate consideration is also given to placements and support provided for students to undertake bilingual placements as part of their training. *(Short term)*				
24	Welsh Government consider what incentives (financial or otherwise) may be offered to students undertaking an element of their course through the medium of Welsh. Incentives are already offered in relation to the Education workforce. *(Short term)*	Welsh Government has recently consulted on the NHS Wales bursary scheme. An update on the outcome of this consultation will be included in the Annual Report.	Welsh Government		
25	Consideration is given to expanding the highly successful Doctoriaid Yfory scheme which supports prospective students to apply successfully to medical school, to encompass all health and social care professions where the application process for University study is competitive. More broadly Welsh Government to consider whether such a scheme may assist pupils from deprived backgrounds to apply successfully to study medicine and other subjects. *(Short term)*	The Doctoriaid Yfory Scheme has now been extended to more general health and social care career including dentistry. Welsh Government will consider opportunities for further promoting the scheme. Coleg Cymraeg Cenedlaethol to provide latest data on take up.	Welsh Government / Coleg Cymraeg Cenedlaethol		

26	Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium term plans. *(Short term)*	HEIW and Coleg Cymraeg Cenedlaethol to provide an update on work being taken forwards to progress this action.	Welsh Government / Coleg Cymraeg Cenedlaethol / HEIW		
27	Welsh Government to review the plans developed under Action 30 of the Health and Social Care Workforce Strategy and take appropriate action to support the development of bilingual teaching capacity and where appropriate, provide suitable resources to support these developments. *(Short term)*	Welsh Government will provide the update for this action in collaboration with HEIW and SCW.	Welsh Government / SCW / HEIW		
28	Coleg Cymraeg Cenedlaethol is tasked with undertaking a review of bilingual provision in health and social care across the FE and apprenticeship sector and	Coleg Cymraeg to provide information on progress with the review.	Coleg Cymraeg Cenedlaethol		

	making recommendations as appropriate as to further steps required to develop bilingual skills amongst level 2 and 3 learners *(Medium term)*				
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb Iaith to share good practice. They should also provide evidence of utilising the Research and Innovation Hubs and explain why if they haven't.	Welsh Government / Welsh language officers	The Welsh Language Services Team continues to attend the All Wales Welsh Language Officers meeting to share good practice and to learn from others.	
30	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites	Health and social care bodies should provide specific examples of where and how the principles of the Bilingual Toolkit has been used.	DHCW / health and social care bodies		

	we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. *(Short term)*				
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies		
33	We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters *(Medium term)*	Welsh Government will provide the update on this action. Health boards Health bodies / primary care clusters do not need to provide an update on this action for the 2025/26 report.	Health Boards and Primary Care Clusters		
34	Enable the development of standard Welsh language diagnostic assessments and resources to support Welsh speakers in identified priority	Welsh Government will provide the update on this action.	Welsh Government		

	areas such as mental health, learning disabilities, and the visually impaired, building on work already underway to develop a nationally available set of standard assessments for Welsh speakers with dementia. *(Long term)*	However – as noted for Action 6: Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups. Welsh Government to collate diagnostic assessments and resources that should be available in Welsh. The next step for the longer term would be to prioritise which assessments need to be available in Welsh.			
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. We'll also in our	Health and social care bodies to update on work being taken forwards to support and promote the identification of Welsh speaking staff – including any work in relation to digital systems locally. DHCW to update on work happening at a national level to support this agenda.	Welsh Government / DHCW / health and social care bodies	The Welsh Language Services Team continue to distribute Iaith Gwaith posters, lanyards and badges to all staff across Health Board sites.	

	ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (*Short term*)				
36	We'll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the sharing, recording and tracking of Information between systems including language preference. We'll also work with service users on all technical and content processes to make sure they're easy to use and understand in Welsh and English. *(Medium term)*	DHCW to update on actions being taken forward to deliver this commitment. DHCW also to provide data on the numbers accessing / using the Welsh language options in the App, if this is possible.	Welsh Government/ DHCW		
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i	Health and social care bodies and NWSSP to update on work being taken forwards to develop and support	Welsh Government / health and social care bodies / NWSSP		

	Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. *(Short term- joint working on developing standard terms)*	the implementation of these resources.			
38	We'll work with those who inspect and drive quality improvement to ensure the active offer is part of their brief. We will direct underperforming organisations to support and advice. *(Medium term)*	CIW and HIW to provide information on guidance and training for inspectors to support reporting on Welsh language and culture, and the Active Offer. CIW and HIW to also provide relevant inspection data on compliance/non-compliance with Welsh language requirements.	Regulation and Inspection Bodies		
39	Further develop the mapping of available data provided in Annex A of the framework and identify data gaps that would help measure progress. *(Short term)*	Welsh Government will provide the update on this action. This commitment links directly to Action 5.	Welsh Government		
40	Using available data where possible, develop indicators that measure progress towards the Active Offer and delivery of bilingual services and identify data gaps that would further help measure progress.	Welsh Government will provide the update for this action. This will become possible once the data mapping and review	Welsh Government		

	(Develop initial indicators – Short term Identify data gaps – Short term *Fill data gaps where possible – Medium term)*	exercise has been completed (see Action 5).			
41	Establish a working group to develop a dashboard that brings together performance data to demonstrate progress on the Active Offer and delivery of bilingual services. This to include data from the local authority performance framework; CIW; HIW; WL Commissioner office; NHS IMTP/ performance reporting. *(Establish working group Short term* *First dashboard publication Medium Term* *Summit to share dashboard with data owners Medium term)*	This will become possible once the data mapping and review exercise has been completed (see Action 5).	Welsh Government		
42	All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.	All health bodies and local authorities	The Welsh Language Executive lead is the Director of Communications and Engagement and the Health Board also has a Welsh Language Champion at Board level.	

43	More than just words progress monitoring: Provide a written update on progress with actions on a 12 month basis *(First Annual Report – Summer 2023)*	Welsh Government will provide the update on this action.	All accountable organisations listed in this plan		
44	Establish an advisory board to monitor and scrutinise progress against the action plan. The advisory Board will make recommendations to the Minister where further progress could be made and any emerging concerns where ambition is not being met. A report will be prepared for Ministerial consideration and shared with health and social care leaders. The advisory board will also consider and advise on audit and evaluation requirements to provide independent assessments on progress. *(Annual advisory report 2023 Advisory report to include reflection on dashboard data from 2025)*	Welsh Government will provide the update on this action. The Advisory Board for Mwy na geiriau has been in place since August 2023.	Welsh Government		
45	Minister to hold annual progress meetings with leaders of organisations listed to deliver actions within the plan, including NHS and Local Authorities, to recognise achievements and where further progress is required. Statement on progress	Welsh Government will provide the update on this action. Plans are in place to organise another national stakeholder event on Mwy na geiriau (Autumn 2026).	Welsh Government		

	to be shared with Senedd Members annually. *(First Annual Progress Meeting – Autumn 2023 First Statement to Senedd Members – Autumn 2023* *From 2025 the progress report to include the performance data dashboard)*				

7.2

12:17, 0 Mins

7.2 - PODCC Workplan 2026/27

Neil Prior (Hywel Dda UHB - Independent Board Member)

For information

Attachments

PODCC Work Programme 2026-27.pdf

HYWEL DDA UNIVERSITY HEALTH BOARD – PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE WORK PLAN APRIL 2026 – MARCH 2027

The following table sets out the Committee's proposed work plan for 2026-27, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Welcome and Apologies*	**Chair**	CSO	N/A	✓	✓	✓	✓
GOVERNANCE							
Declaration of Interests*	**Chair**	CSO	N/A	✓	✓	✓	✓
Minutes from previous meeting*	**Chair**	CSO	APPROVAL	✓	✓	✓	✓
Matters Arising & Table of Actions*	**Chair**	CSO	ASSURANCE	✓	✓	✓	✓
PODCC Terms of Reference	**Chair**	JW	APPROVAL	✓			
PODCC Annual Report to Board	**Chair**	LG	APPROVAL	✓			
Self-Assessment of Committee Effectiveness – Outcome report 2025	**LG**	CJ	ASSURANCE	✓			
Self-Assessment of Committee Effectiveness – 6 month outcome report	**LG**	CJ	ASSURANCE			✓	
Assurance and Risk Report – to include: • Corporate Risks Assigned to PODCC • Operational Risks Assigned to PODCC • Principal Risks Assigned to PODCC • Monitoring of Ministerial Directions • Monitoring of Welsh Health Circulars (WHCs)	**LG**	RW	ASSURANCE	✓	✓	✓	✓
STRATEGIC FOCUS							
Staff Story (video/presentation etc)*	**LG**	various		✓	✓	✓	✓
Delivery against Planning Objectives aligned to PODCC: **General Updates***	**DW**	DW	ASSURANCE	✓ closure	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Delivery against Planning Goals aligned to PODCC: Deep Dives: **PO Goal 1: Healthy Thriving Teams.** This PO Goal has been divided into the following objectives: • Objective 1: Sustainable workforce in hospitals and communities • Objective 2: Create and inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported • Objective 3: Celebrate successes/promote innovation	**LG**	 TW CLJ/HH CLJ	ASSURANCE		✓		
Staff Survey Results Report	**LG**	CLJ	ASSURANCE	✓			
Notification of General Medicine, Glangwili Hospital entering GMC enhanced monitoring process	**MH**	tbc	ASSURANCE	✓			
Workforce and Organisational Development 5-year Strategic Plan	**LG**	tbc	ASSURANCE		✓		
Grip and Control Assessments	**LG/ HT**	tbc	ASSURANCE		✓		
Strengthening simulation learning report	**LG**	TW	ASSURANCE			✓	
Perinatal Strategic Workforce Plan	**LG**	TW	ASSURANCE			✓	
Strategic workforce plan deep dives: • Nursing • Medical • Allied Health Professions and Health Sciences *(Requested as an action from the PODCC self-assessment process - to receive assurance that there is clear alignment with IMTP development, annual planning cycles, and service transformation priorities.)*	**SD** **MH** **JS**		ASSURANCE			✓	✓ ✓
OPERATIONAL FOCUS							
Heal Board Partnership Forum Report*	**LG**	AD	ASSURANCE	✓	✓	✓	✓
Performance Assurance & Workforce Metrics	**LG**	TW	ASSURANCE	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Workforce Efficiency Report	**LG**	TW	ASSURANCE	✓			
Workforce skills development deep dive (to receive assurance on the alignment between workforce strategic planning, education, competency development and service transformation). *(Requested as an action from the PODCC self-assessment process)*	**LG**		ASSURANCE			✓	
Welsh Language Annual Report 2025/26	**AHM**	AHM/EW	APPROVAL	✓			
Armed Forces Annual Update	**LG**	AB	ASSURANCE	✓			
Improving Outcomes for Unpaid Carers - End of Year Reports 2025/26	**LG**	AB	ASSURANCE	✓			
EDI Assurance Report (to include clearer reporting on progress, risks and impact of the Anti-Racist Wales Action Plan):	**LG**	AB	ASSURANCE				
• EDI Taskforce update						✓	
• LGBTQ+ Action Plan							✓
• Anti-Racist Wales Action Plan (ARWAP)							✓
• Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports					✓		
Organisational Development Cultural Progression Report 2025-26	**LG**	CLJ	ASSURANCE		✓		
Speak Up – Make Meaningful Change Update on Progress (6 monthly report)	**LG**	CLJ	ASSURANCE		✓		✓
Statutory Partnership Duty Annual Report	**AG**		ASSURANCE			✓	
Employment Relations Report	**LG**	HH	ASSURANCE			✓	
Agile Working Plan	**LD**	SH	ASSURANCE	✓			
Sickness Update Report	**LG**	HH	ASSURANCE			✓	✓
Update on Increase in Stress Amongst Staff	**LG**	HH	ASSURANCE			✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Future NHS Workforce Solution – Early Adopter and Foundational Readiness Update	**LG**	TW	ASSURANCE		✓		
CCG Structure and Process for Recruitment: Costings Update (action from PODCC on 17.02.26 to bring back)	**AC**	GC	ASSURANCE		✓		
Building a Positive Workforce Culture (action from Board 30.07.26)	**LG**	CLJ	ASSURANCE			✓	
SUB-COMMITTEE UPDATES							
Sub-Committee Annual Reports:							
• Strategic People Planning and Education Group	**LG**	TW	APPROVAL	D	✓		
Sub-Committee Terms of Reference:							
• Strategic People Planning and Education Group	**LG**	TW	APPROVAL	D	✓		
Sub-Committee Update Reports:							
• Strategic People Planning and Education Group* Mandatory training compliance report appended to the SPPEG 3As report (to receive assurance that workforce capability, safety and statutory requirements are consistently met by the Health Board. *(Requested as an action from the PODCC self-assessment process)*	**LG**	TW	ASSURANCE	Did not meet	✓	✓	✓
FOR APPROVAL							
Outcome of Advisory Appointments Committee*	**LG**	HH	APPROVAL	✓	✓	✓	✓
Corporate & Employment Policies*	**LG**	HH	APPROVAL	✓	✓	✓	✓
Contractual and Legislative Changes	**LG**	HH	APPROVAL			✓	
FOR INFORMATION							
PODCC Workplan 2026/27*	**LG**	CSO	N/A	✓	✓	✓	✓
END OF MEETING REFLECTIONS							
1. did our discussions today stay focused on workforce wellbeing, experience, safety and sustainability?	**Chair**		ASSURANCE	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
2. did we provide clear strategic assurance for the board and avoid slipping into operational detail? 3. did we base our scrutiny on good evidence and insight, and properly consider EDI implications? 4. did we consider the long-term workforce impact, pipelines and future needs behind the items discussed? 5. did we model constructive behaviours, ensure clear actions, and strengthen how we work as a committee?							
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 AD – Anthony Dean AHM – Alwena Hughes-Moakes CLJ – Corinna Lloyd-Jones CJ – Clare James CSO – Committee Services Officer	DO – Daniel Owen DW – Daniel Warm EW – Enfys Williams GC – Gareth Cotrell HH - Heather Hinkin JW – Joanne Wilson	LG – Lisa Gostling RW – Rachel Williams SH – Sharon Hughes TW – Tracy Walmsley

8

12:17, 5 Mins

8 - ANY OTHER BUSINESS

All

For discussion

9

12:22, 5 Mins

9 - END OF MEETING REFLECTIONS

Neil Prior (Hywel Dda UHB - Independent Board Member)

10

12:27, 0 Mins

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10 - DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 17 November 2026

10.1 - Date of Future Meetings

Tuesday 16 February 2027

11

11 - In-Committee Meeting

In accordance with the Committee's Terms of Reference, which permit the Committee to operate an in-committee function for the consideration of sensitive and/or confidential information, the next part of the meeting will be held in private session. Attendance will be restricted to Committee Members and those individuals (or their nominated deputies) identified in the Terms of Reference.

This session will consider the following item:

1. *Risk Report*

A summary of matters considered will be reported to the next appropriate Committee meeting.