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

Shaun Ayres - 09:30 – 12:30, 18th February 2025, Microsoft Teams



Context

- At previous meetings, several TI criteria were reviewed in detail. However, within the remit of the People, Organisational Development & Culture Committee (PODCC), only one criterion (TI-45) remains under 'Alert' status. The other TI elements aligned to this Committee have already achieved or are approaching an 'Assure' status.

Purpose of this Update - Primary Focus on TI-45 (Plans are in place to develop a sustainable workforce resulting in improved staff retention and staff well-being a reduction in the number of vacancies and the number of interim and agency staff. Workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan)

- Given that TI-45 is the only 'Alert' for PODCC, this report provides a clear overview of the workforce control measures and actions in place to address it.
- The Health Board is not ignoring the other areas; rather, 4 of the other 5 current status' is 'Assure', and so this report dedicates the appropriate level of scrutiny to the single 'Alert' item. By deep-diving into the actions, timelines, and governance for TI-45, the Committee gains assurance on how we intend to move from 'Alert' to 'Advise' and subsequently to 'Assure' status.

Structure of the Report

- Focus on Workforce Plans and Control (TI criteria 45) – Detailing the programmes, milestones, and next steps ensures the health board is driving the required improvement both by way of sustainability and cost containment.

Conclusion & Next Steps

- This approach ensures that limited Committee time is directed appropriately; addressing the most pressing risk under PODCC's remit, while still maintaining visibility of progress across all other TI Criteria aligned to the committee via the TI Tracker.



Summary of Current Status

- The Nurse Stabilisation Programme is a central element of the Health Board's workforce sustainability strategy and has been operational since November 2021. The programme has successfully reduced the nursing workforce gap by 400 Whole Time Equivalent (WTE), leading to a significant decrease in nurse agency usage and associated variable pay costs. The integration of international nurses has been a crucial factor in this success.

Progress and Achievements

- Reduction in Agency Usage: The programme has demonstrably reduced reliance on agency nurses, resulting in significant cost savings and improved consistency of care.
- International Recruitment: The successful integration of international nurses has contributed to filling vacancies and reducing the workforce gap.
- Financial Stability: The reduction in agency usage has positively impacted the Health Board's financial position by decreasing variable pay expenditure.
- Future Projections: Further reductions in nurse agency from 1st November 2024, with newly qualified nurses filling additional positions.
- Bronglais Hospital: Bronglais Hospital is projected to achieve stability by March 2025, eliminating planned registered nurse agency bookings across all areas.

Lead Executive Response

- The Executive Lead is overseeing the continued implementation of the Nurse Stabilisation Programme. The focus remains on sustaining the progress achieved and ensuring the projected reductions in agency usage are realised.



Documented Plan and Dates for Delivery

- Nursing Workforce Plan: Implementation ongoing since November 2021.
- Further Reductions: 1st November 2024.
- Bronglais Hospital Stability: Projected for March 2025.

Actions Outstanding:

- Support Bronglais Hospital in achieving stability and eliminating planned agency bookings by March 2025.
- Identify an additional 30% reduction in agency usage in line with the 25/26 Cabinet Secretary Enabling Actions.
- Reduce Health Care Support Worker (HCSW) agency usage to zero, with ongoing work in the Mental Health and Learning Disabilities (MHLD) workstream.
- Support the ongoing reduction of unavailability beyond the Key Performance Indicators (KPIs) set by the health board and NHS Wales.



Summary of Current Status:

- The Medical Workforce Stabilisation Scheme aims to replicate the success of the Nurse Stabilisation Programme within the medical workforce. The scheme focuses on implementing e-rostering, reviewing job plans, reducing agency usage, and developing a comprehensive medical workforce strategy.

Progress and Achievements:

- E-Rostering Implementation: The Allocate e-roster system is being rolled out, with Bank staff already live since 1st January 2024. Two pilot areas have been identified for full implementation during Q4 2024/25, with a planned go-live of 31st March 2025.
- Job Plan Compliance: Job plan compliance, including the review of SPA (Supporting Professional Activities) time, will be integrated with the e-rostering system rollout. This will ensure consistency and provide evidence to support the allocation of SPA time.
- Agency Usage Reduction: Strategies to reduce agency usage are under discussion with the medical directorate. An initial meeting with Medacs has taken place to establish key performance indicators, including a reducing cap on agency rates. An initial cap is to be introduced in December 2024.
- Baseline Assessment: A baseline assessment of the medical workforce is planned to identify areas of over/under-establishment and highlight fragile services.

Lead Executive Response:

- The Executive Lead, in collaboration with the medical directorate, is overseeing the implementation of the Medical Workforce Stabilisation Scheme. There is a clear focus on achieving tangible progress in e-rostering implementation, agency reduction, and workforce planning which aligns to the TI Criteria 45 for de-escalation .



Documented Plan and Dates for Delivery:

- E-Rostering Implementation Plan: In development, with pilot areas identified for Q4 2024/25. Go-live 31st March 2025.
- Agency Cap Introduction: December 2024.
- Medical Workforce Strategy Development: By March 2025.

Next Steps

- Finalise and implement the e-rostering system across all identified areas.
- Secure agreement with the medical directorate on agency reduction pathways and the implementation of a new rate card.
- Conduct the baseline assessment of the medical workforce.
- Develop and implement the comprehensive medical workforce strategy in line with the CPS (including EGS, Anaesthetics, Stroke & T&O).
- Ensure 90% of all consultants have an agreed job plan by 30th September 2025.
- Reduce sickness absence by ensuring compliance with the attendance to work policy



Summary of Current Status:

- This initiative focuses on improving efficiency and reducing agency usage within the AHP, Scientists, and Therapies workforce.

Progress and Achievements:

- Therapy Paper: A paper outlining mitigation strategies to minimise agency usage within Therapies has been submitted to and agreed upon by the Financial and Strategic Control Group (FSCG) on 5th January.
- Physiology and Cardiology at BGH: Additional risk remains in these areas, with a grow-your-own pathway not planned to deliver until 2026. A request to continue agency usage will be presented to FSCG on 22nd January.
- Radiology: Radiology has agreed to improve bank provision to mitigate risks due to staff unavailability (e.g., maternity leave). The student streamline process is ongoing, along with additional bank onboarding to mitigate the risk of agency usage.

Executive Response:

- The Executive Lead is working with the Deputy Director of Health Sciences and service leads to address agency usage and improve efficiency within the AHP, Scientists, and Therapies workforce.



Documented Plans and Dates for Delivery:

- Therapy Paper: Submitted and agreed upon by FSCG on 5th January.
- Physiology and Cardiology: Request for continued agency usage to be presented to FSCG on 22nd January (due to current pressures).
- Radiology: Continue to make improvements to bank provision and student streamline process.

Next Steps

- Develop further action plans through one-to-one meetings with leads and the Deputy Director of Health Sciences to mitigate agency usage within Health Sciences.
- Continue to monitor the situation in Physiology and Cardiology at BGH and implement the grow-your-own pathway.
- Continue to improve bank provision and streamline the student process in Radiology .



Summary of Current Status

- The International Recruitment Scheme aims to address hard-to-fill vacancies, particularly in Medical and AHP/HCS roles, by ethically recruiting staff from overseas.

Progress and Achievements

- Scheme Development: The scheme is under development, building on the successful All Wales International Nurse Recruitment Programme.
- Team Formation: Key roles have been identified, including the International Recruitment Lead, Recruitment Project Manager, and representatives for Finance, Accommodation, Medical Education, Retention, and a Hywel Dda Welcome/People Development Representative.

Lead Executive Response

- The Executive Lead is overseeing the development and implementation of the International Recruitment Scheme.

Documented Plan and Dates for Delivery

- Operational Delivery Working Group: To be established by March 2025.
- JD/PS Review (M&D): To be completed by May 2025.



Next Steps

- Establish the vacancy gap and ascertain overseas applicability or other routes.
- Complete the review of M&D JD/PS to support and enhance attraction strategies.
- Scope in-country recruitment events/opportunities.
- Develop recruitment campaigns for local, national, and international audiences.
- Develop an NHS induction/familiarisation programme to support recruitment, onboarding, induction, and retention.
- Secure necessary resources, including accommodation and funding, to support international recruits.

Evidence, Assurance and Impact

- Based on a Successful Model: The scheme is based on the successful All Wales International Nurse Recruitment Programme.
- Key Roles Identified: Key roles within the delivery team have been identified.
- Benchmarking and intelligence gathered on current vacancies and recruitment



Summary of Current Status

- Focus on assessing and improving efficiency within A&C workforce models
- Objective: Maintain zero A&C agency usage throughout 2025/26

Progress and Achievements

- FSCG Authorisation for variable pay secured, strengthening control of staffing costs
- Currently on track to maintain zero A&C agency usage

Lead Executive Response

- Committed to delivering workforce model assessments, efficiency gains, and potential e-rostering solutions to sustain zero A&C agency usage

Documented Plan and Dates for Delivery

- Annual Planning Cycle (Jan–Mar 2025): Develop A&C Workforce Plan
- Work Streams Established (post Mar 2025): Based on agreed A&C plan
- Implementation (Apr 2025 onwards): Roster efficiencies/service model adjustments
- Complete “Professional Staff” Group plans for A&C (Jan–Mar 2025)
- Design critical programmes to address service fragilities (Feb–Mar 2025)
- Implement and monitor efficiency improvements (Apr 2025 onwards)



Summary of Current Status

- Work continues to minimise agency reliance in Estates and Facilities

Progress and Achievements

- FSCG Authorisation for variable pay secured, providing greater cost control

Lead Executive Response

- Committed to reducing agency usage within Estates and Facilities
- Ongoing development of local plans with operational teams

Documented Plan and Dates for Delivery

- Plans under development; aligned with operational teams and the cleaning standards paper

Next Steps

- Continue to improve understanding of fragile services and their impact on Estates/Facilities
- Sustainably support implementation of the cleaning standards paper across all facilities

Evidence and Assurance

- FSCG Authorisation confirms commitment to control staffing costs and variable pay

Conclusion



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Taken together, the Nurse Stabilisation Programme, Medical Workforce Stabilisation Scheme, AHP, Scientists, and Therapies Efficiency Programme, Administrative and Clerical Workforce Stabilisation, and Estates and Facilities Variable Pay initiatives demonstrate a consistent, evidence-based approach to meeting the Targeted Intervention (TI) criteria 45. Each scheme directly addresses critical workforce and financial risks by reducing agency reliance, improving retention and well-being, and embedding clear governance and accountability.

Across all staff groups clinical and non-clinical there is a shared focus on building a sustainable, cost-effective workforce that supports high-quality patient care. The alignment of these schemes under robust governance structures, with several programmes having milestones and Executive Leadership oversight, provides assurance that the right actions are being taken to stabilise services and manage variable pay effectively. By systematically achieving the key deliverables in each programme area whether it is zero A&C agency usage, introducing medical agency rate caps, or embedding international recruitment into harder-to-fill roles the organisation can move from the current **'Alert'** status to **'Advise'** once plans are fully in place. As tangible results are delivered and stable workforce models are sustained (as evidenced in the Nurse Stabilisation Programme), the status can further progress to **'Assure'** indicating that the improvements have been embedded and risks effectively mitigated.

Overall, this cohesive, targeted strategy not only supports the organisation in fulfilling its TI obligations but also underpins wider objectives for delivering high-quality, efficient care. By uniting nursing, medical, AHP, administrative, and estates teams under a common framework of workforce stabilisation, the Health Board is well-positioned to demonstrate the progress required for eventual de-escalation.



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Criteria	Action	Reporting Group	Committee	Status	Status Change	Status Change Date	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable Documented Plan and Dates for Deliv Actions Outstanding)	Evidence and Assurance	Risk
42	A full and substantive Executive Director Team with a clear organisational structure in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality sustainable care.	TI coordination group	PODC	Advise			Lisa Gostling	<p>The health board has made significant progress in establishing a substantive Executive Director team, a key criterion for de-escalation. Following a competitive recruitment process, Professor Philip Kloer has been appointed as substantive Chief Executive Officer, with plans underway for permanent appointments to the roles of Medical Director and Director of Nursing, Quality, and Patient Experience. These appointments strengthen the board's capacity for long-term strategic leadership, and efforts are ongoing to support additional responsibilities linked to the Deputy Chief Executive role. This structured approach is expected to further enhance leadership continuity and the board's ability to deliver high-quality, sustainable care.</p> <p>In addition, work to strengthen operational leadership capability has also progressed, with 11 key appointments having been made as part of the Operations Directorate Organisational Change Process (OCP). These developments collectively ensure adequate capacity and capability across</p>			No risk identified
43	Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels/professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making use of equality impact assessment safeguarding and participant feedback.	TI coordination group	PODC	Assure			Lisa Gostling	<p>The health board continues to prioritise leadership development across all levels to build management maturity, aligned with the de-escalation framework. Recognising the need to support leaders at all levels and create a pipeline of future leaders, significant resources have been allocated to provide an online INFORM programme. This programme serves as a resource tool for existing and aspiring managers to access as needed. Additionally, a new Hywel Dda Management Programme has been launched to empower supervisors and managers to become more effective, inclusive, resilient, and compassionate leaders.</p> <p>Delivery of the LEAP Leadership programme continues with 5 cohorts completed and 3 currently in progress. Evaluation of the first two cohorts shows that it's exceeding its delivery expectations. 3 cohorts of the New Consultant Programme have been delivered. The organisation now has 37 qualified coaches with 15 cohorts of the Coach Approach programme also having been delivered.</p> <p>Phase 3 of the leadership development programme, spanning Summer 2024 to Spring 2026, incorporates a systematic approach to talent management. Psychometric and group exercises are now part of the recruitment process for Band 8c and above. Additional leadership programmes, including a System Leadership Group Programme, GP Leader Empowerment for Change, and Leading Performance Delivery, are under consideration. These initiatives support a structured pathway for leadership development, with plans in place to evaluate their impact on decision-making and participant feedback, ensuring ongoing alignment with organisational needs and expectations</p>			No risk identified
44	Positive staff engagement in NHS Wales surveys.	TI coordination group	PODC	Assure			Lisa Gostling	<p>Union colleagues to encourage participation in the all-Wales staff survey. This includes 13 drop-in sessions organised throughout October and November to support accessibility and engagement. As of 14th November 2024, 13% of staff have completed the survey, an improvement on the previous year's response rate of 12%. With more staff having participated already and the survey open until 29th November, this response rate shows positive engagement. The survey results, once complete, will provide valuable insights to inform future staff engagement strategies, supporting improvements in workforce feedback mechanisms in line with Targeted Intervention expectations.</p> <p>The 2024 staff survey response yielded an 8% improvement on previous year with a 20% response rate delivered. Improvement secured through the following actions:</p> <ul style="list-style-type: none"> - Key message to staff from the CEO and regular reminders via 'Tim Hywel Dda' sessions - Regular communication threads which connected with staff on Viva Engage, including linking previous results to ongoing work - Widespread staff survey drop-in clinics for all acute and secondary as well as community sites across the two months of the survey being live - A dedicated share point page developed outlining all things staff survey - Incorporated team and directorate response rates into performance meetings with Executives across directorates - Executive communications toolkit that was used within directorates to drive responses - A video with the Head of Culture and Workforce Experience that aligned to trends across social media. <p>The team are now awaiting detailed results of the survey to enable</p>			No risk identified

45	Plans are in place to develop a sustainable workforce resulting in improved staff retention and staff well-being a reduction in the number of vacancies and the number of interim and agency staff. Workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan.	TI coordination group	PODC	Alert	Lisa Gostling	<p>The Nurse Stabilisation Programme is a central element of the health board's workforce sustainability strategy, aimed at reducing reliance on agency staff. Since November 2021, the health board has been working on the development and implementation of the Nursing Workforce Plan. Through the Nursing Stabilisation Programme, we have reduced the 400 Whole Time Equivalent (WTE) gap in funded establishment, which in turn has led to the reduction in nurse agency usage and correlates to our variable pay usage. Integrating international nurses has contributed to this marked reduction, a crucial step toward both financial stability and consistent patient care.</p> <p>From 1st November 2024, further reductions in nurse agency usage are expected, with newly qualified nurses filling additional positions. By March 2025, Bronglais Hospital is anticipated to reach the same stability, ensuring that no planned registered nurse agency bookings remain in place across all areas.</p> <p>As part of our Workforce Regeneration Framework, we have taken a risk-based approach at the service/directorate level. Over 60 operational workforce plans have been created and are currently being reviewed as part of the 2025/26 annual planning cycle. These have been linked into a themed Action Planner to enable workforce planning for Workforce & OD capacity. These will be summarised into professional-led workforce plans for Allied Health Professionals (AHP), Health Care Scientists (HCS), Administrative & Clerical staff (Clinical & Non-Clinical), Medical & MAPS, Nursing, and Additional Professional, Scientific and Technical staff, with professional leadership support by February 2025.</p>	1186 (P) 1649 (C) 1821 (C)
47	Clinical change is led and driven forward by clinical leaders at all levels of the organisation.	TI coordination group	PODC	Advise	Lisa Gostling	<p>There is an ambiguity regarding the current summary, as it focuses on job planning and rota management, which may not fully address the criterion that clinical change is led and driven forward by clinical leaders at all levels of the organisation. The Lead Executive has noted uncertainty about whether these actions sufficiently answer the requirement.</p> <p>To more effectively address the criterion, it is suggested to include examples of clinically led change. Significant instances include clinician engagement in the Clinical Services Plan (CSP), where clinical leaders have played a central role in shaping future service models. Service changes implemented in Tregaron, Prince Philip Hospital Minor Injuries Unit (PPH MIU), and Paediatrics at Bronglais General Hospital (BGH) are all driven by clinical leadership, demonstrating active involvement of clinicians in leading change.</p> <p>Additionally, medical job planning and rota management have been strengthened, with 92% of medical staff now having current job plans, 77% of which were reviewed within the last year. While these measures support clinical leaders by enhancing workforce retention and reducing agency dependency, including direct examples of clinically led change would more fully demonstrate compliance with the criterion.</p> <p>Note: There is a need to clarify the appropriate Executive Lead for this criterion.</p>	1191 (P) 1189 (P)
49	Effective use of data to help demonstrate improvements in leadership.	TI coordination group	PODC	Assure	Lisa Gostling	<p>board, with various initiatives demonstrating the effective use of data to improve leadership. The culture progression report and workforce metrics provide insights into leadership improvements. Clinical leaders play an active role in data-informed initiatives, such as the Nurse Stabilisation Programme's impact analysis and targeted improvements in areas like Angharad Ward and Prince Philip Hospital, where clinical data has been leveraged to inform key decisions.</p> <p>During the year, the health board has undertaken intersectional analysis of workforce equality data. This analysis is being used to inform additional deep dive task and finish group work to further understand the experiences of our staff and to highlight any areas where there is potential for discrimination, with actions being implemented to address these issues. The Strategic Equality Plan annual report, workforce equality data and pay gap report was analysed using an intersectional approach and was presented to our Board in September 2024. Underrepresentation of Black, Asian and Minority Ethnic colleagues and our female staff at senior levels and inequity of opportunities to progress and develop were highlighted and a Board development session was held in December 2024 to focus on the issues highlighted, as well as a full exploration of the Workforce Race Equality Data (WRES) and NHS staff survey, in regard to discrimination, lack of opportunity for progression and poor staff experience across each of the protected characteristics. The Board seminar session presented a range of case study experiences to highlight experiences of discrimination, alongside the results of the 2024 WRES feedback report. Whilst the limitations on the reliance of the annual staff survey data was noted (as this was only 12% of employees), the Board reiterated their commitment to addressing systemic issues and to continuing its journey as ambassadors</p>	No risk identified