



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Implementation of Welsh Health Circular WHC (2024) 017
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird, Assistant Director of Business, Partnerships, and Inclusion / Anthony Dean, Chair of Staff Partnership Forum

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

<p><u>Sefyllfa / Situation</u></p> <p>Welsh Health Circular WHC (2024) 017 required the provision of final completion and outcome reports relating to the implementation of the non-pay elements of the collective agreement for 2022-2024 for Agenda for Change (AfC) staff. This report provides assurance that these have been submitted to Welsh Government (along with a small number of ongoing implementation action plans as appropriate).</p> <p>In order for the Health Board to comply with Welsh Government reporting timescales this report (Appendix 1) was submitted on 23 January 2025.</p> <p><u>Cefndir / Background</u></p> <p>The Welsh Health Circular (2024) 017 provides a framework for delivery in partnership on progress in a number of key areas. Each Health Board has been required to submit updates to Welsh Government in this regard at regular intervals throughout the year (May 2024, July 2024, September 2024 and January 2025).</p> <p>The January 2025 update requested completion / outcome reports against a number of specified actions, as well as any action plans in place for ongoing implementation where appropriate. Our submission confirmed that the Health Board is on track to fully meet the requirements of the circular, and where appropriate, ongoing implementation / action plans were provided.”</p> <p>In addition to the sharing of the Welsh Government submission, this paper also includes an overview of the progress of four associated workstreams which are co-delivered with Staff Partnership Forum members. Staff Partnership Forum established four workstreams in December 2023 following a scoping exercise of the key issues arising from the non-pay deal in relation to:</p> <ul style="list-style-type: none"> • Flexible working – to include flexible rostering practice and rosters.

- Agency reduction – with links to incentivising pay, contracts and general Terms and Conditions.
- Retention – to include retire and return.
- Sickness absence – to include parity between support for mental health and physical Health.

Asesiad / Assessment

Appended to this SBAR is the update which was submitted to Welsh Government on 23 January 2025 against the key actions set out in WHC (2024) 17. The report provides assurance the actions have been implemented and a small number of ongoing implementation action plans were provided as appropriate.

In addition to the report to Welsh Government, a summary of the progress to date in relation to the four Staff Partnership Forum workstreams and the broader non-pay elements is summarised below.

Flexible working

The Task and Finish Group was established in June 2024, consisting of clinical and operational managers and staff who have a positive outlook on the value of flexible working, and meetings took place monthly. No further meetings have been scheduled beyond January 2025 and any outstanding actions will be embedded into the next phase of our culture change programmes in 2025-26.

An essential focus of the Group has been to explore how to overcome barriers to flexible working across the Health Board (captured in the December 2023 Scoping Workshop and broadly categorised as operational, developmental, behavioural, cultural), with the aim of shifting hearts and minds to build a culture which supports flexible working at team level.

Key actions undertaken since the implementation of the Group include:

- Creating a monthly data report of flexible working requests recorded in Electronic Staffing Record (ESR) to monitor trends and progress.
- Promoting the Health Board's Flexible Working Toolkit, which was developed in 2023 as a resource to support both staff and managers.
- Promoting the new video developed by Digital Workforce and Productivity Solutions Team at National Health Service Wales Shared Services Partnership (NWSSP) to support the use of flexible working functionality in ESR, which highlights the transactional process for recording flexible working arrangements in ESR and touches on key elements of the Flexible Working Policy that the system does not fully align with or make explicit:
[Gweithio'n Hyblyg yn ESR](#)
- Encouraging staff to share a copy of their flexible working application with their Operational Workforce team at the same time as they submit it to their manager to enable support for both from an early stage of the process, with a view to reaching an agreement.
- Educating managers as part of the Health Board's Management Development Programme in relation to the NHS Wales Flexible Working Policy and our commitment to the principle that flexible working becomes the default, including supporting managers to make a cultural shift from "*We can't do this because...*" to "*How can we make this happen*"?

- Designing a new session for delivery on the Health Board's LEAP Leadership Development Programme, with a focus on fostering a leadership culture which promotes flexible working at team level, to be launched in March 2025.
- Planning a flexible working maturity assessment pilot project, to begin in January/February 2025 by adding an assessment of flexible working maturity into our Organisational Development (OD) Relationship Managers' exploration phase when working with services/teams. This project is being planned and managed from a quality improvement perspective in line with Improvement Cymru Academy's Improvement in Practice methodology of setting improvement aims, measuring outcomes and testing changes on a small scale before applying them widely.

As this work also aligns with the Health Board's wider retention programme, updates are shared with the specific Retention Groups, including Nursing, Medical and Allied Health Professionals and Healthcare Sciences, and the Rostering Group as necessary.

Agency Reduction

The Task and Finish group is well-established and continues to meet regularly to discuss various elements within the National Workplan. The variable pay reduction group for Nursing has been stood down. Instead, operational meetings with heads of nursing have been set up to replace it, allowing for more detailed discussions and the development of action plans linked to agency reduction.

Nursing challenges persist, particularly with skill mix and front door service demand, which are putting additional pressures on newly qualified nurses and international nurses alike. These pressures have been particularly noted in Glangwili and Witybush, where risks have been raised to highlight the issue and provide the necessary mitigation measures. These measures aim to minimise agency spend and maintain stabilisation within the nursing workforce.

To address these challenges, a series of targeted initiatives have been introduced. These include enhanced support for newly qualified nurses, tailored training programmes for international nurses, and improved resource allocation to ensure a balanced skill mix. Additionally, efforts are being made to streamline front door services to reduce the immediate demand on nursing staff.

The ongoing situation is being closely monitored, and further adjustments will be made as needed to ensure the sustainability of these efforts. It is anticipated that these challenges and the corresponding mitigation strategies will continue into the first quarter of 2025. Continuous engagement with nursing leaders and frontline staff will be crucial in navigating this period and achieving the desired outcomes.

The Medical Stabilisation Group remains the current priority in identifying agency and bank locum reductions. This group will form part of a wider initiative supported by the workforce, finance, medical, and operational directorates. Their task is to assess, analyse, and create action plans for reducing agency usage as a first stage before moving on to bank locum usage. The group's work includes supporting the revised medical rate card, along with medical rostering and efficiency program for medical staff.

Operational agency reduction groups have been established for each speciality within Allied Health Professions (AHP) and Health Sciences. These groups aim to follow the nursing reporting structure, allowing for detailed discussions, action plans, and risk mitigations to take place. By mirroring the nursing structure, the groups can ensure a consistent approach across different specialities, fostering collaboration and sharing best practices. These groups are also

supporting by the deputy directors to ensure the correct balance between controls and support for staff.

Further updates on these increased controls will be provided through the Value and Sustainability Group. This group will oversee the implementation of the new measures and ensure they align with the overall strategic goals. Additionally, the Variable Pay Reduction and Efficiency Group will offer support, focusing on reducing variable pay costs and improving efficiency across the board.

December's agency spend shows a new sustained reduction, with further planned agency reduction due to take place in March 2025 to coincide with the completion of the Bronglais international nursing recruitment programme. Medical Allied Health Professionals (AHP) and Health Sciences Health Care support worker agency has increased. This is mainly due to an increase in unfilled positions, linked to increased demand and unavailability (sickness/annual leave) over the Christmas period.

Professional Group	February 2024	June 2024	August 2024	October 2024	December 2024
Nursing	£1.8m	£1.1m	£1.06m	£750k	£755k
Medical	£407k	321k	£485k	£409k	£514k
Allied Health Professionals and Health Sciences	£54K	£48k	£85k	£51k	£96k
Healthcare Support Workers	£48k	£4K	£15k	£1.3k	£8.4k

Retention to include Retire and Return

The Task and Finish Group was established in May 2024, consisting of clinical and operational managers and staff who have experienced the retire and return process.

Prior to May 2024, an initial discovery piece of work was carried out, including a focus group and a survey which was shared with all staff who had retired and returned. Feedback from both methods informed the Task and Finish Group's priorities. Looking ahead, the Group will continue to meet in the short term, with a key focus on promoting and educating, including signposting to the NHS Wales Flexible Pensions Policy and Health Board SharePoint page. We also intend to re-survey staff to pulse check their views/knowledge on flexible retirement as an ongoing means of evaluation. Once the Group meetings draw to a close, any outstanding actions will be embedded into the next phase of our culture change programmes in 2025-26.

Key actions undertaken since the implementation of the Group include:

- Developing a SharePoint page to provide a one stop resource for staff who wish to find out more about either retirement or flexible retirement has received 1170 views to date (Jan 2025): [Retirement and Flexible Retirement \(sharepoint.com\)](#)
- Creating and launching a video training resource for both managers and staff to showcase how a coaching conversation can take place on the subject of flexible

retirement, which is available on the SharePoint page, along with other useful videos and webinars.

- Planning a targeted communications campaign to promote the new NHS Wales Flexible Pensions Policy, including offering staff the opportunity to ask questions over Teams around how to access their pension or part of it and/or plan for retirement through utilising the flexibilities available within the scheme which fit with employees' aspirations for flexible working and work/life balance.
- Delivering a *Planning a Positive Retirement* course over Teams via Affinity Connect.
- Seeking views from the NHS Wales Agile Network to explore what other Health Boards are doing in this area: similar barriers to shifting hearts and minds on flexible retirement are being experienced across organisations.

This Group's work is focused on retire and return, however it dovetails with the Health Board's overarching retention work programme and the following criteria set out in the Welsh Health Circular//2024/017, which we regularly provide assurance against:

- Implement and monitoring of the Nurse Retention Plan.
- Implement and monitoring of other professional group retention strategies.

A report was provided to PODCC on 16 December 2024 as a progress update in relation to our retention work programme, with a particular focus on this Planning Objective and progress with implementing the recommendations included in the Retention Discovery Report. The Committee took assurance that these work programmes are on track and appropriate progression towards the ambitious target figures will be made within the full year timeline.

Sickness / Wellbeing

Numerous meetings of the Task and Finish group have taken place to date, initially meetings took place on a biweekly basis and then monthly. No further meetings have been scheduled beyond January and any outstanding actions will be subsumed into the work streams of each respective Workforce and OD function and progress forward business as usual.

Actions undertaken since the implementation of the group include:

To improve managers' skills and knowledge in respect of sickness absence:

- A full review of the All Wales Managing Attendance at Work online training provision has taken place to ensure the training is accessible to all and fit for purpose.
- A link for the All Wales Managing Attendance online training is visible and has been embedded within the respective Policy addendums.
- The Workforce Sickness Absence Advisor has developed a program of works focusing on deep dives into prevalent high sickness areas with focus on managers understanding of the sickness absence process and how best to support their staff, with bespoke action plans/additional training devised to support.
- Individual support/training from Workforce teams is ongoing and additional support is actioned on request.
- Working with the Senior Nurses and services to provide more tailored training/support for managers with high sickness absence in their teams.
- Regular sickness absence advice and support updates (from Workforce, Occupational Health and Staff Psychological Wellbeing teams) communicated in Directorate meetings and Partnership Forum.
- Areas of the All Wales Managing Attendance policy have been identified for bite size training, a project group within the Workforce team has been established to take this forward in partnership with Learning and Development colleagues.

Application of compassionate leadership and management support:

- Compassionate Leadership training - Leading others with compassion and kindness, and extending compassion and kindness to oneself, form part of the Health Board's management development programmes including The Hywel Dda Manager, and leadership development programmes, including LEAP and STAR. Relevant elements of these programmes have been developed in line with the Health Board's culture framework, which includes Compassionate Leadership principles.
- Launch of "Speak Up" initiative to promote and build a culture of psychological safety.

Improving digital access capability/provide alternatives to digital resources (to support reasonable adjustments and redeployment opportunities):

- All training available is sign posted e.g. Microsoft training, also Webinars advertised for Neurodivergent support.
- Learning and Development, in collaboration with Workforce teams, work together on a case by case basis to develop digital skills for individuals to support reasonable adjustments and redeployment.

Improved conversations and dialogue between staff and their manager. Provide safe spaces for better engagement.

- Guidance in respect of psychological safety is included in the Management Training programme and LEAP. Sessions describe what a safe space is and tips for creating and fostering psychological safety. Focused on creating psychological safety in general. There is also a toolkit for wellbeing, safety and trust.
- Workforce teams, Occupational Health and Staff Psychological Wellbeing teams will signpost managers to guidance on ESR for wellbeing conversations.

Clear focus on prevention of sickness absence:

- Workforce teams ensuring training & support is signposted for staff requiring reasonable adjustments / redeployment to support employees to remain in work.
- Reasonable adjustments - signposted advice and support for managers via Occupational Health SharePoint pages and via Occupational Health referrals.
- Same day call back for managers from Occupational Health.
- Small working group established to devise guidance for managers on advisory components of a good management referral.
- A number of health passport have been scoped and focus groups held with staff networks in order to determine the right passport to implement for the Health Board.
- Specific bite size training to be developed to cover this aspect (working group established)

Better understanding of menopause symptoms and better support available for managers and staff:

- Menopause awareness raising sessions have, and will continue to be, delivered. Occupational Health support and recommendations regarding reasonable adjustments provided on an ongoing basis.
- Guidance on symptoms and potential solutions highlighted on Occupational Health SharePoint pages.
- Menopause Café and resources available online.
- New resource available on Staff Psychological Wellbeing SharePoint on the menopause
- Recorded sessions for managers and staff on menopause and perimenopause available on the Diversity and Inclusion SharePoint page.

Reasonable Adjustments

- Draft guidance has been developed for temporary redeployment in line with All Wales Sickness Absence Policy.
- A number of health passports have been scoped and focus groups held with staff networks in order to determine the right passport to implement for the Health Board.
- ACAS guidance on reasonable adjustments embedded in Occupational Health's SharePoint page.

Role modelling

- Senior Leadership Teams were engaged in the flu programme – Occupational Health lobbied Nurse Senior Leadership group for sponsors and role models.
- Numerous volunteers “recruited” as peer vaccinators following recruitment campaign, regular communications and Flu campaign video.
- Wellbeing Champion Network was expanded – global advert and successfully recruited 100+ wellbeing champions.

Improved Resources to support Wellbeing and Mental Health:

- A full analysis of Mental Health sickness statistics has been carried out to establish whether there are any meaningful correlations.
- The Wellbeing action plan has been devised as a result of the needs that were expressed in the Wellbeing survey of 2022 survey is complete and is due to be launched soon.
- Occupational Health key performance indicators (KPI) data is available on request and reported to Welsh Government.
- SharePoint access for support and advice to improve Mental Health.
- The Big Step Challenge to be launched in spring to support health and wellbeing of staff. It is a six week program and staff can join up either individually or as a team.

Actions to be carried over – Business as Usual:

- Bite size 5/10 minute training sessions to be developed to complement and enhance the All Wales Attendance at Work training e.g. ‘how to’ guide to implement reasonable adjustments and tailored adjustments, and reporting requirements on ESR to ensure more meaningful data collection specifically the recording of work related stress.
- Scoping is taking place around how to further embed the principles of compassionate leadership into Organisational Development interventions and resources, and leadership and wellbeing training in line with Health Education Improvement Wales (HEIW), Compassionate Leadership Train the Trainer course.
- Skills training analysis to be embedded in the redeployment/temporary redeployment process.
- Business cards / posters with QR codes to Staff Wellbeing and Occupational Health (OH) resources are in development to link to both the internet and intranet.
- Links to SharePoint for OH and Staff Wellbeing resources will be included in sickness absence letters, once the QR gateway established.
- Work is ongoing to develop improved guidance on management referrals to OH.
- ACAS guidance is being used to develop a bespoke Hywel Dda reasonable adjustments guide for staff and managers.
- The use of case studies as part of training will provide a better understanding of reasonable adjustments. Cultural work around how reasonable adjustments can benefit the team and working environment is also ongoing.
- A focus group was arranged in November / December 2024 to discuss and finalise a proposed Health passport.

- Staff Psychological and Wellbeing Service survey feedback will be analysed and the outcomes used to focus on improvements and initiatives.
- Key metrics and statistics will be analysed to determine if there are any meaningful correlations e.g. how many people return to work within a 12-week window, breakdown of top 5 reasons for sickness, short term versus long term sickness, repeat patterns of sickness.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the final update report (attached) which was submitted to Welsh Government on 23 January 2025 in line with the requirements of Welsh Health Circular (2024) 017.
- **NOTE** updates provided on the collaborative workstream activity on other areas of the non-pay deal.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field. 2.2 To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	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:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circular (2024) 017 - Implementation of the Non-pay Elements of the 2022-4 Collective Agreement.
Rhestr Termiau: Glossary of Terms:	Not Applicable.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	The contents of the submission to Welsh Government was shared with Trade Union Representatives and signed off by the Chair of Staff partnership Forum.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None arising from this paper.
Ansawdd / Gofal Claf: Quality / Patient Care:	None arising from this paper.
Gweithlu: Workforce:	None arising from this paper.
Risg: Risk:	Delivery on the Welsh Health Circular must be reported to Welsh Government at specified intervals. Failure to comply may impact our relationship with Welsh Government and our local and national trade unions.
Cyfreithiol: Legal:	None arising from this paper.

Enw Da: Reputational:	Reputational risks may arise from a failure to implement all aspects of the Welsh Health Circular within our control.
Gyfrinachedd: Privacy:	None arising from this paper.
Cydraddoldeb: Equality:	None arising from this paper.

Hywel Dda University Health Board - Non-Pay Elements of the collective pay deal 2022/23 and 2023/24 - January 2025 Update

Non-Pay Element	Summary of implementation thus far	What is your jointly agreed level of confidence that it is being implemented consistently in your organisation (Very high, high, neutral, low, very low)?	Have you jointly agreed an action plan to facilitate ongoing implementation?	Is your action plan for ongoing implementation attached?
Confirm implementation of the all-Wales Pensions Flexibilities Policy on retire and return.	Policy agreed by our People Committee on 29 October 2024 and live on our SharePoint page for staff to access.	High	N/A	N/A
Confirm that staff have access to drinking water (freely available within the workplace) and that this is enabled not prevented by Infection Prevention and Control through risk assessments and with clear local guidance, taking the environment and patient risk groups into consideration.	Drinking water is available in all departments from taps within kitchens and is from the potable supply. Infection Prevention and Control will not prevent access to water. If a department feels that they require a water cooler, then there is a risk assessment for the service to complete and present to the Water Safety Group for discussion. Water coolers for all Accident and Emergency / Minor Injuries Departments are currently on order.	High	N/A	N/A
Review how Unsocial Hours Allowance is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.	<p>Consultation has now closed, with one further amendment being made to the draft policy. The amended policy will now allow for a decision making panel, inclusive of the individual's manager as well as colleagues from Occupational Health and Workforce. A Trade Union Representative will also be invited to join the virtual panel. We believe this strengthens our approach to working in social partnership with TU colleagues.</p> <p>Confirmation of completion of the element of this action associated with unsocial hours was provided as part of the July 2024 return.</p> <p>Supporting documentation was provided to Welsh Government and is available for review. Please email: workforcebusinesssupport.hdd@wales.nhs.uk</p>	High	Yes	Yes
Review the use of radiography on-call standby in out of hour's arrangements to ensure that the frequency of on-call standby does not negatively impact an individual's work-life balance consistent with the twelve principles set out in Table 22, Annex 29 of the NHS Terms and Conditions of Service Handbook.	<p>A review of the current on-call arrangements has been undertaken. Some negative impacts have been identified, which will be fed into the ongoing annual planning cycle process and will, in time, form part of business as usual.</p> <p>Radiology and Workforce Planning teams are actively engaged in the Annual Planning Cycle process, and as such are working together to develop an Operational Workforce Plan.</p> <p>The Operational Workforce Plan embedded below includes key issues by site and the Workforce requirements and / or control measures to mitigate the negative impacts. Due to the additional resources required this has been fed into the annual planning cycle process.</p> <p>Supporting documentation was provided to Welsh Government and is available for review. Please email: workforcebusinesssupport.hdd@wales.nhs.uk</p>	<p>High in terms of review having been undertaken, as per the assigned action listed in column A.</p> <p>Required changes are dependent on the annual planning cycle which is imminent, where additional posts are being requested. Retention is also an issue currently under review.</p>	Yes	Yes

Non-Pay Element	Summary of implementation thus far	What is your jointly agreed level of confidence that it is being implemented consistently in your organisation (Very high, high, neutral, low, very low)?	Have you jointly agreed an action plan to facilitate ongoing implementation?	Is your action plan for ongoing implementation attached?
Implementing and monitoring of the HEIW Nursing for the Future Workforce Plan	The HEIW Consultation on Nursing has closed and a follow up session is planned for May 2025 (further details available on HEIW website). We continue to engage with colleagues within the HB and with HEIW.	High	N/A	N/A
Implementation and monitoring of the Nurse Retention Plan	<p>At the beginning of our retention journey in 2021, Hywel Dda was the first Health Board in Wales to make a proactive investment in specific strategies to create environments that support, nurture and retain our workforce, as well as develop and expand our future pipeline. When our Nurse Retention Group was initially established in 2022, we committed to deliver a 1% reduction in turnover of nursing and midwifery staff in 2022-23, however we exceeded this ambition, as illustrated below:</p> <p>Nurse Retention Turnover Registered - 12 months to Dec 22: 8.19% turnover Registered - 12 months to Dec 23: 5.15% turnover Unregistered - 12 months to Dec 22: 8.94% turnover Unregistered - 12 months to Dec 23: 7.16% turnover</p> <p>More recently, we have also welcomed HEIW’s articulation of the NHS Wales ambition in relation to retention and are extremely grateful for their fixed-term funding for our Retention Lead post. This support has given us an exciting opportunity to accelerate and strengthen our excellent work already underway, whilst aligning with the NHS Wales programme.</p> <p>Our Health Board Nurse Retention Action Plan is governed by our Nurse Retention Group, which meets on a 4-week basis. Our Plan has been mapped to the NHS Wales Nurse Retention Plan to ensure alignment with national priorities and we have continued the positive trajectory of implementation.</p> <p>Some recent examples of work include:</p> <ul style="list-style-type: none"> • Supporting International Staff: contributing to the NHS Wales IEN app which supports their on-boarding. • Development and Career Planning: progressing the ‘Day in the Life’ stories, where we collect experiences of nursing staff from a demographically wide selection to understand their unique individual experiences and highlight areas of good practice. This will also help to showcase different ways of obtaining qualifications and entering nursing roles within the Health Board, which will hopefully support internal movement within the organisation. • Flexible Working: working in partnership with our TU colleagues, a Task and Finish Group has been established, consisting of managers and staff who have a progressive approach to flexible working. An example of a key action undertake to date is a flexible working maturity assessment 	Very High	N/A	N/A

Non-Pay Element	Summary of implementation thus far	What is your jointly agreed level of confidence that it is being implemented consistently in your organisation (Very high, high, neutral, low, very low)?	Have you jointly agreed an action plan to facilitate ongoing implementation?	Is your action plan for ongoing implementation attached?
	<p>pilot project, due to begin in January 2025, which is being planned and managed from a quality improvement perspective and includes two nursing unscheduled care teams.</p> <ul style="list-style-type: none"> Flexible Retirement: working in partnership with our TU colleagues, a Task and Finish Group has been established, consisting of managers and staff who have experienced the retire and return process. Examples of key actions undertaken to date include creating a video as a training resource for both managers and staff to showcase how a coaching conversation can take place about flexible retirement and creating a SharePoint page to capture all information pertaining to retire and return. Recognising and Rewarding Staff: capturing positive and empowering staff stories of best practice and 'centres of excellence' across the Health Board which hold significant learning value, and thereby act as an important means of increasing energy and motivation around how we scale and spread some of these transformational changes. <p>Our 12-month Nursing turnover rate has increased slightly from 5.25% in November 2023 to 5.78% in November 2024 (+0.53%), however we have continued the positive trajectory of implementation of our Nurse Retention Plan, with all work programmes being on track and appropriate progression towards our 2024-25 target figures being made. We are also extremely proud to continue to be the best performing Health Board in Wales for our registered nursing turnover rate.</p>			
Implement and monitoring of the Birthrate Plus report	<p>Birthrate Plus supports the Health Board to understand the needs of the service and helps to ensure that staffing ratios are correct to provide safe and effective care. Hywel Dda University Health Board has a challenging geographical landscape and offers obstetric led services in both Bronglais and Glangwili General Hospital. The Health Board also provides a supportive homebirth service and community midwifery care delivered across Carmarthenshire, Pembrokeshire and Ceredigion. The Health Board also delivers obstetric led antenatal clinics at Glangwili General Hospital, Withybush General Hospital, Bronglais General Hospital and Prince Phillip Hospital.</p> <p>The midwifery and associated health support worker roles are defined by Birthrate Plus and these form the foundations of the workforce establishments. The workforce establishments are reviewed by the service weekly, the review confirms that the Birthrate Plus report has been implemented in its entirety and that staffing (both midwifery and support worker roles) align to the requirements as set out in the Birthrate Plus report across the Health Board. The acute sites and antenatal clinics across the whole Health Board are fully birthrate plus compliant. There are a variety of</p>	Very High	Yes	Across the whole Health Board, any shortfall in midwifery establishments are covered by variable rate pay to ensure that minimum staffing numbers are always achieved in line with Birthrate plus. The maternity service does not utilise external agency. Monitoring of the Birthrate Plus report is achieved by utilising an approved acuity tool, with a clear pathway in place for escalation utilising senior midwifery managers to support the achievement of safe staffing when acuity is escalated. A collaborative approach with the Recruitment Efficiency Team will continue to ensure all options are explored to support recruitment in hard to appoint areas. This monitoring alongside assessment of roster efficiency will continue throughout 2025, and any concerns or shortfalls will be escalated accordingly. The service is in the process of completing a Strategic Workforce Plan for 2025 which takes into consideration the birthrate, complexities of women and birthing

Non-Pay Element	Summary of implementation thus far	What is your jointly agreed level of confidence that it is being implemented consistently in your organisation (Very high, high, neutral, low, very low)?	Have you jointly agreed an action plan to facilitate ongoing implementation?	Is your action plan for ongoing implementation attached?
	<p>Specialist roles to meet the populations and service needs and these are fully staffed.</p> <p>For Community Midwifery across HDUHB there are 1.8 WTE midwifery vacancies across rural community teams, the roles have been advertised several times, but successful appointment has not been possible due to the lack of suitable applicants. The Health Board recognises the challenges associated with rurality and hard to appoint areas and the service is actively engaging with the Recruitment Efficiency Team to seek more innovative and inclusive ways of appointing moving forward. In the interim, any gaps in the rota are filled with variable rate pay using bank and support from other midwifery community teams.</p>			<p>people, the rurality and unique challenges associated with this alongside consideration of the age profile of staff (notably 32% of midwives are aged 51 and over), challenges in recruitment as well as on-boarding with streamlining and other recruitments pathways to ensure a consistent and sustained workforce for the future</p>
Implement and monitoring of other professional group retention strategies	<p>Medical Retention Our Medical Retention Group was established in 2023 and continues to meet on a 6-week basis. In June of this year, in collaboration with our Executive Medical Leadership Team, we committed to increasing the engagement of our clinical colleagues and are currently exploring pilot projects to support this. We also widened membership of the Group to ensure representation from Primary Care, GPs and Mental Health, and our Interim Deputy Medical Director has stepped into the role of Co-chair, alongside our Head of Organisation Relations to reinforce the clinical commitment.</p> <p>Our Medical Retention Action Plan mirrors the headings and elements of our Nurse Retention Plan. In the same way that we capture staff stories for Nurse Retention, we are utilising this methodology through engaging with our medical colleagues to capture positive experiences and spotlight best practice. In relation to Development and Career Planning, further examples of work are increasing education in relation to the portfolio pathway (CESR) and our New Consultants Development Programme which enables our new consultants to learn more about Hywel Dda as an organisation, while simultaneously establishing a network of peers from across all sites.</p> <p>Although our 12-month Medical turnover rate decreased in Sept and Oct 2024 consecutively, it increased from 11.22% in November 2023 to 12.68% in November 2024 (+1.46%). However we have continued the positive trajectory of implementation of our Medical Retention Plan, with all work programmes being on track and appropriate progression towards our 2024-25 target figures being made. Also, in the context of our Medical and AHP and HCS retention progress updates, of note is one of the key learnings from our Nurse retention work in relation to a time lag from the establishment of the Task and Finish Group to when the sustainable reduction in turnover begins to take effect.</p> <p>AHP and HCS Retention</p>	Very High	N/A	N/A

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	<p>Exploration work and research has been finalised and is informing the early stages of our newly established (December 2024) AHP and HCS Retention Group. Supported by the Executive AHP and HCS Leadership Team, we have engaged with key stakeholders, including AHP and HCS Forums. There is also an ongoing communication within the NHS Wales Community of Practice groups to support this work, where our Health Board Retention Lead is engaging nationally to ensure alignment. Our 12-month AHP turnover rate has increased from 8.51% in November 2023 to 9.39% in November 2024 (+0.88%) and HCS turnover rate has increased slightly from 7.60% in November 2023 to 7.74% in November 2024 (+0.14%). These baseline figures will be used to monitor our progress going forward.</p> <p>Retention Groups' Collective Purpose and Responsibilities Each of our Retention Groups are jointly sponsored by Workforce and OD and relevant Clinical Directors, with the overall aim of:</p> <ul style="list-style-type: none"> Overseeing projects to deliver an improvement in the turnover of Nursing and Midwifery/Medical/AHP and HCS colleagues across Hywel Dda to be the best in the NHS in Wales. Exploring how our colleagues feel about their unique experiences at work and what changes the organisation needs to put in place to improve. Contributing to a reduction in turnover (as agreed annually in line with Planning Objectives). <p>Additionally, the agreed overall responsibilities of each Group are to:</p> <ul style="list-style-type: none"> Identify, deliver and realise opportunities to think and work differently, with a focus on enhancing how we resource and retain our Nursing and Midwifery/Medical/ AHP and HCS staff, utilising national and local guidance and initiatives to bring into the workplace. Facilitate the reputation of Hywel Dda as an employer of choice. <p>As part of the exploration phase prior to establishing each of our Retention Groups, we carefully analysed the data and intelligence for each staffing group, including a bespoke paper in relation to Retention Research for the specific staffing group prepared by our OD Researcher, layered with Health Board baseline data. Engagement and planning workshops were then held with key stakeholders to start shaping an action plan to develop responses grounded in organisational evidence and learning.</p> <p>We have also developed a dedicated SharePoint page for retention, which helps signpost and act as an online hub to host positive stories and promote our ongoing work.</p>			
Implement appropriate to local circumstances the HEIW "Staff health and	An update on the action plan submitted as part of the September 2024 update is as follows:	Very High	N/A	N/A

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Wellbeing best practice guide” (incorporating nutrition and rest aspects of the staff welfare project).	<ol style="list-style-type: none"> 1. The communication plan for the Health and Wellbeing Best Practice Guide has been fully implemented. 2. The toolkits for the People Culture Plans are being revised by the OD Relationship Manager team, with the aim to fully complete the revisions by the end of May 2025. 3. The Staff Psychological and Wellbeing Service continue to access the guide as needed. 4. A Health and Wellbeing Steering Group will be established in the first quarter of 2025. <p>Other work undertaken includes:</p> <p>Rota design The HB endeavours to design rotas with rota participants in accordance with contractual requirements. All rotas are in the process of being reviewed by end of Feb 2025 – these actions are set out in the HB’s Fatigue and Facilities Charter action plan which is discussed at the Local Negotiating Committee (LNC). Individuals who opt for the new contractual commitments relating to rest will be able to work in accordance with the control limits should they so choose. These include working no more than four long consecutive shifts, not working more than 72 hrs in a 168 hr window, ensuring 46 hrs rest after working a set of night shifts etc. Doctors who miss their breaks are able to raise the issue with the Directorate team and alternative arrangements can then be made. The Workforce Efficiency team are also working with the LNC to implement a new e-rostering system to further enhance rota design.</p> <p>Rest areas Designated areas have been identified for most groups although ensuring adequate rest facilities remains an issue on some sites for certain groups eg. Specialty doctors access on the Bronglais Hospital site. However, a wellbeing space has been identified for them to access in the library which is available out of hours. In most other areas mess facilities are provided and available. Some rest areas are located in catering areas although this remains under review.</p> <p>Food/Beverages Staff have access to all of the Health Board restaurants for hot and cold meals on average 7 hours per day. This includes breakfast, lunch and supper. Food and drink facilities then switches to vending facilities with microwave provision.</p> <p>Parking</p>			

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	<p>The HB is progressing numerous schemes in order to improve and resolve traffic and parking for staff. Car parks are in the main well lit and meet the British Parking Association standards. Parking for night shift workers is almost always available due to significant reduction in demand at acute sites by night.</p> <p>Emergency rest provision facilities Accommodation facilities are provided at each of the main hospital sites When available accommodation is provided for staff who may be too tired to travel home and work is on-going to to improve availability.</p>			
Welsh Health Circular (2024) 012 Nursing Preceptorship	<p>A Preceptorship programme is established with all NRNs & IENs encouraged to attend. This includes delivery of clinical supervision. Evaluation of the cohort completing in March 2025 is planned. Data collection of those who have undertaken preceptorship training is now more robust and a focus on improvement is in place.</p> <p>Clinical Supervision is available to all nursing staff with processes to raise awareness, access training & supervision and delivery being reviewed. Discussions are ongoing with the university regarding re-establishing a clinical supervisor course. Attendance at training and a register of supervisors will be held centrally when available.</p> <p>A Task and Finish group to agree a targeted approach to training is due to meet in February 2025.</p> <p>Supporting documentation was provided to Welsh Government and is available for review. Please email: workforcebusinesssupport.hdd@wales.nhs.uk</p>	High	Yes	Yes
Confirm implementation of the all-Wales Occupational Health minimum service levels/key performance indicators (incorporating monitoring and support).	<p>The All-Wales Occupational Health Minimum Standards have been implemented. Full details around compliance against each element is detailed within the attached Word document.</p> <p>Supporting documentation was provided to Welsh Government and is available for review. Please email: workforcebusinesssupport.hdd@wales.nhs.uk</p>	Very High	Yes	Yes
Implement appropriate to local circumstances the HEIW Continuing Professional Development Strategy. Have the long-term goal for all staff protected time as parity with medics but set specific	<p>Overall Progress: In order to develop a clear implementation plan, a Multi-professional CPD Task and Finish Group has been established that has now been incorporated into a business-as-usual approach. From the CPD T&F Group, an action plan is ongoing which has formed part of previous submissions. Operational Workforce plans have been aligned with Education & Commissioning, Study</p>	Very High	Yes	Yes

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<p>steps to achieving that which are realistic and achievable.</p>	<p>Leave and Higher Awards processes, which going forward ensures development of the workforce in line with service redesign and priorities.</p> <p>The CPD T&F Group have:</p> <ul style="list-style-type: none"> • Scoped out how CPD is currently being recorded in both clinical and non-clinical professions. • Commenced a review of what a CPD record needs to include to satisfy revalidation and re-registration to create an organisational wide CPD data collection method. • Linked CPD to the PADR process. • All manager PADRs will have an objective to ensure team members have sufficient time to undertake mandatory training and any other training identified as part of the PADR. In order to support managers to implement their objective, this will be linked to the Leadership and Management Code of Practice. • All PADR documentation will have an objective to ensure individuals take responsibility and plan for meeting mandatory training requirements and that they own their own development, to embed the culture of personal responsibility. • 'Design of a Toolkit' has commenced to support PADR preparation in terms of CPD and how to manage this, including what constitutes CPD, recognising formal and informal learning. This will also give guidance on how to undertake a personal needs analysis measured against competence and role development. <p>Inter-professional Education</p> <ul style="list-style-type: none"> • An Inter-professional Education Governance Group (IPEGG), aimed at maximising opportunities for inter-professional education from a registered/non-registered and clinical/non-clinical perspective has been established. • Hywel Dda have an Inter-professional Education Strategy 2023-26, with a detailed Inter-professional Education Operational Plan to increase inter-professional education. Case studies have already been produced and significant progress made towards delivering sessions, including both clinical and non-clinical staff, providing experiential learning and utilising experiences from practice situations. This has been supported by a HEFCW £850k collaborative partnership with Swansea University to develop Inter-professional Virtual Reality Learning Scenarios. • A database has been set up to capture all educators across the organisation to support CPD of educators. Opportunities have been given for 'train the trainer' courses, digital delivery skills (including webinars) and Essentials of Simulation. <p>The IPEGG has three workstreams:</p>			

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	<ul style="list-style-type: none"> The Non-registered Workforce Programme group has begun to develop a Support Worker Development Programme, working with Powys Teaching Health Board. The working group have been supporting Subject Matter Experts/clinical educators to ensure sessions are engaging. Scoping is underway to identify what preceptorship provision exists across all professions, this has shown significant variation. Hywel Dda is currently working with other Health Boards within England and Wales who have embedded an inter-professional preceptorship programmes in order to learn from their experience. A Multi-disciplinary System Learning Group has been established which links with Datix incidents, risk and patient experience, using intelligence to drive inter-professional experiences. Centrally recorded data is as a key priority for 2025/26 with work underway to identify how all training data can be captured centrally. This includes determining how we could capture and use workforce diversity data in staff educational development data for reporting and analysis and forms part of a long-term plan. <p>A specific long-term goal for all staff protected time and achieving parity with medics is being considered. The scoping of headroom has been the first element of this, identifying variation in headroom for study leave per staff group and establishments. Statutory, mandatory, regulatory and revalidation requirements have also been scoped to form an overall study leave requirement per staff member. In order to measure impact of creating the CPD requirement, the next phase is to scope the resource required to ensure protected time in addition to the financial impact required. These actions are highlighted in the CPD Action Plan.</p> <p>Supporting documentation was provided to Welsh Government and is available for review. Please email: workforcebusinesssupport.hdd@wales.nhs.uk</p>			