



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **18/02/2025**
Time **09:30 - 12:30**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom**

People, Organisational Development and Culture Committee Meeting

HDD_People, Organisational Development &
Culture Committee

NHS Wales

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1 - GOVERNANCE

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

1.1

09:30, 2 Mins

1.1 - Apologies for Absence

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

1.2

09:32, 3 Mins

1.2 - Declarations of Interest

All

1.3

09:35, 5 Mins

1.3 - Minutes and Matters Arising from the meeting held on 16 December 2024

Chantal Patel (Hywel Dda UHB - Independent Board Member)

| For information

Attachments

[2024-12-16 - People, Organisational Development and Culture Committee Meet--.docx](#)

Draft Minutes People, Organisational Development & Culture Committee

Date of Meeting: **09:30, Monday 16 December 2024**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom; Ystwyth Board Room, Ystwyth, St David's Park**

Present: Mrs Chantal Patel, PODCC Chair/ Independent Member
Ms Anna Lewis, PODCC Vice-Chair/ Independent Member
Ms Ann Murphy, Independent Member
Mrs Delyth Raynsford, Independent Member
Mrs Lisa Gostling, Director of Workforce and Organisational Development/
Deputy CEO (PODCC Executive Lead)
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Dr Ardiana Gjini, Executive Director of Public Health
Mr James Severs, Executive Director of Allied Health Professions and Health
Science
Ms Alwena Hughes-Moakes, Communications and Engagement Director

In Attendance: Mrs Amanda Glanville, Assistant Director of People Development
Ms Carly Hill, Assistant Director - Medical Directorate
Mrs Anna Bird, Assistant Director – Strategic Partnerships, Diversity and
Inclusion
Mrs Clare James, Head of Corporate Governance
Ms Heather Hinkin, Head of Workforce
Ms Christine Davies, Assistant Director of Organisation Development
Professor John Gammon, Strategic Adviser, (Workforce, Education & Training)
Ms Corinna Lloyd-Jones, Head of Organisation Relations
Ms Elin Brock, Head of Research, Innovation and Improvement
Ms Lucy Morgan, Healthcare Apprentice
Ms Janice Cole Williams deputising on behalf of Mrs Sharon Daniel, Executive
Director of Nursing, Quality and Patient Experience
Ms Nicola Fourie, Apprentice Academy
Ms Tracy Walmsley, Assistant Director of People Planning
Ms Michelle James, Head of Resourcing and Utilisation
Ms Sally Hore, Head of Research and Development
Ms Katie Lewis, Committee Services Officer (Minutes)

Minutes Ref.	Item	Action
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PODCC (24)114 **GOVERNANCE AND RISK**

Apologies for Absence

Mrs Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience

PODCC (24)115 **Declarations of Interest**

There were no declarations of interest.

PODCC (24)116 **Minutes and Matters Arising from the meeting held on 29 October 2024**

Decision: The minutes from the meeting held on 20 August 2024 were approved as an accurate record.

PODCC (24)117 **Table of Actions from the meeting held on 29 October 2024**

PODCC 24 (108)- Ms Janice Cole Williams provided a verbal update on the plan to discuss the impact of dementia training for staff at Senior Nurse Manager team meeting the following day to explore opportunities for capturing quantitative data during interactions with patients to demonstrate how training such as the distraction therapies and enhanced support training has improved quality patient experience. While Ms Anna Lewis was pleased to note the update, shared disappointment that this was not provided in advance of the meeting. Mrs Wilson undertook to provide a reminder at Executive Team meeting of the importance of providing updates for the Committee table of actions within the agreed timescales.

JW

Ms Lewis suggested that it will be useful to compile an overarching evaluation of staff training provision to demonstrate value of investments. In agreement, Mrs Patel highlighted that this may be a piece of work already underway by the Assistant Director of Legal and Patient Experience as part of the review of training provision in response to themes identified through complaints and concerns received. Ms Amanda Glanville highlighted that the Mandatory Training Group has recently reformed and provided assurance that the Group will be measuring the impact and value of financial investment for mandatory training as part of the work programme. A collaborative piece of work is underway to establish an interprofessional steering group with representation from the Assistant Director of Nursing (ADoN) for Patient Experience and ADoN for Professional Standards. The Assistant Director of Quality Assurance and Safeguarding will be attending the next meeting to discuss the development of the learning framework, themes and training opportunities.

PODCC **Corporate Risks Assigned to PODCC**
(24)118

Mrs Gostling introduced the Corporate Risks Assigned to PODCC report.

Several actions are underway to reduce medical agency usage across the Health Board which will be included within the Annual Plan 2025/26, and improvements being made to the medical rostering system between now and March 2025 will provide better oversight and management.

Mrs Patel queried whether the reduction in medical agency workforce is likely to have a detrimental impact on quality patient care and waiting lists. Mrs Gostling shared that early indicators from the changes within nursing have showed an improving trend, with less complaints and less incidences reported. The plan is to maximise learning opportunities from this work.

Professor John Gammon noted the corporate risk of 'insufficiently skilled workforce to deliver services due to limited labour market' and reflecting upon the narrative within the report, felt that although it captures the current challenges, does not take into account the Health Board's future workforce planning intentions, such as exploring different scopes of practice, different roles such as the medical practitioner roles, the re-assessment of band 2 and 3 roles, and potentially how the nature of the medical workforce is likely to change. Ms Walmsley recognised that the wider developments for the Workforce Plan are not fully captured within the report, which is being developed as a risk themed approach to ensure the right infrastructure will be in place for sustainable quality services. Mrs Walmsley noted this may not be clear from the risk report however more information is available within the Workforce Planning item on the agenda.

Ms Anna Lewis reflected upon recent discussions at Board and Board Seminar regarding the commitment to support the Equality, Diversity and Inclusion (EDI) Strategy following data concerns (highlighted during the Strategic Equality Plan Annual Report 2023/24 at Board on 26 September 2024). Ms Lewis queried where the associated organisational risks are being recorded and monitored. Ms Walmsley agreed that although there is a Workforce specific Risk Register and work underway in this space including a revised Job Evaluation Policy and Performance and Development Record (PADR) reviews to include EDI discussion prompts, recognised that the specific risks need to be set out. Mrs Gostling and Ms Walmsley undertook to include specific risk on the risk register to amplify Committee and Board level discussions, monitoring of actions and accountability.

LG/TW

Decision: The Committee received assurance from the report.

PODCC **Targeted Intervention Progress Report**
(24)119

Mrs Gostling presented the Targeted Intervention Progress report, highlighting that 21% of staff completed the Staff Survey this year, which is a significant improvement over the previous year's response rate of 12%. The survey results will provide valuable insights to inform future staff

engagement strategies and support improvements in workforce feedback methods. Mrs Gostling highlighted that progress has been made to recruit into key executive position roles, finalising leadership programmes, and implementing workforce plans.

Ms Anna Lewis reflected on the content of the slides and felt that they are remarkably optimistic in light of the significant challenges being faced by the organisation, and did not agree that there are no risks with a number of the objectives contained within the report such as recruitment in to key executive roles, highlighting that there is nothing being done in the Organisation that does not entail risk, particularly with recruitment. Mrs Gostling noted Ms Lewis's concerns and reflected that the 'leadership development' requirements for Targeted Intervention de-escalation have been a challenge to set out and have been dependent on progress on actions such as staff engagement/ feedback (Staff Survey). Leadership Programmes are underway which include an evaluation process.

Discussions continue with Welsh Government to clarify requirements. Ms Lewis noted the way in which the de-escalation requirements have been framed have caused challenges however the progress reports may not be providing an accurate reflection of the amount of work undertaken. Mrs Gostling acknowledged Ms Lewis's point and suggested that the Committee could explore taking the monitoring of the progress of leadership development by looking at training and leadership provided and triangulating with data for disciplinaries, grievances, sickness absence and feedback from the Staff Survey in the future. Ms Lewis agreed that there is an opportunity, if the Health Board meet the requirements for de-escalation, to take it a step further to show how the leadership development is making a real difference for staff and quality services.

In terms of the staff survey results, Ms Christine Davies shared that the progress of the response rate has been positive and there will no doubt be uncomfortable messages and themes from the feedback. The challenge for the Organisation will be to respond to what staff have said. In terms of the leadership development programme, Ms Davies advised that an evaluation report is being fed through the Strategic Planning and Education Group (SPEG) structure and positive feedback has been noted. The selection process for the programmes have been revised for senior managers. Ms Davies provided assurance that the building blocks are being put in place to enhance leadership development however it may take time to feed through the system and make tangible changes.

Mrs Gostling reflected on a number of organisational changes made in response to Targeted Intervention such as the Directorate monthly monitoring and focus meetings which has been a helpful forum to undertake constructive discussions with Directorate leads and make improvements across organisation. The Executive Team will revisit areas of focus to meet the Targeted Intervention de-escalation criteria for 2025/26

Decision: The Committee took assurance from the report.

PODCC **Self Assessment of Committee Effectiveness Report**
(24)120

Mrs Patel presented the Self-Assessment of the Committee Effectiveness Report. No comments or questions were received.

Decision: The Committee received assurance from the progress made against the actions being undertaken to improve the Committees effectiveness.

PEOPLE

PODCC **Staff Story: Apprenticeship Programme**
(24)121

Ms Nicola Fourie and Ms Lucy Morgan joined the meeting.

Ms Lucy Morgan provided her experience of the nurse apprenticeship programme had left school in 2024 and had always wanted to be a nurse and took an opportunity to join the Academi programme following discussions at a College Job Fair open evening. Ms Morgan recalled that the staff were forthcoming to share the highs and lows of the role which was appreciated. Lucy recalled that the 6-week resilience training and induction programme was valuable, and it was reassuring to know there was support available. One of the challenges Ms Morgan raised has been conversing with Welsh speakers due to language barriers. Some of the experiences and skills Ms Morgan has gained since joining the programme has included shadowing experienced staff, the handover of care process for patients during shift changes, risk assessments and assisting with personal care. Ms Morgan feels her confidence has grown considerably in a short period of time and feels excited for the future and grateful for the opportunity to follow her dream of becoming a nurse.

While the programme has received positive feedback, Ms Amanda Glanville shared that a number of recurring comments have been received from discussions with ward managers and staff such as challenges with work ethic. Apprentices have fed back that they feel like they often feel treated like children, and not feeling fully embedded as part of the team. Missed opportunities to carry out tasks to learn have also been fed back.

In response to a query from Mrs Patel in terms of whether all staff understand their role in supporting apprentices, Ms Glanville advised that there are handbooks available, and highlighted there can at times be challenges due to staff change over which is going to be an area of focus for the year ahead to strengthen guidance and support for staff. Mrs Patel queried whether consideration has been given to having a mentor based at each ward, and Ms Glanville explained that the apprentices have a mentor, and meetings are undertaken with the apprentice and mentor via MSTeams. Mrs Patel noted the series of measures in place to address challenges.

Ms Anna Lewis thanked Ms Morgan for sharing her experiences with the Committee and queried whether there are opportunities for apprentices and

ward managers to come together and meet to discuss any suggestions for improvements and concerns. Ms Glanville advised that these meetings do happen, but this is something that could happen more often. Feedback that has been gathered in November 2024 is being presented to Senior Nurse Manager Team meeting and the outcome of the meeting will be shared once available.

Ms Alwena Hughes Moakes thanked Ms Morgan for sharing her powerful story and is proud to welcome her to the Health Board team. Ms Hughes Moakes encouraged Ms Morgan to utilise her welsh language skills wherever possible to build confidence. In terms of connecting with other apprentices, Ms Hughes Moakes suggested setting up a Community Online Group and will be happy to support.

Ms Gostling thanked Ms Morgan and Ms Fourie for attending the meeting.

Decision: The Committee noted the staff story.

PODCC
(24)122

Employment Law

Ms Heather Hinkin provided an overview of the contractual and legislative changes that have or may impact upon the workforce in terms of the approach to people management, policies, procedures and terms and conditions of employment. Ms Hinkin highlighted the challenges potentially putting 28 employment law changes in to practice from the new Labour Government's proposed Employment Bill. Ms Hinkin advised that the changes will impact on all current processes, particularly financially and there will be a need to adapt accordingly.

Ms Hinkin drew attention to the Worker Protection (Amendment of Equality Act 2010) (2023) which came into effect on 26 October 2024 and is a new requirement for employers to be more proactive with a duty to prevent sexual harassment and create a safe working environment for their employees rather than just addressing harassment incidences that have occurred. It will also make employers liable for harassment of their employees by third parties. Ms Hinkin emphasised that the Duty is far more advanced than before.

Professor Gammon commented on the enormity of the work involved with the proposals set out in the report. Mrs Patel agreed and sought assurance on the plan to ensure the Health Board does not fall foul of these measures. Mrs Gostling agreed that there are some significant changes to enact which will require Directorate engagement with Workforce Colleagues. Discussions will take place on updating the Risk Register, and the transitioning zero-hour workers to fixed-term or permanent contracts to maintain compliance which could have a significant impact on eradicating bank staff usage.

Mrs Raynsford queried what is being put in place to support Managers to provide guidance for the changes for potential staffing issues. It is reassuring to know that the Workforce Team understands the changes however Managers will also need be au fait with the complexities. Ms Hinkin highlighted the challenges in this space as the impact on each manager across the organisation will vary. The team will be disseminate

tailored information and are currently developing 5 minute bite size sessions and update Trade Union members regularly.

Decision: The Committee **NOTED** the Contractual and Legislative Changes Report

CULTURE

PODCC **Deep dive analysis on the increase in stress amongst staff - Deferred**
(24)123

Mrs Gostling apologised to the Committee that the report has been deferred. Assurance was provided that this area of work has been agreed as a planning objective for next year, to explore opportunities and support staff who may have health conditions to be the best they can be will be included in the report scheduled for February 2025. Mrs Gostling advised that the outcome of an away day arranged in January with Public Health colleagues to consider how a shift in service provision could be beneficial for the Organisation will be included within the report. Ms Heather Hinkin added that a collaboration event arranged for later that day with practitioners has been arranged, to provide teams with an opportunity to provide their firsthand experience of working within the organisation and provide feedback on service design opportunities.

Ms Anna Lewis commented that it will be helpful to ensure that the outcome of these meetings is included within the report to provide the context for agreed actions and also to share an understanding of the theory of change aligned.

LG/HH

PLANNING

PODCC **Workforce Plan**
(24)124

Ms Tracy Walmsley provided an update on Workforce Plan, risks, engagement and education commissioning process which has provided opportunity to implement a strengthened approach, through engagement with services and professional groups across all directorates, with a focused view of services aligned to ministerial priorities.

The Workforce and Organisational Development Team continue to strengthen the strategic framework to grow capacity and capability aligned to the strategic need for workforce planning and to strengthen the overall approach to strategic workforce alignment and planning and aligned to operational challenges.

Mrs Raynsford queried developments in terms of the regional working opportunities and whether discussions are underway with Swansea Bay to explore future workforce opportunities to address operational challenges. Ms Walmsley confirmed that she regularly meets with Assistant Director of Workforce in Swansea Bay University Health Board and Powys Health

Board however recognised there is room to upscale strategic planning for future workforce planning.

Professor Gammon commended the comprehensive report and was particularly intrigued by the gap analysis work underway which is important for strategy to address service demands. Prof Gammon was pleased to see the equal emphasis on supply challenges within the report, while there is often a focus on retention and recruitment, supply is often omitted and this is an important risk for consideration when developing action plans.

Ms Anna Lewis queried whether artificial intelligence is being considered as part of the workforce planning next steps and potential material changes particularly in the population health space which Ms Walmsley confirmed was detailed within the slides shared.

Commenting upon the commissioning of third sector opportunities to support fragilities in Mental Health, Ms Lewis suggested that these opportunities should be explored a lot wider to support services.

Decision- The Committee received assurance on:

- a) the progress made in the development of people planning within the Health Board and the progress being maintained to deliver an integrated, critically assessed and embedded systemically across the Health & Care System.
- b) The People Planning Framework in place that is responsive to the needs of the Health Board based on the current maturity of People Planning across the Health & Care System.
- c) The People Plan which will be developed for 2024/25 with a future focus that enables 4 lenses to align resources to agreed priorities via the Annual Planning Cycle.

PODCC Retention and Discovery Report
(24)125

Ms Christine Davies presented an update on the retention work programme, which focusses on the Nursing, Medical and Allied Health Professional (AHP) and Healthcare Scientists (HCS) retention Task and Finish Groups which have been established to identify opportunities to reduce staff turnover by the following:

- Nursing: 0.5%,
- Medical: 1%,
- Allied Health Professionals and
- Health Care Support Workers: 1%.

Ms Davies advised there is work to do to continue to build momentum with executive lead engagement.

Ms Corrina Lloyd- Davies and Ms Elin Brock joined the meeting and provided an update on the Retention Task and Finish Groups and set targets for year ahead according to the staffing groups. The Groups have been established. 12-month Nursing turnover rate has increased from

5.05% in October 2023 to 5.87% in October 2024 (+0.82%). Trend analysis has identified an increase in October each year since 2020, with the exception of 2022. Nevertheless, continue to be the best performing NHS organisation in Wales for the registered nursing turnover rate. Members noted positive feedback from the NHS Wales Retention Community of Practice regarding the successful approach to retention.

Ms Corrina Lloyd Davies provided the key updates from the Task and Finish Groups findings and highlighted that it is early days to monitor the statistics of the Allied Health Professional turnover as the group has only recently established and medical staffing varies. Ms Brock provided an update on the actions arising from the staff retention discovery work and highlighted that the report exemplifies where the Organisational Development team have been able to deep dive into themes and embed recommendations from the Committee into existing work programmes and set up structures to address gaps in intelligence. An update on the Culture elements will be provided in the 2024/25 end of year report during April's Committee.

Ms Janice Cole Williams highlighted the number of new recruits of late and the need to refocus from recruitment to retention to offer staff the best opportunities which will enhance patient care. Ms Cole – Williams recognised that professional development programmes have at times been deferred due to work force capacity and resource challenges, however the benefits of providing these opportunities will have a positive impact on workforce stability.

In terms of the establishment of the Nurse Retention Programme, Mr Severs queried whether quality metrics for patient experience had been implemented to measure the impact of progress for example via incidents reported. If not, Mr Severs queried whether there are opportunities to put these in place early in the programme development. Ms Lloyd- Jones advised that although nothing specific has been put in place in terms of the nurse retention work, these discussions are taking place at service level and a piece of work is underway with the Assistant Director of Legal and Patient Experience around patient outcomes. Learning will be taken from the nurse retention programme and will be reflected in the medical and Allied Health Professional retention work from the start.

Prof Gammon reflected on the number of interventions in place and queried how they are contributing to the retention programme, in particularly flexible working. Ms Lloyd- Davies explained that whereas some aspects of flexible working process are accessible for example applications made via ESR and those recorded as approved, this is not always a full picture as dependent on outcomes recorded via the system. Members noted that there are flexibilities built in via the rostering system also therefore a full picture is not always provided via ESR. Quality Improvement Projects are underway, and a further update will be provided in April with outcome information. Members recognised that there needs to be a culture shift in response to applications for flexible working and creative thinking to attract and retain workforce.

Members noted the progress relating to the staff retention work programmes, including the actions arising from the Retention Discovery

Groups. The work programmes are on track, and staff turnover figures are being monitored as part of the Escalation Framework.

Decision: The Committee took assurance that appropriate progression towards the ambitious target figures is being made.

PERFORMANCE

PODCC (24)126 **Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

Ms Michelle James presented the Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR) and provided an update on the delivery against national delivery framework targets. Ms James highlighted the increased response rate for the staff survey and that agency expenditure continues to reduce. Prof Gammon was particularly struck by the SPC agency spend graph and commended the impressive work undertaken.

Decision: The Committee noted the content of the report.

PODCC (24)127 **Medical Workforce Performance Management and Mandatory Training**

Ms Carly Hill presented the Medical Directorate Statutory and Mandatory training update and action plan for 2025 and current compliance which has been reported from Electronic Staffing Record (ESR). Ms Hill advised that the data in this report has highlighted that Mandatory and Statutory Training completion rates are steadily improving, and significant progress has been made over the past 12 months however, achieving the 85% Welsh Government Target continues to be a challenge for Hywel Dda which is a national picture. The Executive Medical Director and Deputy Medical Director are communicating directly with individuals and teams that are reporting low compliance to ask that performance improvement is prioritised. Ms Glanville added that the recently reformed Mandatory Training Group which feeds into the Strategic People Planning Group are developing an action plan to drive and improve compliance and undertook to clarify governance arrangements to prevent duplication of efforts.

AG

Ms Ann Murphy queried whether the mandatory training data within the report refers to all doctors or those within the Medical Directorate and Ms Carly Hill confirmed that report covers all medical staff across the organisation. Ms Murphy raised concern regarding the 0% compliance for Paediatric resuscitation basic life support training and queried the process for urgent escalation of this concern. Ms Hill undertook to clarify the figures and Ms Glanville highlighted that not all education data is reported via ESR and this is likely to be a data intelligence issue. Ms Hill added that the work to align ESR with the General Medical Council requirements will improve data quality.

Thanking Ms Hill for the update, Mrs Patel noted that the data provided in the report is not a complete picture and actions to improve data quality and

compliance are being undertaken by the Mandatory Training Group therefore this is the start of this journey.

Ms Anna Lewis echoed the concern raised by Mrs Ann Murphy regarding the data presented to the Committee which indicates that basic life support training has not been provided to Paediatric medical staff and on the basis of this data urgent work is needed to inform the Committee of the actual position if this is not accurate and also improvements in data ahead of the next meeting as this cannot wait two months.

Prof Gammon noted that mandatory training which is operational matter is being reported via SPEG and sought an understanding of the Committees role in receiving reports and monitoring compliance and the clarity of governance is required. Mrs Gostling clarified that Mandatory training monitoring via SPEG is a meeting for professional leads to focus on the mandatory training outside of the Directorate Improving Together Session (DITS) process and performance is discussed with managers and review whether the right training is being provided to the staff.

On behalf of the Committee, Ms Lewis reiterated that routine improvement is required for organisations data for mandatory compliance for clinical workforce, noting the specific concerns relating to Paediatric Life Support training compliance. A revised process needs to be sophisticated enough to pick up risks to quality healthcare services for the population. The performance in the report is varied, and targeted work is needed, and effective escalation systems revised as a matter of urgency.

Decision: The Committee NOTED the report and requested an update on the paediatric life support training position as a matter of urgency ahead of the next meeting when an updated report has been forward planned which will also confirm the governance arrangements for monitoring mandatory training compliance.

CH/MH

SUB COMMITTEE AND GROUPS

PODCC Strategic People Planning and Education Group Update (24)129

Ms Amanda Glanville presented the Strategic People Planning and Education Group Update and highlighted that the most recent meeting had a broader representation in attendance which was positive. The breadth of work underway through SPEG was noted and one area for improvement that has been identified is the recording of risks. Ms Glanville will be working with the Risk and Assurance Team in February 2025 meeting to refresh the Groups risk management process.

Professor Gammon was pleased to see the progress of the group and suggested that the breadth of the remit of the group will require a prioritisation approach. Prof Gammon felt encouraged by the commitment from a range of individuals and hopes to receive updates on the delivery of actions reported to PODCC.

In terms of the following alert items:

- Lack of funding poses a risk to meeting the statutory requirements within the Estates Directorate in order to comply with statutory regulations under the Health & Safety at Work Act 1974 & the Welsh Health Technical Memoranda (WHTMs), Mrs Joanne Wilson asked that funding is considered as part of the Directorate annual planning process.
- Fit Note Training Compliance and identification of relevant professions has still not been agreed, with only 22 staff having completed the training across the Health Board. Mrs Sharon Daniel requested that this is brought to the attention of the Executive Team via Team meeting as she was not aware of this challenge.

PODCC **Research and Innovation Sub Committee Update Report**
(24)130

Ms Sally Hore joined the meeting to present the Research and Innovation Sub Committee Update Report. The Committee were advised of the work underway to improve equity of access for oncology clinical trials. The proposal is to develop and implement a Southwest Wales plan to increase the access to, and uptake of, cancer clinical trials. Mrs Delyth Raynsford raised concern regarding potential inequity of access to the trials and sought assurance that Hywel Dda patients are being treated equally to Swansea Bay patients and asked for timelines for the work to address this and queried whether this needs to be brought to the attention of the Quality, Safety and Experience Committee due to potential impact on patients. Providing context, Ms Hore advised that there has been regional working around Oncology studies and Health Board patients have access to many studies but not all due to capacity at the Felindre service. The Executive Director has been undertaking meetings with key individuals and will ensure there are robust systems in place to closely monitor the equity of access to the trials.

The Committee were also advised that positive progress being made with the Pentre Awel project, in light of the Board signing the lease agreement, and the intention to locate research and innovation activities at the scheme. However, the R&ISC noted that the Department does not have the funds to off-set the costs of the scheme, should it be asked to contribute to the lease costs.

Decision: The Committee noted the mechanisms in place to closely monitor the 'Advise' items.

PODCC **Trade Union Update- Implementation of Welsh Health Circular WHC**
(24)131 **(2024) 017**

Ms Hinkin presented the Trade Union Update Report and highlighted the progress to implement a number of the non-pay elements of the collective agreement for 2022-2024 for Agenda for Change staff, as required by Welsh Health Circular WHC (2024) 017. The Task and Finish Group continues to meet on a monthly basis. Key actions undertaken since the last update include the development of a SharePoint page to provide a one stop

resource for staff seeking information about retirement or flexible retirement options.

FOR APPROVAL

PODCC Outcome of Advisory Appointments Committee (AAC) (24)132

Decision: The Committee approved the following appointments which were made at recent Advisory Appointment Committees: Consultant in Cardiology, Consultant General Physician (Interest in Respiratory), Consultant in Anaesthetics, Intensive Care Unit

PODCC Workforce Policies for Approval (24)133

Decision:

- The Committee approved the following:
- The adoption of the All-Wales Job Evaluation Policy & Procedure.
- To defer the review of the Medication Errors Policy until 31 March 2025.

FOR INFORMATION

- PODCC Workplan 2024/25

MATTERS AND RISKS FOR ESCALATION TO BOARD

DATE OF NEXT MEETING

Tuesday, 18 February 2025

1.4

09:40, 5 Mins

1.4 - Table of Actions from the meeting held on 16 December 2024 *Chantal Patel (Hywel Dda UHB - Independent Board Member)*

| For information

Attachments

[PODCC 16 DecTable of Actions.docx](#)

TABLE OF ACTIONS
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE (PODCC) MEETING HELD ON 16 DECEMBER 2024

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
PODCC(24)29	Workforce Efficiency (Agency costings): <ul style="list-style-type: none"> To examine the triangulation between clinical outcomes and reduction of agency and Bank staff, and provide an interim report to Quality, Safety and Experience Committee (QSEC) in February 2025. 	SD/ HH	February 2025	Complete
PODCC (24)108	Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR) <ul style="list-style-type: none"> To undertake an assessment of the impact that mandatory and specialist training provision across staff groups is having on patient and family experience. 	AG	December 2024	In progress: Item 5.2
PODCC (24) 116	Table of Actions: <ul style="list-style-type: none"> To share a reminder at the Executive Team meeting that actions arising from Committee meetings need to be prioritised and updated within the agreed timescales. 	JW	December 2024	Complete
PODCC (24) 117	Corporate Risk Register: <ul style="list-style-type: none"> To capture the risks associated with the equality, diversity, and inclusion (EDI) data concerns (highlighted during the Strategic Equality Plan Annual Report 2023/24 at Board on 26 September 2024) on the Risk Register to amplify 	TW/LG/ JW	December 2024	In progress

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
	Committee and Board level discussions, monitoring of actions and accountability.			
PODCC (24) 122	Deep Dive Analysis of Stress in Staff: <ul style="list-style-type: none"> To ensure that the outcome of engagement events undertaken with staff (e.g. Away Days) is included within the deferred report. Provide the context for agreed actions. Share an understanding of the theory of change aligned with the agreed actions. 	LG	February 2025	Complete: Agenda item 3.1
PODCC (24) 126	Medical Workforce Mandatory Training and Performance Compliance: <ul style="list-style-type: none"> To improve the quality of compliance data provided to the Committee for medical staff mandatory training, providing a holistic view to assure the Committee that there is effective monitoring of performance management and compliance in place. To forward plan an updated report to be presented to the Committee in February 2025 which also confirms the governance arrangements. To share accurate compliance rates of basic life support/resuscitation training for all doctors with the Chair and Vice Chair of the Committee. 	CH CH	December 2024 February 2025 December 2024	Complete: Agenda item 5.2
PODCC (24) 127	Strategic Planning and Education Group <ul style="list-style-type: none"> To undertake the following actions in response to the 'Alert' items via the appropriate internal processes: 	AG	January 2025	Complete

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
	<ul style="list-style-type: none"> ➤ Risks to funding within the Estates Directorate- to be considered as part of the Directorate annual planning process. ➤ Fit Note Training Compliance and identification of relevant professions to be brought to the attention of the Executive Team at a Team Meeting. 			

Leads:

SD: Sharon Daniel	HH: Heather Hinkin	AG: Amanda Glanville	JW: Joanne Wilson
TW: Tracy Walmsley	LG: Lisa Gostling	CH: Carly Hill	

1.5

09:45,

1.5 - Operational Risks Assigned to PODCC

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

None to report

| For assurance

1.6

5 Mins

1.6 - Welsh Health Circulars (WHCs)

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

| For assurance

Attachments

People Organisational Development Culture Committee SBAR - WHC February 2~.docx

**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:	Monitoring of Welsh Health Circulars (WHCs)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (OD) / Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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 to the People, Organisational Development and Culture Committee (PODCC) includes updates on progress in relation to the implementation of Welsh Health Circulars (WHCs), which come under the remit of PODCC and its Sub-Committee structure. The Committee is requested to receive assurance 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.

Cefndir / Background

WHCs provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government website](#).

The Board has requested that WHCs that have not been implemented by the stated timescales should be closely monitored by its committee structure, in order to provide assurance on the compliance and delivery of the outstanding WHC, in addition to an understanding of the impacts resulting from late/non-delivery.

Asesiad / Assessment

WHCs are not always clear in terms of implementation timescales, a result of which previously these were reported as “Amber” (i.e., on schedule). The Assurance and Risk Team have been seeking updates from leads on these WHCs to determine the planned date for implementation by the Health Board where a specific date is not provided in the guidance itself, and where appropriate, that a Quality Impact Assessment (QIA) has been undertaken whereby WHCs are not fully implemented. The following BRAG status is now applied to WHCs:

- **Green** = completed
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board

An update from each Supporting Officer, in respect of the WHCs that fall under the remit of PODCC, is attached at Appendix 1.

WHCs which have been completed (Green RAG status) since the previous report.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Progress Update
013-24	Governance on interim appointments to Executive and Senior Positions	10/04/24	Director of Workforce & OD / Deputy Chief Executive	This WHC was closed on 31 July 2024 with training provided on 17 July 2024.
017-24	Implementation of the Non-pay Elements of the 2022-4 Collective Agreement	28/03/24	Director of Workforce & OD / Deputy Chief Executive	This WHC was closed on 23 January 2025 as the Health Board has now complied with the three elements of the WHC, and has sent an update to the Welsh Government along with a Preceptorship Action Plan.
031-24	Agency Workforce Reduction Programme and Control Framework 2024-25	17/06/24	Director of Workforce & OD / Deputy Chief Executive	The Director of Workforce and OD approved the closure of this WHC on the 9 October 2024 as the Health Board has implemented this WHC.
044-24	Mandatory E-Learning Module – Anti-Racism	04/11/24	Director of Workforce & OD / Deputy Chief Executive	This WHC was closed on 5 December 2024 with ongoing monthly monitoring of mandatory training.

Argymhelliad / Recommendation

The Committee is requested to receive assurance, or otherwise, from the lead 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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of Welsh Health Circulars allocated to the Committee and provide assurance to the Board that WHCs are being managed and monitored effectively, reporting any areas of significant concern e.g., barriers to delivery, impacts of non/late delivery.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning WHC actions on the WHC Tracker from across HDdUHB's services reviewed by the lead Executive/Director or Supporting Officer.
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gweithlu: Workforce:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective audit and assurance mechanisms in place, along with risk management systems in place for any associated risks.
Cyfreithiol: Legal:	No direct impacts from report.
Enw Da: Reputational:	Poor management of WHCs can lead to loss of stakeholder confidence. Organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however each action is outlined in description of overarching actions required.

1.7

10 Mins

1.7 - Targeted Intervention Progress Report

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

| For assurance

Attachments

[Feb 25- TI Criteria PODC.pptx](#)

[TI Reporting Framework Tracker.xlsx](#)



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Hywel Dda
University Health Board



Canolfan Staff 1
Staff Base 1

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



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 applicabl 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 stable 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</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. 			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</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</p>	No risk identified

2 - PEOPLE

2.1

20 Mins

2.1 - Staff Survey Results- Verbal

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

| For information

2.2

10 Mins

2.2 - Trade Union Update: Implementation of
Welsh Health Circular WHC (2024) 017

*Anthony Dean
(Hywel Dda UHB -
Estates), Anna Bird
(Hywel Dda UHB –
Strategic
Partnerships)*

| For information

Attachments

[2.2 WHC 2024 017 January Non-Pay PODCC SBAR.docx](#)

[2.2 Final Non-Pay Report to WG January 2025 FINAL.docx](#)



**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**

Sefyllfa / Situation

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).

In order for the Health Board to comply with Welsh Government reporting timescales this report (Appendix 1) was submitted on 23 January 2025.

Cefndir / Background

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).

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.”

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:

- 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 Worthybush, 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:	<p>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.</p> <p>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.</p>
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


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 Termau: 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>Updated Action Plan attached.</p>  <p>Non Pay Deal - Industrial Injury Action</p> <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>	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>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?
	 V4 Radiology - Operational Workforc			
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 	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>who have a progressive approach to flexible working. An example of a key action undertaken to date is a flexible working maturity assessment 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</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

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	<p>whole Health Board are fully birthrate plus compliant. There are a variety of 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>for 2025 which takes into consideration the birthrate, complexities of women and birthing 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>	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>AHP and HCS Retention 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>			

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<p>Implement appropriate to local circumstances the HEIW “Staff health and Wellbeing best practice guide” (incorporating nutrition and rest aspects of the staff welfare project).</p>	<p>An update on the action plan submitted as part of the September 2024 update is as follows:</p> <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>	Very High	N/A	N/A

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	<p>Parking 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>HDUHB Preceptorship CS PI</p> <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>	High	Yes	Yes
Confirm implementation of the all-Wales Occupational Health minimum service levels/key performance indicators (incorporating monitoring and support).	  <p>Occupational Health Data Submission -Quarter: Minimum Standard</p> <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>	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 steps to achieving that which are realistic and achievable.	 <p>Copy of Non Pay Deal - CPD Action PI</p> <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</p>	Very High	Yes	Yes

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	<p>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 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 			

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	<p>given for 'train the trainer' courses, digital delivery skills (including webinars) and Essentials of Simulation.</p> <p>The IPEGG has three workstreams:</p> <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>			

3 - CULTURE

3.1

10 Mins

3.1 - Analysis of Increased Workplace Stress at
Hywel Dda University Health Board

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

| For assurance

Attachments

[3.1 Stress Analysis.docx](#)

**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:	Analysis of Increased Workplace Stress at Hywel Dda University Health Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (W&OD) and Deputy Chief Executive
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 purpose of this report is to examine the rise in workplace stress among staff at Hywel Dda University Health Board (HDUHB) through an examination of contributing factors as evidenced by the data available and to recommend some next steps which will underpin and support areas for further intervention as part of our Planning Objective for 2025/26.

Cefndir / Background

National UK data trends as reported by the Health & Safety Executive (HSE), the Chartered Institute of Personnel and Development (CIPD) and the mental health charity, Mind, show an increase in reporting of mental health concerns, increased sickness absence due to stress or poor mental health and mental health service providers struggling to keep up with an increase in demand.

[Health and safety statistics 2024](#)

[Work-related stress, depression or anxiety statistics in Great Britain, 2024](#)

[Health and wellbeing at work | CIPD](#)

[The Big Mental Health Report - Mind](#)

[Menopause in the workplace: Employee experiences in 2023](#) - CIPD

Professional bodies are also voicing their increasing concerns nationally about staff mental health, burnout and the rise in moral distress and harm. The very recent 2025 Royal College of Nursing (RCN) Report: "On the frontline of the UK's corridor care crisis" provides insight into the impact of current conditions on the quality of patient care as well as staff mental health.

[Corridor care crisis | Publications | Royal College of Nursing](#)

The People, Organisation Development and Culture Committee (PODCC) also noted its concerns regarding this increasing trend in its August 2024 meeting and requested some further analysis be undertaken to better understand the drivers for stress related absences in the Health Board which would enable us to consider what more could be done to support our staff.

This report provides an initial analysis of sickness absence data within the Health Board between 2022 and 2024, with a specific focus on stress, anxiety, and depression (S10 reasons for absence). It examines key data sources, contributing factors, and current interventions, alongside a theory of change approach to improving sickness absence management and staff wellbeing.

Asesiad / Assessment

Sickness Absence Trends (2022-2024)

An analysis of sickness absence data within the Health Board highlighted the following key findings:

- There has been a notable increase in S10 absences over time.
- Despite national trends showing rising mental health concerns in younger people, this is not reflected in S10 absences among younger staff within the Health Board. Instead, the 51-55 age group is most affected, though rates remain relatively consistent across all age groups compared to the overall workforce profile.
- S10 absences tend to be longer-term than most other sickness causes, except for cancer and substance abuse. However, short-term S10 absences are also rising.
- A significant proportion of S10 absences (50%) lack a recorded work-related element in ESR, indicating potential underreporting and a need for improved data accuracy. This is borne out by recent internal audit findings on absence management at a departmental level where recording was found to be poor.
- 20% of individuals experiencing S10 absences have recurrent instances within a year, with 50% of cases classified as long-term absences.
- Data suggests outliers in absence patterns, indicating potential localised issues in managing attendance. Again, this has been borne out by audit findings.
- Certain service areas have higher levels of S10 absences, though recording inconsistencies may also affect accuracy.
- A recent Freedom of Information request showed that the top reason for absence during the 2024 calendar year was cold/cough/flu (5884 occurrences) followed by gastrointestinal problems (4158) and stress was in third place at 2705 occurrences, however the duration of such absences for stress were on average longer.

Some of the above trends may be supported by findings from research undertaken by the Chartered Institute of Personnel and Development (CIPD) into menopause. They found that 67% of those working women between the ages of 40 and 60 (with menopausal symptoms) reported being negatively impacted by the menopause at work. Of those negatively impacted at work:-

- 79% said they were less able to concentrate
- 68% said they experienced more stress
- nearly half (49%) said they felt less patient with clients and colleagues, and
- 46% felt less physically able to carry out work tasks.

The above is unsurprising when considering these findings against a 2022 online survey of UK GP's (available on the Pubmed.ncbi.nlm.nih.gov website). This survey found that more than half of those GPs surveyed said they did not have enough support to treat women with menopause symptoms. It may also suggest that other reasons for absence may account for some of the Health Board's data on stress related absences i.e. we could be dealing with the effect rather than the cause of such absences.

Staff Survey Data (2023) and Employee Wellbeing Trends

The 2023 NHS Wales Staff Survey revealed concerning trends in workforce wellbeing which may also have a bearing on stress related reasons for absence:

- 45% of respondents felt unwell due to work-related stress in the previous year.
- 65% had attended work in the past three months despite feeling unwell.
- 36% reported feeling burnt out "often" or "always", while another 37% reported experiencing this "sometimes".
- Many staff felt exhausted and frustrated, struggling to maintain energy for personal lives outside work.
- Only 48% believed the organisation took positive action on staff health and wellbeing.

While these findings align with broader national trends and are nonetheless concerning, caution may be needed as the response rate for the 2023 staff survey was only 12% of the total workforce and may therefore not be indicative of the position across the whole workforce. Further analysis and comparisons of data sets are therefore prudent to explore.

Whilst the staff survey results for 2023 did indicate an increasing trend in the stress related factors of those responding, we need to consider the relevance of data that is now some 18 months out of date. The first draft of the staff survey results for 2024 have just been received by the Health Board (response rate of circa 20%) and these may provide a more up to date and informative narrative of the issues.

This initial cut of the data indicates that every positivity theme for the Health Board increased in 2024 however, a separate report will be brought by Organisational Development on the staff survey results once they have verified and analysed the data in more detail and the insights from this report will be used to enhance our current understanding of the underlying causes of S10 reasons for absence.

However, even though the 2023 results may no longer provide current intelligence, we cannot nor should not ignore the correlation in the above staff survey results with the data gathered from our own internal support services (see below). For example, there has been a steady increase in the number of staff seeking psychological support for the period 2022-2024, as shown in the increasing number of self-referrals (including increased complexity) to the Staff Psychological Wellbeing Service (SPWBS).

Staff Psychological Wellbeing Services (SPWBS) - 2022-2024

Use of the in-house SPWBS has been good over time, with a steady increase in the number of self-referrals year on year. Feedback from service users is that the service is well thought of, trusted and valued. Clinical outcome data from one-to-one psychological therapy demonstrates a significant and positive impact on mental health, using the CORE Outcome Measure (CORE-OM). Client satisfaction data also shows that the therapeutic work helps staff to avoid going on sick leave, to return to work and sustain their presence at work following an absence. Concerns

raised have mostly been about longer waiting times to access the service and only having access to a limited number of sessions.

Similarly, evaluation of the Recovery in Nature Programme also demonstrated positive impact both quantitatively (a significant reduction in burnout symptoms as shown in scores on Maslach's Burnout Inventory and a significant decrease in scores in CORE-OM which measures psychological distress) and qualitatively as shown in participant feedback and stories of change. We plan to bring one of these staff stories to People Committee in the near future.

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

- 31% of referrals were classified as work-related
- 38% of referrals were classified as a combination of work and non-work stressors.

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

- High workloads and poor work environments
- High demands on services with patient complexity and acuity
- Perceived lack of control over how things are done
- Inadequate rest areas and a lack of effective breaks
- Perceived lack of management support and recognition
- Perception of poor change management practices
- Lack of role clarity with role drift and accrual of additional responsibility due to posts not being filled
- Interpersonal conflict with some concerning experiences of bullying, harassment, racism and sexual misconduct

The 2022 Staff Wellbeing Needs Survey also highlighted challenges in staff accessing available support, including:

- Lack of time to review or use wellbeing services during working hours.
- Continuing stigma around discussing mental health or seeking psychological support.
- Staff not recognising early warning signs of stress, preventing timely intervention.

However, there have been some constraints to the effectiveness of our SPWBS service as they have been impacted by:-

1. Difficulties recruiting to the SPWBS in 2023/2024 due to professional shortages of suitably qualified staff which resulted in a temporary change in the delivery of the one-to-one psychological therapy service and reliance on the All-Wales Employee Assistance Programme (EAP). This will be resolved once new appointees take up posts in the next 2-3 months.
2. Despite extensive promotion of the EAP (supplied by Vivup), take-up has been low and there is a concern that staff have not been accessing the mental health support they need.
3. Reduced session capacity due to vacancies in the team have meant the delivery of short-term therapeutic interventions only (up to a maximum of six sessions) to avoid lengthy waiting times. This in itself does not meet all presenting needs, as the service has seen a significant increase in complexity of issues, severity of distress and presentation of clinical risk with a lack of accessible mental health service provision to refer on to locally compounding matters.

4. Staff are not always able to attend the Recovery in Nature Programme due to difficulties being released from work arising from staffing shortages in their service area (2 out of 3 retreats in 2024 had to be cancelled last minute due to the number of late withdrawals from the programme). A more detailed analysis (both qualitative and quantitative) of the benefits of this offering is already underway and will be reported to a future meeting.
5. The number of requests for psychological wellbeing support from managers and teams has also increased.

Occupational Health (OH) Data (January 2024 to February 2025)

Due to a change in IT system, we are only able to report on data captured in the new OH system from 1 January 2024.

From January 2024, the Occupational Health Service has processed 2805 Management Referrals. The reason for the Management Referral is selected/determined at the referral stage by the referring manager. Stress or mental health related referrals would be included in the category of a wellbeing referral.

Referrals related to wellbeing were as follows:-

- 443/2805 were categorised as wellbeing referrals
- All 443 had onward advisory signposting suggested by the Occupational Health Clinicians to SPWBS and/or other services such as Physiotherapy (not Occupational Health), Carers Support, CRUSE, Bereavement Services, Stress Risk Assessment, Canopi Wales, own GP, Union Rep, Menopause information.
- 57/2805 were categorised as a counselling referral
- 32 out of the 57 had onward signposting suggested by the Occupational Health Clinicians to SPWBS and/or other service such as Canopi Wales.
- 25 out of the 57 referrals, were only signposted to services such as CRUSE/Bereavement Services, Canopi Wales or their own GP, following clinical consultation.
- 1980 referrals were categorised for a different reason (not wellbeing or counselling)
- 564/1980 were signposted to SPWBS and/or other services internal and external by the Occupational Health Service Clinician.

It should be noted that the primary reason for the referral selected by the referring manager is not always the priority established during the clinical consultation with the employee as the underlying concern of the employee is not always that of the managers perception or understanding.

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

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

What this data highlights are a significant reliance on wellbeing-related support within Occupational Health referrals and reinforces the issues and concerns similarly found in the data from SPWBS related to workplace stress and mental health.

Current Position - Health Board Support and Interventions

A range of initiatives are already in place and work continues to enhance our current offering for psychological wellbeing support at work. This includes providing the appropriate resources and accessible services when staff do experience mental health concerns. These resources and services can be broken down into two main categories:-

Preventative:

1. Professional input into various learning and development courses and leadership and management development programmes on workplace wellbeing. This reinforces a shared responsibility, the importance of role modelling, self-compassion and strategies for effectively managing wellbeing in self and others (LEAP, Hywel Dda Manager, Making a Difference, New Consultant's Development Programme as well as Resident Doctors and Nurse Preceptorship programmes).
2. A holistic range of resources and services is available to staff through the Staff Health & Wellbeing Gateway [Staff Health & Wellbeing Gateway](#)
3. The Staff Psychological Wellbeing Service (SPWBS) provide a wide range of evidence-based and updated resources as well as regular events to promote the various options [Hywel Dda Staff Psychological Wellbeing Service - Home](#)
4. Confidential management consultations are available to support managers and leaders to proactively manage wellbeing at work issues and to provide a safe space for reflection and learning [Support for Hywel Dda Leaders & Managers](#)
5. Post critical incident support is available for managers and teams to ensure appropriate steps are taken to reduce the risk of traumatic stress reactions.
6. The work of the Organisation Relationship Managers (ODRMs) and the Culture and Workforce & Experience teams provide a range of interventions which can impact positively on staff mental health and wellbeing.
7. The Wellbeing Champion Network (currently co-ordinated by the Occupational Health team) provides an informal route through which information about mental health at work is shared.
8. Work is underway with colleagues in the Employee Wellbeing Service and in the Occupational Health (OH) Service in Swansea Bay University Health Board (SBUHB) to explore sharing of resources and learning to improve staff mental health in both organisations. In addition to this, regular liaison across employee wellbeing and OH services in Wales enables the sharing of new ideas and best practice
9. A series of workshops on Understanding the Impact of Critical Incidents has been facilitated for a range of teams with the aim of services and leaders becoming more trauma informed.
10. Support and advice for staff (including managers) in relation to sickness absence or the All Wales Managing Attendance at Work policy is provided by the Operational Workforce Teams.
11. Self-referral by an employee to Occupational Health for advice and support to prevent sickness absence or support the long-term management of an underlying health condition.

Responsive:

1. Access to confidential one-to-one psychological support by self-referral to either the in-house Staff Psychological Wellbeing Service or our current Employee Assistance Provider (EAP), Vivup as well as signposting to a range of external therapy resources [One to One Psychological Support for Hywel Dda staff](#)

2. Provision of a Recovery in Nature Programme for staff experiencing work related stress or burnout [Recovery in Nature for Staff](#)
3. Management Referrals to Occupational Health to assist the return to work of staff currently off sick, have met a trigger for absence under the All Wales Absence Policy or where concerns for wellbeing have been noticed in the workplace.
4. Support and advice for staff (including managers) in relation to managing sickness absence or the All Wales Managing Attendance at Work policy is provided by the Operational Workforce Teams. Team members also attend sickness meetings to support managers through the process and provide advice on reasonable adjustments.

Other factors to consider:

What other data can we utilise?

There are a range of other data sets that can assist with building a broader profile of the reasons for sickness absence including stress related absences. To gain deeper insights into the causes and impacts of workplace stress in the Health Board, the following areas of data analysis will be beneficial in providing a richer source of data from which we can then develop more targeted support:-

a) Population Health

Integrating health population data from our community would provide valuable insights and we can then profile not just departmentally, by job family or protected characteristic but also seek to broaden that analysis to include other factors that may impact on our reasons for absence.

For example, Tyisha in Llanelli, identifies as one of the most deprived areas in Carmarthenshire, which faces significant socio-economic and environmental challenges, including high unemployment rates and a substantial proportion of residents with limiting long-term illnesses. We could map our staff population data by home location to provide valuable insights into trends in staff sickness absence across the Hywel Dda region which has not been done before. Work is already underway to bring these data sets together and by linking such community health data with our own anonymised internal staff health metrics, we can better understand the interplay between local population health and employee well-being.

Discussions have already taken place with colleagues from Public Health on the early identification of issues for staff health, including the potential to develop or adopt a digital health application for staff.

Taking a joint approach to staff and population health could enable us to identify specific geographical areas rather than departments where targeted interventions can be implemented to reduce ill health among our staff, who are also members of the communities we serve and overlay on the following:

b) Staff Absenteeism Trends Analysis

Objective: Examine patterns of stress-related sick leave over the past three years.

Data Required: Sick leave records, duration of absences, reasons for leave, departmental breakdowns, and seasonal trends.

Purpose: Identify departments or roles with higher absenteeism and recurring stress triggers.

c) Workload vs. Staffing Levels

Objective: Assess the correlation between workload pressures and staffing ratios.

Data Required: Patient admission rates, staff-to-patient ratios, variable pay/overtime worked, and vacancy rates across departments.

Purpose: Determine if staffing shortages directly contribute to increased stress levels.

d) Exit Interviews and Turnover Rates

Objective: Analyse reasons behind staff resignations and turnover trends taking into account all perspectives.

We already know from data from exit interviews between May 2022 and 13 January 2025 that for 5.4% of staff (53 out of 989) work related stress contributed to their decision to leave. Work is now underway to specifically ask about this factor within the exit interview as at present it is captured in free text and there is likely to be some level of under-reporting.

Data Required: Exit interview responses including identification of any trends with length of employment before resignation, turnover rates by department by reason including the manager's insights and follow up actions/monitoring relating to any identifiable patterns or emerging trends.

Purpose: Understand if stress-related factors are driving staff departures. Some significant work has already been undertaken here as part of our nurse retention work which has already resulted in improved turnover rates.

e) Survey Data Analysis

Objective: Conduct and analyse targeted staff surveys on stress levels, causes, and perceptions of organisational support.

Data Required: Annual staff survey responses segmented by role, department, and seniority level as a minimum.

Purpose: Gain qualitative insights into staff experiences and identify common themes in reported stress triggers.

However, it is recognised that conducting regular and meaningful surveys on the levels of work-related stress is particularly challenging.

f) Comparative Analysis with Other Health Boards

Objective: Benchmark stress levels and intervention strategies against other Welsh health boards.

Data Required: Comparable workforce stress data from neighbouring health boards.

Purpose: Identify best practices and potential gaps in our current strategies.

g) Financial Impact of Stress-Related Absences

Objective: Quantify the financial burden of stress-related sick leave on the health board.

Data Required: Costs associated with sick pay, temporary staffing, reduced productivity, and recruitment.

Purpose: Highlight the economic rationale for prioritising stress-reduction initiatives and further investment.

h) Longitudinal Data Study

Objective: Track stress levels and related outcomes over an extended period.

Data Required: Multi-year datasets on absenteeism, well-being service utilisation, and workforce retention. Whilst we currently track these independent on each other, there is a need to bring them together to assess comparative trends.

Purpose: Monitor the effectiveness of implemented interventions over time.

By conducting such further analyses, whether in full or in part, the Health Board can develop evidence-based strategies to address workplace stress, improve staff well-being, and enhance overall operational efficiency.

Next steps

The above analysis will take significant time and resource and there may be a need to prioritise what we do and the timescale for delivery – sustained reduction in S10 reasons for absence must therefore be a long-term objective and a journey of continuous improvement based on the resources we have or can make available at a Health Board level.

The Health Board is setting up a task force/task and finish group to focus on absence and this may well determine the priority of the further analysis outlined above so that a comprehensive and holistic approach is considered which will lead to a more effective action plan being developed.

Once developed, and to achieve a sustained/step change in reducing sickness absence and improvement in staff wellbeing, we may need to apply a theory of change approach so that we can influence both a step change in reduced sickness absence for S10 reasons and also achieve a long term outcome which aligns well with our recent and future planning objectives which encompass a resilient, healthy workforce with reduced sickness absence and improved retention, which will support high-quality patient care.

The theory of change in relation to psychological wellbeing and reduced sickness absence broadly falls into four main categories and tells us that, for sustained change/improvement, we require:

1. Improved working conditions

- Adequate staffing and manageable workloads
- Better rest facilities and break culture

2. A cultural shift in wellbeing support

- Normalising mental health conversations
- Leadership training in emotional intelligence

- Trauma-informed approaches to staff support

3. Enhanced access to psychological support

- Expanding therapy provision for high-risk staff
- Strengthening early intervention programmes

4. Better absence data management

- Improved ESR reporting of work-related stress.
- Regular wellbeing surveys for targeted interventions.

We will therefore need to ensure that due cognisance is taken of the above when developing our plans in relation to reducing S10 related absence and supporting staff proactively to improve their health.

Potential Recommendations

Whilst it is too early to have a comprehensive plan which is built on further analysis of broader data sources, we know from the analysis already undertaken and having given some consideration to the theory of change, we may need to focus our efforts on the following:

Preventative:

1. Improve working conditions
2. Adequate staffing levels, skill mix and manageable workloads
3. Upgraded rest facilities, including access to more green spaces and a supportive culture for taking regular breaks
4. Foster a positive work environment
5. Promote a culture of respect and recognition among staff
6. Encourage and enabling more wellbeing conversations and regular mental health check-ins (for self and with others)
7. Enhance efforts to decrease stigma around mental health needs
8. Increase the opportunity for all staff to improve their mental health awareness and ability to care for self and colleagues
9. Expand the work around being more trauma informed in how we support our staff
10. Continue the work of the Health & Wellbeing Group around health promotion and avoiding employee harm.
11. Continue to work with Public Health colleagues around the population health data and core themes for our staff around smoking, drinking, healthy weight and exercise.

Responsive:

1. Expand access to mental health resources: e.g. enable rapid access to psychological therapy / counselling given the increasing level of risk and complexity in presentation
2. Improve data recording at departmental level where we already know there are qualitative concerns
3. Improve availability of opportunities for staff to take on temporary or alternative duties to avoid the need for sickness absence
4. Continue the work of the Health & Wellbeing Group around reducing sickness absence.

Conclusion

More analysis is needed to improve the Health Board's position in terms of its sickness absence rates. Addressing workplace stress is critical to this for both staff wellbeing and service sustainability. Through targeted preventative and responsive strategies, the Health Board can reduce sickness absence, enhance staff retention, and improve patient care quality.

This report is a first step in our journey to better understand what lies beneath our stress related absences and, as this work progresses, further reports will be provided for Committee's consideration.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Consider the above report as a first step to better understanding our S10 reasons for absence, highlight potential areas for further analysis and outline some initial next steps and areas of focus.
- Receive a further report highlighting progress at its October 2025 meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
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)	Domains of Quality 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	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	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Included in the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	Report for discussion only
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A

Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

3.2

5 Mins

3.2 - Welsh Language Standards

*Alwena Hughes
Moakes (Hywel Dda
UHB -
Communications and
Engagement
Director)*

| For assurance

Attachments

[PODDC SBAR Safon 110 Ionawr 25.docx](#)

[Cynllun Safon 110 Ionawr 2025.docx](#)

**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:	Safon 110 - / Standard 110 – Enabling clinical consultations through the medium of Welsh
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alwena Hughes Moakes, Cyfarwyddwr Cyfathrebu & Ymgysylltu / Director of Communications & Engagement
SWYDDOG ADRODD: REPORTING OFFICER:	Enfys Williams, Rheolwr Gwasanaethau'r Gymraeg Welsh Language Services Manager

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 Welsh Government is committed to strengthening the provision of Welsh language services to the people of Wales.

Part of how the Welsh Government achieves its commitment is by upholding public sector organisations in Wales to a set of Welsh Language Standards.

Hywel Dda University Health Board received its Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011 on 30 November 2018. The compliance notice states the standards within the Welsh Language Standards (No. 7) 2018 Regulations that the Health Board must comply with and by when.

This report focuses on Standard 110 in particular - the requirement to produce a five-year plan on how the organisation is progressing towards achieving the required standard in being able to offer clinical consultations through the medium of Welsh. This aims to ensure that patients feel more comfortable discussing their health matters in their language of need, improving communication and positive patient outcomes. Current practices may not fully accommodate Welsh speaking patients, and there may be a need for staff training and a review of current resources and procedures.

Asesiad / Assessment

In discussion with teams that fall within the seven priority groups of the Welsh Government's Strategic Framework; 'More than just words', the work has started within an individual service initially (Speech and Language Therapy services). The initial plan has been developed so that it may be transferred easily to other services, once piloted and tested. It is a working document and is subject to change as the work progresses.

The plan covers the following 6 areas of work:

- **Baseline assessment of the current situation**

Baseline audit of staff Welsh language skills; forms, letters and patient information available bilingually

- **Training and Development**

Implement a comprehensive Welsh language training plan for staff at all levels to improve staff Welsh language skills focusing on communication skills essential for effective patient interactions at all levels.

- **Recruitment and Retention**

Increase the recruitment of Welsh speaking staff, with an emphasis on explaining the level of Welsh language skills required for each post.

- **Welsh language resources**

Provide and/or develop Welsh language resources from language glossaries to assessments, in order so support staff to deliver services through the medium of Welsh.

- **Patient Awareness and Engagement**

Raise awareness among Welsh speaking patients about their right to receive services through the medium of Welsh.

- **Monitoring and Evaluation**

Establish mechanisms for monitoring the implementation of the plan, ensuring that Welsh language services are being provided effectively and that patient satisfaction is regularly assessed.

Argymhelliad / Recommendation

The Committee is asked to:

- Take Assurance from the report as a reflection of the activity currently planned in order to enhance and embed the Welsh language and culture at Hywel Dda, whilst enhancing patient experience.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.10 Seek assurances that there is the appropriate culture and arrangements to allow HDdUHB to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk reference: 1232, risk score: 12
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred Choose an item. Choose an item. 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality:	1. Leadership 4. Learning, improvement and research Choose an item.

Quality and Engagement Act (sharepoint.com)	Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	8d Welsh Language and Culture Choose an item. Choose an item. Choose an item.
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 Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Language Standards (No. 7) Regulations 2018 Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Welsh Language Commissioner's Office All Wales Welsh Language Officers

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	HDdUHB staff time to support implementation of the Standards and in some instances to undertake internal training and translation costs. These costs are currently absolved within the Welsh Language Services Team budget and within directorates themselves.
Ansawdd / Gofal Claf: Quality / Patient Care:	Communication is at the heart of everything HDdUHB do therefore treating service users and staff in the language of need is key to the organisation's culture and engagement. There is evidence that high employee engagement can deliver quality patient care.
Gweithlu: Workforce:	All staff have a role to play in implementing the statutory Welsh Language Standards.

Risg: Risk:	<p>Compliance assessment will highlight risks which may apply to each Standard. However, these will be mitigated through a high level of awareness of the standards and a compliance assessment action plan which will be maintained as a 'live' document. This will reduce risks to the health board and provide a mechanism of addressing those risks on a priority basis.</p>
Cyfreithiol: Legal:	<p>Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011 on 30 November 2018</p>
Enw Da: Reputational:	<p>HDdUHB has committed not only to comply with the Welsh Language Standards, but to embrace their spirit.</p>
Gyfrinachedd: Privacy:	<p>Not applicable</p>
Cydraddoldeb: Equality:	<p>The focus of language equality between the Welsh and English languages runs throughout the compliance notice.</p> <p>HDdUHB's Equality Impact Assessment processes will ensure that compliance with the standards is assessed.</p>

Welsh Language Standards – Standard 110

Enabling clinical consultations through medium of Welsh

Executive Summary

At Hywel Dda, we acknowledge and celebrate our diverse communities in West Wales. This includes that we have a high proportion of our population – whether patients, service users or carers - who wish to, and have a need to, communicate with the health service using their first language, through the medium of Welsh.

The Health Board takes its statutory duties towards the Welsh Language very seriously. As an organisation we have always tried to deliver our services in the service users' language of need. However, despite a commitment to deliver the Welsh Language Standards, we have not consistently achieved this.

We aim to improve further by ensuring the delivery of the active offer concept, so that members of the public don't need to ask for services in Welsh, but that they are automatically offered and provided.

We are committed not only to comply with the Welsh Language Standards, but to embrace their spirit, and to be the first Health Board where both languages are treated with equal status. Even though we are passionate, corporately, in terms of delivering our statutory duties, we recognise that the commitment is not always consistent across our sites, and that our awareness and culture will need to change for us to deliver a seamless bilingual service to our service users.

The Welsh language is an important factor in both the Social Services & Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. To meet both the spirit and the statutory requirements of the Acts, our Health Board will need to ensure that any needs identified in relation to Welsh language will be recognised and addressed through our proposed Integrated Impact Assessment Toolkit.

Standard 110 - background

Standard 110 of the Welsh Language Standards sets out an expectation that Health Boards carry out clinical consultations through the medium of Welsh.

The standard embodies the principle that offering to carry out clinical consultations in Welsh to patients is a matter of quality and patient safety, as well as ensuring consistency and creating more opportunities for people to use the Welsh language. It puts the patient first and highlights the practical importance of planning services

based on people's language needs. This is the standard that sets the foundations for a health service in a bilingual country.

As part of the Standard, the Health Board is asked to:

publish a plan for each five-year period setting out –

- a) the extent to which we are able to offer to carry out a clinical consultation in Welsh;
- b) the actions we intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;
- c) a timetable for the actions that we have detailed in (b).

The Health Board believes it is relevant to note that the last five years have been difficult, and the situation remains so. The COVID-19 pandemic saw all services provided by NHS Wales under intense pressure and full focus was given to ensuring patients' clinical needs were met. Additionally, the Health Board, and NHS Wales in its totality, continues to endure service and financial pressure, with a number of fragile services. This cannot be used as justification for slower progress during the previous five years, but it is important to note the context in which all services are being delivered.

Particular focus has and will continue to be given to increase the offer of Welsh clinical consultation in services accessed by the 'vulnerable groups' noted in the 'More Than Just Words' strategy. These seven groups are:

- Children and Young People
- Older People
- People with Learning Disabilities
- Mental Health Service Users
- People living with Dementia
- People accessing Stroke services
- People accessing Speech and Language Therapy services

To support our learning process and enable us to scale up activity based on experience, we propose that our work in relation to Standard 110 will focus on a single service. Initially, all efforts will be focused on the Speech and Language Therapy Service across the Health Board. This service encompasses many of the vulnerable groups as listed in More than just words and will enable us to pilot and test our approach.

Aim

The aim of the action plan set out below outlines actions and initiatives in order to ensure that Health Board staff are able to conduct clinical consultations through the medium of Welsh, facilitating greater accessibility and inclusivity for Welsh speaking

patients. This plan aims to create an environment where Welsh speakers can receive high quality services in their language of need.

The following Plan is based on our initial internal discussions as to where we think efforts need to be concentrated on initially, however as the work progresses, further ideas and initiatives will develop and therefore this plan is subject to change during the five-year period.

The key objectives of this action plan includes:

- **Baseline assessment of the current situation**
Baseline audit of staff Welsh language skills; audit of material available e.g. forms, letters and patient information available bilingually
- **Training and development**
Implement a comprehensive Welsh language training plan for staff at all levels to improve staff Welsh language skills focusing on communication skills essential for effective patient interactions at all levels.
- **Recruitment and retention**
Increase the recruitment of Welsh speaking staff, with an emphasis on explaining the level of Welsh language skills required for each post.
- **Welsh language resources**
Provide and/or develop Welsh language resources from language glossaries to assessments, in order so support staff to deliver services through the medium of Welsh.
- **Patient awareness and engagement**
Raise awareness among Welsh speaking patients about their right to receive services through the medium of Welsh
- **Monitoring and evaluation**
Establish mechanisms for monitoring the implementation of the plan, ensuring that Welsh language services are being provided effectively and that patient satisfaction is regularly assessed.

As a Health Board, we anticipate that by ensuring Welsh speaking patients can access care in their language of need, that this action plan enhances patient care, aligns with national actions and strategies that prioritise the Welsh language within public services, and enhances our Welsh language and culture within the Health Board

Objective	Actions	How we measure success	Timescale	Responsible Officer
Baseline assessment of the current situation Baseline audit of staff Welsh language skills; forms, letters and patient information available bilingually	Ascertain WL skills of the teams across the three counties	Baseline assessment of WL skills via ESR. Ensure that compliance is above 95%	Completed by March 2025	Welsh Language Service Manager / ESR Team
	Audit of all patient information (including form, letters and patient leaflets)	Ensure that all information is available bilingually	<ul style="list-style-type: none"> Audit completed – September 2025 Translation – depending on work required – timeline to be agreed after audit 	SLT Team Welsh Language Services Team / Translation
	<ul style="list-style-type: none"> Audit – what assessments are available in Welsh Audit – what %/No. of patients require assessments in Welsh Audit – what %/No. of staff are available to provide assessments through the medium of Welsh Create actions in order to be able to respond to the need 	<ul style="list-style-type: none"> Identify what is available and what the gaps are Identify any Welsh Language Audits that are needed Work with partners – internal and external - to explore possibilities of creating Welsh Language Assessments 	<ul style="list-style-type: none"> 2025 – 2030 (Long term project that may not be completed within the 5 year time frame). 	SLT Senior Team & Welsh Language Services Team

	<p>The efficient use, and ease of access to, technology, systems and data in order to record language needs.</p>	<ul style="list-style-type: none"> ● Asses how this is currently being done – ascertain current percentage of information held. Ensure uniform approach across 3 counties ● Explore ways of increasing data held ● Explore how to ensure that the recorded language preference is used efficiently when rostering staff for services ● Cynnig Rhagweithiol – how can this be implemented and recorded? 	<p>Initial Assesment completed – July 2025.</p>	<p>SLT Senior Team</p>

<p>Training and development</p> <p>Implement a comprehensive Welsh language training plan for staff at all levels to improve staff Welsh language skills focusing on communication skills essential for effective patient interactions at all levels.</p>	<p>Improve WL skills of the teams across the three counties – set targets based on ESR Welsh language levels</p>	<ul style="list-style-type: none"> • WL skills levels assessment – before and after training • Staff usage questionnaire - before and after training 	<p>Timeline to be agreed with individuals – monitor quarterly. Review bi- annually to reflect any staff turnover.</p>	<p>Welsh Language Services Team SLT Senior Team</p>
	<p>Maintain WL skills of the teams across the three counties – set targets based on Action 1.</p>	<ul style="list-style-type: none"> • WL skills levels assessment • Various courses available • Building confidence course • Mentoring 	<p>Bi-annually</p>	<p>Welsh Language Services Team SLT Senior Team</p>
	<p>Ensure all Health Board staff attain Level 1 Welsh Language Skills.</p>	<ul style="list-style-type: none"> • Support staff to improve Welsh language skills • Number of Welsh speaking staff appointed 	<p>Monitor annually to ensure increase in skills levels.</p>	<p>Welsh Language Services Team SLT Senior Team</p>
	<p>Ensure directorate wide (100%) compliance with the all new Welsh Language e-learning course. Further details</p>	<p>Compliance % recorded on ESR – 100% completion</p>	<p>100% September 2025 – maintain. Monitor biannually.</p>	<p>Welsh Language Services Team SLT Senior Team</p>

	can be found at New Mandatory Training - 000 NHS Wales Welsh Language Awareness (sharepoint.com)			
	Welsh Language Awareness – Any new staff to undertake the short course There will also be an option for existing staff to enrol on the course.	Attendance on the course will be recorded on ESR.	Monitor quarterly	Welsh Language Services Team SLT Senior Team
	Welsh Language session at whole team day		Spring/Summer 2025	SLT Senior Team Welsh Language Services Manager
			-	
Recruitment and retention Increase the recruitment of Welsh speaking staff, with an emphasis on explaining the level of	Support managers to recruit Welsh speakers and support staff to learn/improve staff Welsh Language skills in order to achieve our 10 year target	<ul style="list-style-type: none"> • Number of posts advertised as Welsh essential • Number of Welsh speaking staff appointed • Increase in the number of staff at each WL 	Ongoing Monitor quarterly	Workforce & OD / Welsh Language Services Team & SLT Senior Team

Welsh language skills required for each post.		<p>level (as recorded on ESR)</p> <ul style="list-style-type: none"> Monitor number of posts advertised as WL essential and what levels. Monitor if posts are filled with the required Welsh Language skills 		
	Assess each new and vacant post for Welsh language level requirement	Increase in the number of posts advertised as Welsh essential (including appropriate levels)	Ongoing Monitor quarterly	Workforce & OD / Welsh Language Services Team & SLT Senior Team
Welsh language resources	Ensure all staff have access to merchandise	<ul style="list-style-type: none"> Mail outs / Team meetings to ensure that all staff are aware of resources available to them 	Quarterly	Welsh Language Services Team SLT Senior Team
Provide and/or develop Welsh language resources from language glossaries to assessments, in order so support staff to deliver services through the medium of Welsh.	If need identified, create new resources that are service specific	<ul style="list-style-type: none"> Work with members of the SLT team to identify need / any gaps 	2026/27	Welsh Language Services Team

<p>Patient Awareness and engagement</p> <p>Raise awareness among Welsh speaking patients about their right to receive services through the medium of Welsh</p>	<p>Engage with patients and raise awareness of their right to receive services through the medium of Welsh and raise awareness of the active offer</p>	<p>Improved patient experience</p>	<p>Monitor bi-annually</p>	<p>Welsh Language Services Team SLT Senior Team Patient Experience Team</p>
<p>Monitoring and evaluation</p> <p>Establish mechanisms for monitoring the implementation of the plan, ensuring that Welsh language services are being provided effectively and that patient satisfaction is regularly assessed.</p>	<p>Collate the views of Welsh speaking patients</p>	<p>Create a patient feedback form on the experiences of being able to access the services through the medium of Welsh</p>	<p>Annually</p>	<p>Welsh Language Services Team SLT Senior Team Patient Experience Team</p>

4 - PLANNING

4.1

5 Mins

4.1 - Delivery against Planning Objectives
aligned to PODCC

*Daniel L Warm
(Hywel Dda UHB -
Head of Planning)*

| For assurance

Attachments

[4.1 PODCC PO Update SBAR February 2025.docx](#)

[4.1 Q3 PODCC Planning Objective Highlight Report FINAL.pptx](#)

**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:	Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling (Executive Director of Workforce & OD / Interim Deputy CEO)
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of 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

A revised set of 10 Planning Objectives (PO) has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2024/25. The POs set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2024/25, one Planning Objective has been aligned to the People, Organisational Development and Culture Committee (PODCC), namely PO1 Workforce Stabilisation.

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 Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2024/25, and this report is presented as an update to demonstrate where progress has been made in delivering the Planning Objective (workforce stabilisation) aligned to the PODCC.

The PO is made up of a number of different components, and the overarching narrative as described in the 2024/25 Annual Plan is: *"The Planning Objective is focused on workforce sustainability and aims to achieve this through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives"*.

The description and specific measurable actions of the PO as detailed in the 2024/25 Annual Plan was presented to the Committee in June 2024.

Asesiad / Assessment

The overarching status of the PO is on-track as it was for the previous reporting period. Highlight reports for the individual components of the PO can be found in annex 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 an assurance on the current position in regard to the progress of the Planning Objective (PO1 Workforce Stabilisation) aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective is progressing and is on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 To receive an assurance on delivery against all relevant Planning Objectives
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

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

Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Planning Objective: Development of a Workforce Plan

Executive Lead: Lisa Gostling, Director of Workforce and Organisational Development

Reporting Period: Quarter 3 2024/25

Overall status: On Track (to alignment of workforce planning in the Annual Planning Cycle)

Rationale:

The Workforce Plan had initially been scheduled for presentation to PODCC in June 2024, assurance can be provided that work has continued to refine and align the Operational Workforce Plans and Workforce Plan. An update was presented at PODCC in December 2024 and the report accompanying papers for February identifies how we are mitigating risks that are presenting in the Annual Planning Cycle by focusing on Professional Group Plans. The Workforce Plan is commensurate with the level of maturity within the HB workforce planning and planning per se.

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

Draft Workforce Plan in place. All operational workforce plans are being quality assured and actions are being collated to align to Annual Planning Cycle. Over 70 service areas are engaged and professional groups leads engaged.

Activities completed in previous reporting period

- Ongoing alignment to Variable Pay work
- Quality assurance process designed for Operational Workforce Plans
- Implementation of the quality assurance process for Workforce Plans
- Review this quarter cycle for workforce themed risks and review of corporate workforce risks by professional groups
- Developed documentation and outline plan for IMTP for 2025/2026 forwards for workforce plan
- Professional Group Analysis for Professional Workforce Plans
- Professional Workforce Plans developed
- Baseline and Analysis of "Distance Travelled" 6-month review by professions relating to recruitment, Retention and Workforce Development
- Linking with Public Health on Population Health Based Workforce Planning
- Continue to work with corporate teams on opportunities for alignment/joint work: VBHC, Data Science etc
- Test the process "Culture", "Plan" and "Intervene" as a model for WOD alignment of ODRM, WFP and Operational Workforce colleagues

Activities planned for next milestone and reporting period

- Consolidation work for Annual Plan and Education Commission
- Continue to align with corporate teams and the professional group analysis/distance travelled with support from WOD colleagues.
- Continue with development of prioritisation framework

Matters for information:

Risks to delivery: Service and Team capacity to engage is a risk and therefore the Workforce Planning Team are seeking to "lead" the discussions with insight and engagement.

Any other comments: We are aware that we need to operate 12 months in advance of the recruitment, education and efficiency plans developed in year to be framing the future needs and an implementation plan to address. We hope to make the shift this year.

Planning Objective: Delivery of a targeted Recruitment Plan

Executive Lead: Lisa Gostling, Director of Workforce and Organisational Development

Reporting Period: Quarter 3 2024/25

Overall status: On Track

Rationale: Work is ongoing and progressing

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

- Final cohort of 15 IENs welcomed 28 November 2024;
- Weekly hard to fill and variable pay meetings;
- RN campaign to convert RN Agency Workers to substantive or bank continues. 17 offered during Q3. (In total 69 offered/12 however have since withdrawn);
- In country visit to Kerala (India) to participate in NHS Wales pilot to recruit Specialist Grade Drs. Successful outcome with 5 offers into Specialist Grade (first in Wales) and 1 Speciality Dr. Specialties include: Haematology, Emergency Medicine and Gastro. Doctors currently onboarding;
- March NQN SSP activity underway. 48.6WTE Band 5 RN vacancies submitted for SSP NQNs (22.6WTE adult, 24WTE MHL, 2WTE Paeds). To date: 11 student nurses allocated to adult, 11 allocated to MHL;
- 9 Senior Managers recruited (Band 8C+) via new Senior Management Recruitment process (excludes restricted competition);
- CEO Recruitment undertaken;
- Regular meetings with services leads and efficiency team to discuss exit strategies / recruitment solutions for agency workers covering vacancy gaps;
- LinkedIn and BMJ contracts renewed;
- Ongoing national AHP campaigns with successes with 3 x Physiotherapists and 1 x OT appointed as a direct result;
- Medical Stabilisation work underway.

Activities completed in previous reporting period

- 103 Newly Qualified Nurses started in September 2024 (81 Adult, 16 MHL, 6 Paeds);
- International RN Recruitment Project completed. 296 IENs welcomed into HDUHB;
- Senior Medical Recruitment Guidance developed for Medical Recruitment teams.

Activities planned for next milestone and reporting period

- Closure report for International RN Recruitment Project;
- SSP for NQNs March cohort;
- EDoN and MD Executive Recruitment;
- Recruitment audits across staff groups to support Equality, Diversity and Inclusion workstreams;
- Roll out of new A4C Temp to Perm process (Band 2 – 8B incl);
- Attendance at Annual National Conference of the Indian Psychiatric Society (ANCIPS) in January 2025 to present and recruit into Hard to Fill gaps.

Matters for information: Ongoing concerns raised by student nurses regarding availability of vacancies once qualified.

Risks to delivery:

Planning Objective: Delivery of a Retention Plan

Executive Lead: Lisa Gostling, Director of Workforce and Organisational Development

Reporting Period: Quarter 3 2024/25

Overall status: On track

Rationale for overall status: Work is ongoing and progressing

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

- Report provided to PODCC on 16 Dec 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. 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.
- 12-month nursing turnover rate increased slightly from 5.13% in Dec 2023 to 5.70% in Dec 2024 (+0.57%), however we are extremely proud to continue to be the best performing NHS organisation in Wales for our registered nursing turnover rate.
- 12-month medical turnover rate increased from 10.33% in Dec 2023 to 12.38% in Dec 2024 (+2.05%), however this appears to be a current trend across Wales and is also being considered by the NHS Wales Retention Community of Practice as a hotspot area.
- Exploration work and research finalised and is informing the early stages of our AHP and HCS Retention Group. Supported by the Executive AHP and HCS Leadership Team, key stakeholders, including AHP and HCS Forums, have been engaged. There is also an ongoing communication within the NHS Wales Community of Practice groups to support this work, where Hywel Dda's Retention Lead is engaging nationally to ensure alignment.

Activities completed in previous reporting period

- Digital Workforce and Productivity Solutions Team at NWSSP developed a new video to support the use of flexible working functionality in ESR, highlighting the transactional process for recording flexible working arrangements and touching on key elements of the Flexible Working Policy that the system does not fully align with or make explicit. Promoting the video on an ongoing basis to increase recording and sharing associated paperwork with Operational Workforce.
- NHS Wales Flexible Pensions Policy approved in Sept 2024 to provide an overview of the options available to eligible employees 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. Promoting the Policy on an ongoing basis.

Activities planned for next milestone and reporting period.

- HB's Retention Lead will attend Winter 2025 Spread and Scale Academy (funded by HEIW), which is an immersive three-day event designed to propel projects forwards so they can spread to as many people as possible who can benefit.
- New session for delivery on LEAP Development Programme, focusing on fostering a leadership culture which promotes flexible working at team level, will be launched in March (co-created and delivered by OD and People Effectiveness teams).
- Flexible working maturity assessment pilot project, planned and managed from a quality improvement perspective, will begin in Jan/Feb by adding an assessment of flexible working maturity into our ODRM' exploration phase when working with services/teams.
- HB Retention Lead has been invited to share Hywel Dda's Retention Journey to date with HEIW's Board in Jan.

Matters for information

Risks to delivery:

Any other comments:

Planning Objective: Delivery of a Workforce Education and Development Plan

Executive Lead: Lisa Gostling, Director of Workforce and Organisational Development

Reporting Period: Quarter 3 2024/25

Overall status: On track

Rationale for overall status: Work is ongoing and progressing

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances): (Data and statistics not available yet due to infancy of this new work)

1. Increase the number of staff in leadership roles who have participated in a leadership development programme – Management and Leadership training now available for Bands 3 upwards – **Completed**
2. Reduction in grievances linked to communication in areas linked to participation in development programmes. **Actions completed – Time needed to embed and track data and impact – On track for Q4**
3. Increase the number of inter-professional Education opportunities across medical, clinical and wider workforce. **Increase in IPE evidence through the Interprofessional Education Governance Group that reports to SPPEG. On Track to identify how to present data in Q4 to demonstrate increase as currently data is qualitative.**
4. Increase the number of staff participating in development opportunities from previously underrepresented groups. **On Track for Q4, although facing challenges around central data capture.**
5. Embed simulation within clinical education programmes, positively impacting patient safety and experience. **Increase use of simulation has been achieved evident through the Interprofessional Education Governance Group that reports to SPPEG. On Track for Q4: Now at a point to identify how to present data in to demonstrate increase.**

Activities completed in previous reporting period:

- Leadership and management development programmes now business as usual. 2 cohorts of the Hywel Dda Managers Programme have completed, 5 cohorts are ongoing and a further 6 planned for 2025. 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 also been delivered.
- Simulation has been incorporated into clinical Induction, supporting HCSW to gain more hands-on experience in physiological observations, recognising a deteriorating patient and escalating concerns promptly using SBAR.
- Interprofessional activities have been designed in Major Haemorrhage Procedure, paediatric assessment, ITU patient assessment and deteriorating patient scenarios delivered, which are newly developed.

Activities planned for next milestone and reporting period

- Correlate management programme data to identify/track data and the impact of development programmes on grievances
- Create a dashboard that highlights increase in Interprofessional Education, along with capturing qualitative data.
- Centralise data to capture uptake of development opportunities for underrepresented groups.
- Identify and utilise appropriate data presentation methods to demonstrate the increase in simulation within clinical education programmes has impacted patient safety and experience.
- Simulation training made available to all HB educators from across the professions, providing skills to engage in IPE and Simulated learning delivery.

Matters for information:

Risk identified in Q1 in relation to the lack of accommodation for training in Ceredigion has now been closed, although noted that this is a twelve-month solution and therefore may be a risk in the future.

Risks to delivery:

Risk identified in Q2 in relation to release of staff to attend any training due to HB current financial situation continues to impact achievement and attendance rates. Challenges around training data being captured using various systems in silo's impacting the ability to truly identify data linked to increasing development opportunities for underrepresented groups. There may be inconsistent participation across departments, and interprofessional dynamic barriers such as hierarchical challenges and departmental silo working. There is a risk that although development activities have been undertaken to reduce grievances opportunity may be too small to demonstrate impact and a sustained improvement.

4.2

10 Mins

4.2 - Workforce Planning and Efficiency

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

Attachments

[People Plan PODCC SBAR Feb 2025.docx](#)

[Workforce Plan 2526 9 Feb 2025.pptx](#)



**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:	People Plan Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling Deputy Chief Executive and Director of Workforce and Organisational Development (OD)
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 a further update on the People Plan paper presented in December 2024. Workforce Stabilisation is a Health Board wide objective, and we continue to assess, align and address gaps through our interventions as People and OD Function, although it could be argued that is now embedded in our approach as “business as usual”.

We focus here on the progress of the development of the People Plan for 2025/26 and the targeted work to address our critical understanding of gaps and how we are addressing them in terms of approach and focused interventions. As service models and performance targets have yet to be agreed, we have aligned our work to the development of People Professional Plans as below linking in professional and service delivery leads through the Operational Workforce Plans.

It is the intention once clarity has been achieved through the Annual Planning cycle 25/26 (completion end of February 2025) we will then be able to align the people impacts to the professional people plans in development.

Cefndir / Background

The paper is supported by a number of detailed progress plans, trackers and tools for monitoring, analysing, supporting and critically evaluating the approach to workforce planning as detailed in the previous paper; (December 2024) to summarise workforce themed risk registers, operational action plan trackers and tools to profile and assess workforce gaps.

A “Strategic Workforce Planning Forum” (Formerly Professional Leaders Forum) has been convened to support the Education Commissioning process for 2025/26 with out turn into the workforce 2029/30. This Forum met in January and sessions are planned for February and March to continue to review and develop plans. This is also supported through the professional leads groups i.e. Allied Health Professional and Healthcare Science Forum, Medically Associated Professionals (MAPs) Task & Finish Group etc.

Asesiad / Assessment

Professional Staff Group analysis and plans are developing (as below):

- Nursing Midwifery and related Additional Clinical Services (ACS)
- Medical and Medically Associated Professionals
- Allied Health Professional (AHP) and related ACS
- Healthcare Science (HCS) and related ACS
- Additional Professional and Technical (Including Medicines Management)

We have included the term “Stabilisation” to our plans to indicate the need to balance and address the risk across the Health Board and this will be achieved by targeting attention on how we meet the gaps identified, generally and specifically as part of the Annual Plan. To this end we have included updates on efficiency for our medical and nursing workforce alongside AHP and HCS.

This is also the case for Estates and Ancillary and Administrative and Clerical as a Staff Group, however without designated professional leads we are required to work through how these two staff groups support each service and system.

Please note the summary deck enclosed provides an update of progress to date, challenges that are present, that may need further quantification and the future direction of travel. This is a moving picture, as we align to Annual Plan opportunities and risks.

From initial analysis and dialogue, it looks likely that challenges will play out in the following areas:

- Diagnostics
- Physiotherapy
- Ophthalmology
- Orthopaedics
- And related impacts on Theatres and Critical care.

The risks identified in the Risk Analysis of the Workforce Themed Register identify 98 Direct Workforce Risks, with an additional number c100 which are categorised as indirect workforce risks. This means that they have been having a potential workforce planning implication where a "watching brief" is needed or where a workforce planning or wider intervention needed I.e. a demand and capacity assessment, to understand if there is a workforce risk.

NB We are utilising the ESR designated Staff Groups. Public Health is currently classed within the Administrative and Clerical Staff Group.

Argymhelliad / Recommendation

For the Committee to take assurance that:

- a) The People Plan will be developed for 2025/26 with a future focus to align resources to agreed priorities via the Annual Planning Cycle. (Plans completion end of February 2025)
- b) People Stabilisation programmes are in place for Nursing and Medical professional groups and linked to associated professionals (ACS staff group and MAPS)

- c) People Plans are in development for other clinical professions Allied Health Professions, Healthcare Science Additional Professional and Technical (which includes Pharmacy)
- d) People Plans are in development for Estates and Ancillary and Administrative and Clerical

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.7 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Workforce Technical documents 2021-2024 Census data 2021 Relevant research and intelligence related to HEIW and wider health & social care bodies.
Rhestr Termiau: Glossary of Terms:	ACS – Additional Clinical Staff i.e. Healthcare Assistants

	MAPS – Medically Associated Professionals i.e. Anaesthetic Associates (AA) Surgical Care Practitioners (SCP) and Physician Associates (PA) MDS Minimum Data Set
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template Yes, to be worked through as part of the Minimum Data Set submission to Welsh Government with Finance & Planning colleagues
Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates. The People Plan seeks to mitigate the risks identified in the Principal and Corporate Risks for People identified.

Cyfreithiol: Legal:	<p>e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p>
Enw Da: Reputational:	<p>e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p>
Gyfrinachedd: Privacy:	<p>e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No</p>
Cydraddoldeb: Equality:	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) <p>Equality Impact Assessments</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p>

Our People & Culture Plan

Technical Document 2025/26

Interim/Draft Plan – to be finalised March-June 2025

Integrated Medium Term Planning Process



Executive Summary

Our People & Culture Plan aligned to our People Strategy details our ongoing commitment over a one to ten year time frame to deliver a safe and sustainable model for our people, patient and public – creating the best possible opportunities to inspire, develop and retain people within our Health & Social Care System.

Our ambition, (which we have gone a long way to achieve), is to have a detailed analysis of our internal and external “care forces” to enable us to understand and respond to the challenges and opportunities experienced from an educational, pre-employment and employment lens which would cover the full life-cycle and complexity of people’s personal journeys into employment and beyond. It is our goal to enhance and evolve our offering to the communities we serve to be an employer of choice.

Our offer for the prospective and current “care force” is to continue to refine and implement an approach to strategic people planning, resourcing, development and engagement that will enable a comprehensive People and Organisational Development Plan that will continue to drive our strategy as a Health Board; the People Regeneration Framework which illustrates our approach to implementation of our people and culture plans will have the widest conception of our “careforce” and identify opportunities for the future including volunteers, carers, partners etc

As contained within we have refreshed our Workforce and OD Strategy to align to the four Strategic Themes aligned to our People Pillar Portfolios, having begun the process of reshaping our structure in 2024/25

1. Shaping our future for our people: People Planning Pillar
2. Finding & keeping great people: People Operations and Resourcing Pillar
3. Leading our people and teams: People OD & Culture
4. Releasing our people’s potential: People Education & Development

Based on our analysis, we can see that through international recruitment and local efforts we are able to attract people, yet we do not yet have true alignment of our “shape” and supply routes i.e. we have a strong contingent group of people (locum, agency, variable) that are essential to managing service demands. Our focus must be on accessing critical skills to meet these gaps through learning or recruitment and ensuring that we retain the people who have joined us generating a sense of belonging to Hywel Dda Health Board and our communities.

To this end we have embraced 3 Strategic themes for our objectives for 2025/26 to strengthen our strategic approach:

1. Healthy, happy workforce
2. Compassionate experiences for colleagues and patients
3. Embed a culture of diversity and inclusiveness

By focusing on these elements, we will enable positive change to the configuration of how people deliver services and contribute to the reduction of waste and generate improvements in efficiency.

1. To clarify what we mean by “Careforce” the concept is “aspirational” and based on the idea that it is possible to identify and share data relating to all those engaged in or available to facilitate care and support in a particular area, irrespective of the organisation that they work for. This supports the delivery of more effective and efficient working arrangements that are focused on the needs of local people, evolving from the research funded by the Health Foundation and led by Torbay Council, in partnership with Torbay and South Devon NHS Foundation Trust and Whole Systems Partnership.

2. To note: Pillars within the Workforce & Organisational Development are currently being reviewed to create greater alignment of purpose; strengthening relationship across teams to enable greater collaboration to drive workforce stabilisation as a priority and enabling the development of robust future workforce models for sustainability.

Introduction

“A Healthier Wales” set out the long-term plan for Health and Social Care (H&SC) and drives our commitment to deliver seamless integrated care as a nation, supported by appropriate models of care and workforce with partners. We are critically aware of the workforce challenges locally, nationally and globally for the delivery of healthcare. Our response, is aligned to the Health & Social Care Workforce Strategy and Workforce Implementation Plan; our 10-year People Strategy and within our “Technical documents” 2019/20 - 2024/25 which illustrates our commitment to driving the agenda forward, given the constraints that have been placed upon us by COVID, Climate Change Emergency, and the wider Socio-Economic context. The approach taken is a consistent one linked to our Culture, Planning and People.

The focus of the People & Culture Technical Document 2025/26 s to take the learning and insights we have gained in recent years and put them to work towards a sustainable people model for the future that will address health inequity; improve health outcomes and help to build a sustainable future for our communities in West Wales and Wales, per se. Being a significant strategic public sector body we can promote wider policy goals, helping to address inequalities, the socio-economic determinants of health, and the wellbeing of future generations, by acting as a catalyst for:

1. Local regeneration,
2. Economic growth,
3. Community resilience.

To do this, we must ask our “careforce” to:

1. Respond to the longer-term challenges that have presented within our population,
2. Deliver longer-term recovery and contribute to improving population health outcomes.

And will require our “careforce” to:

1. Support their own wellbeing as well as that of our communities,
2. Face economic challenges as the cost of living crisis continues,
3. Manage social and political instability in the health and social care system and wider society,
4. Adapt to change and advancements in health and care systems.

The focus of our plan in some respects has not changed - an ongoing commitment to “recovery”, “tackling health inequalities”; improving mental health provision and the development of the concept of a Social Model of Health hold true. It is the scope and scale of partnership and integration that will act as either a fundamental enabler or barrier to future progress across the public and wider sectors, as we have seen, a growing emphasis on regional working across NHS Wales and Social Care has been seen for Hywel Dda and Swansea Bay University Health Boards by the creation of a Joint Committee to act as an enabler to our strategic intentions.

Introduction (continued)

We will continue to embrace partnership and integration models to shape our “careforce” to:

- Create accessibility in service provision,
- Embrace technology and new ways of working,
- Develop caring and compassionate leaders,
- Focus on prudent, Value-Based Health Care (VBHC),
- Engage with the concepts of social value and the foundational economy.

We have been working to enable our “careforce” to have the capacity and capability to respond, and we will continue to, however, the language that we speak now is of creating the conditions for:

- Inclusion and Belonging
- Resilience & Compassion,
- Responsiveness and Action,
- Reducing Harm and Waste.

Fundamentally, being careful with our “careforce” and being alert that we are nurturing a finite resource. Therefore, we need to be aligning people to purpose and purpose to people. Doing today what will help our populations and supports the wellbeing of tomorrow’s generations.

With this in mind, we are adapting our approaches to create a positive distinction between operational workforce planning (1-3 years - stabilisation, resource utilisation and effectiveness being critical components) and strategic workforce planning (3-5 years – evolution, seeking impactful approaches to workforce planning i.e. scenario planning, population health and skills based). We have taken on board the feedback from the Wales Audit Office Report and have evolved and continue to do so.

We are working across the Health Board and wider system looking to facilitate:

- Increased engagement, coaching & training,
- Evolution of workforce planning in the planning cycles,
- Strengthening our governance and approach to workforce related risk management,
- Continue to undertake supply pipeline analysis and modelling of data to ascertain future projections,
- Identification of pathways, associated role identification and design; ensuring the associated education is commissioned.
- Strengthening our approach to leadership development and talent management

Global Overview

The scale of opportunities and challenges are significant as ever; and touches all aspects of design and delivery of services and people planning, management and development. We know that the Health & Social Care sector will face similar challenges, and that the global context will only exacerbate people planning in a constrained labour marketplace as uncertainty and volatility impacts. We continue to evolve our knowledge base on the global, national and local impact/implications on Health and Care Services for our local population, our people and our “careforce”, and will continue to assess and respond to:

- Planning to meet the needs of an ageing population with an ageing workforce (i.e. a declining population locally/globally and what has become known as “Peak Death”*),
- Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities,
- Managing changing public expectations about the care they receive,
- Achieve better integration between health, social care and support organisations,
- Shifting the focus towards prevention and wellbeing,
- Delivering the personalisation agenda and providing person centred care within financial constraints,
- Ensuring the system delivers high quality services with increasing, and possibly, competing financial priorities,
- Developing effective measures for high quality of care and productivity (and ensuring high quality data is collected),
- Activating changes resulting from innovation, and technology at greater pace along with digital developments,
- Planning service delivery, given the uncertainty around levels of funding, and impact on future demand and supply of services,
- Uncertainty in how investment in life science, health care will support the economy, especially in the context of uncertainty on the Global, UK and the local Welsh economy,
- Uncertainty on how global events may impact economically and present locally in short and long term i.e., fuel poverty and associated costs for staff and citizens alike,
- Uncertainty on how technological advancements will impact health and social care in short and long term i.e. AI and ethics, technological advancements and skills development.

We will also reflect on the global work trends that are being identified, specifically, the potential for changes in leadership style, growth of a "workforce from anywhere" philosophy, importance of care giving policies as a differentiator for employers and people relationship to work and life i.e. "workism" and the "portfolio life". (Harvard Business Review 2024)

For 2025, Harvard Business Review identify nine trends that we have summarised below into 3 key themes:

- **Future-Ready Workforce:** a need to focus on preparing their employees for future demands by emphasizing skill development and adaptability. This involves continuous learning and upskilling to meet evolving industry needs.
- **Evolving Role of Managers:** managers will need to adapt to new responsibilities and leadership styles. This includes being more empathetic, fostering a collaborative environment, and effectively managing remote or hybrid teams.
- **Emerging Talent Risks:** a need to address risks related to talent acquisition and retention. This includes understanding the changing expectations of the workforce, such as the desire for flexible work arrangements and meaningful work.

1. *Peak Death “The most common year of birth for the baby-boomer generation is 1947. Since their most common lifespan is around 87 years, Peak Death could occur in 2034, when Britain will see around 15% more fatalities than in 2018.” (Economist 2019). [9 Trends That Will Shape Work in 2025 and Beyond](#) Harvard Bu

Strategic Outline - local people context

We also face very specific challenges that can have an even greater impact on our “careforce”/people:

- Rurality and poor local transportation links,
- Welsh culture & language,
- Ageing estate,
- Financial pressures,
- Declining population growth in critical areas i.e. Ceredigion.

And when we overlay the COVID 19 legacy, we are faced with increasing uncertainty on a number of factors for our population:

- Impact of lockdown and economic uncertainty on physical and mental health for the medium and long term for example:
 - Within younger generations, we are seeing an increase in CAMHS referrals,
 - The delay of treatment for patients with terminal or long-standing disabilities,
 - Implications of “long-COVID” and those recovering from the debilitating impact of the virus and what that means for service demand,
- Possibility of new, seasonal variants managed through an “endemic lens” and the operational implications for delivery,
- Implications on how COVID 19, Pension legislation and the “cost of living” crisis may impact choice in relation to participation in the labour market and retirement choices.

In addition, within our “careforce” there are additional considerations to reflect upon that need to be accounted for:

- Personal legacies for our workforce’s own mental health and wellbeing and how these impact at an individual, the team and organisational level,
- Resilience, recuperation and the need for restorative practices inside and outside the workplace,
- Digital capacity and capability to respond to technological change at pace on an individual, team and on organisational level,
- Complex public expectations in relation to the pandemic legacy and recovery work; our people will be directly involved in managing this complexity,
- Instability in the wider public sector and geo-politics impacting on health inequalities through negative impacts on food and energy pipelines/prices.

It is also critical that we factor in the implications of “Peak Death” and the Population Health, for example:

- 50% of people born after 1960 will have cancer diagnosis,
- 50% of women over the age of 50 will break a bone due to poor bone health,
- 1 in 6 will suffer a stroke,
- 1 in 10 men over 50 have a heart 10 years older than they are,
- 1 in 10 adults in UK could have diabetes by 2030,
- 1 in 4 people have mental health problems each year & 1 in 6 people experience common mental health problems (anxiety/depression) every week,
- 21% of adults aged 25 – 34 have asthma.

Strategic Outline – local people planning context

We can see year on year, our workforce changing as a response to the initiatives we have put in place aligned to our strategy i.e., “pre-pandemic” (pre-2020); “within pandemic” (2020-22)” and the “endemic” phase (2022-25) – our workforce is different. We are learning to live with the longer-term implications and consequences of “COVID” decisions; as we seek to navigate a challenging funding environment and live up to the aspirations of longer-term initiatives to address, underlying workforce deficits - our focus from a people planning perspective has been in the predominantly, operational and tactical space, however our cultural response has been intentionally strategic, as underpinning all of the planning work we must look to how we lead with compassion and accountability.

We have been moving consistently towards an appreciation of how we can strategically address our people challenges, in some ways we might argue that these initiatives are not at the pace or depth needed to address our most deeply entrenched people deficits which are linked to our demographic profile and the wider global context. Given our rurality and health inequalities we might acknowledge that we are doing all that we can do without global or national interventions linked to employment, education and health inequalities to support a greater pace of change.

We continue to look forward, with the People Technical Document for 2025/26 to the future to see how this may look in relation to our current and prospective people, first to raise awareness of the risks and then to appreciate the opportunities and explore solutions as a health board and then wider, as a health and social care system. Fundamentally, we have reflected on our approach to people planning (since 2021/22) and set out our growing awareness of the work needed to enable the shape and supply of people, and within that the support for people design we need linked to the national workforce strategy and implementation plan.

We reflect on these elements in later chapters and appendices, most predominantly in our section on Education Commissioning.

We look firstly at our strategic approach and position our annual plan within this. We are clear on our strategic intentions however our emphasis and energy for 2025/26 is to primarily continue our journey of stabilisation underpinned by the foundations to create long term change. Based on our programme of work to date we are working to build a workforce that can move towards new models of care and people deployment– we will “*deploy the existing and future workforce to best effect and evolve enhanced use of multidisciplinary teamworking, role redesign, developing new roles, and advanced practice models, enabling people to develop their careers and work at the top of their license*” (Planning Framework 2023-26).

This complements our organisation wide approach “Improving Together” which will act as a support mechanism to address the challenges services face. Links will be made to the Ministerial Priorities identified in Welsh Governments NHS National Planning Framework.

Strategic Outline - national people context

The consistent question being asked of NHS Wales and within every Health Board in 2024-25 is how we will meet Ministerial Priorities within our resources in a difficult financial climate with increasing demands on health and social care and wider public sector agencies.

As we look at the shape of our workforce now, the pandemic triggered change at pace and our people shifted as a response and continues to do so, however, as noted previously, we are conscious of the implications for our workforce, which is estimated that between 60-80% of our workforce today will be our workforce tomorrow (i.e. next 10-15 years potentially).

From a people planning perspective we must be alert to:

- Wellbeing of our people, (especially linked to Population Health trends),
- Shape and supply routes of our people,
- Educational routes and subsequent commissioning options,
- New risks that may present in new models of care,
- Generate new solutions to entrenched issues.

This will assist us in managing the challenges we face as an organisation and as a wider health and social care system; in the context of the economic landscape and ongoing global uncertainty; we must embrace, as a significant employer in the region, the responsibility of our engagement with the “community we serve”: our “careforce”.

For example, how we respond now to engage, support, and develop our people can have a significant impact on addressing the underlying determinants of health inequalities and supporting the wellbeing of future generations to come. Our 10 year People Strategy and the 7 themes of the national workforce strategy (2018) and national implementation Plan (2023) are aligned; additionally, we have developed our approach to people planning to regenerate our workforce; working closely with HEIW and continue to support and inform their work.

We will illustrate as we work through our People Plan how we will align and complement HEIW’s work programme, in the short and long term.

THEME	DESCRIPTOR
1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.
3. Seamless Workforce Models	By 2030, multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
5. Excellent Education and Learning	By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
6. Leadership and Succession	By 2030, leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

Strategic alignment – national people context (continued)

To quote the Welsh Government’s National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges (January 2023):

“Challenges which are not unique to Wales, with the World Health Organisation declaring a global healthcare workforce crisis in education, recruitment deployment and performance leading to their estimation of a projected shortfall of 10 million health workers by 2030”.

Whilst acknowledging the global healthcare workforce crisis there is a requirement to respond appropriately to our own unique challenges which affect our Health Board.

The Plan outlines two key principles that will underpin our own:

1. Agility,
2. Priority.

Tying back to our local, regional and national priorities alongside ministerial priorities i.e. Planned Care, Primary Care, Mental Health, Urgent and Emergency Care, Cancer; as well as influences such as National Clinical Framework and All-Wales programmes and networks for major conditions such as diabetes, women’s health and cardiac/heart disease. We need to reflect on the changes nationally.

Alongside this we are alert that we will need to engage on a local and regional basis with Further and Higher Education Institutions and regionally for the implementation of the Welsh Government Employability Plan. Our University Partnerships and Regional Learning and Skills Partnerships will play a critical role in supporting a wider research, learning and employability agenda.

- Key documents:**
- Strategic Workforce Plan for Primary Care
 - Dental Strategic Workforce Plan
 - Strategic Pharmacy Workforce Plan
 - Strategic Workforce Plan for Genomics
 - Diagnostics Workforce Plan
 - Strategy for Developing a Radiology Workforce for Wales
 - Strategic Nursing Workforce Plan
 - Strategic Perinatal Workforce Plan
 - Strategic Mental Health Workforce Plan

- Overview of engagement on national workstreams and local alignment:**
- Appointed a Workforce Planner for Primary Care fixed term contract to March 2026
 - Membership of national workforce groups/workforce planning groups: UEC, Imaging Academy, ADWFP, Workforce Planning network, strategic people modelling groups for nursing workforce plan
 - Working with HEIW on roll out of training for Strategic Mental Health Plan nationally and locally
 - Working with services locally on alignment of operational workforce plans to strategic priorities to inform longer term thinking, signposting workshops, seminar and tools as appropriate to programme

Strategic Outline - national people context to our Workforce Strategy



Our Workforce Strategy

Workforce Transitions

1. Stabilisation (1-3 years)
2. Evolutionary (2-5 years)
3. Metamorphosis (3-6 years)
4. Transformative (4-7 years)
5. Re-creation (5-8 years)
6. Regenerative (6-9 years)

A 3 year iterative cycle is assumed, this could be 3-5 years in practice.

HR DISRUPTED
It's time for something different.

The Workforce, O&E and Education Strategy 2020 – 2030

Employer of Choice

- Delivering a Healthy and Resilient Workforce
- Delivering a Healthy and Resilient Workforce
- Delivering a Healthy and Resilient Workforce
- Delivering a Healthy and Resilient Workforce
- Delivering a Healthy and Resilient Workforce
- Delivering a Healthy and Resilient Workforce
- Delivering a Healthy and Resilient Workforce
- Delivering a Healthy and Resilient Workforce

1. Delivering Compassionate and Collective Leadership **6**
2. Recruiting and Retaining Great People **2 & 1**
3. Engaging Our Staff **1**
4. Delivering a Workforce Fit for Our Future **3, 4 & 7**
5. Enabling Our People to Release Their Potential **5**
6. Developing High Performing Teams **1 & 3**
7. Delivering Innovation, System Learning and Change Agility
8. Delivering workforce efficiency and effectiveness

THEME	DESCRIPTOR
1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
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7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

During 2023-24 the Workforce & Organisational Development Team undertook a review of the Workforce Strategy 2020 – 2030; this involved mapping the activity within the strategy against work delivered to date under the 8 themes and assessing how this aligned to the National Workforce Strategy's & themes; alongside this the WOD Leadership Team explored how this sits alongside our approach to workforce planning. A summary of the analysis is presented here.

From this evolved our new Strategic Themes to take us into 2024-25:

1. Shaping our future for our people,
2. Finding & keeping great people,
3. Leading our people and teams,
4. Releasing our people's potential.

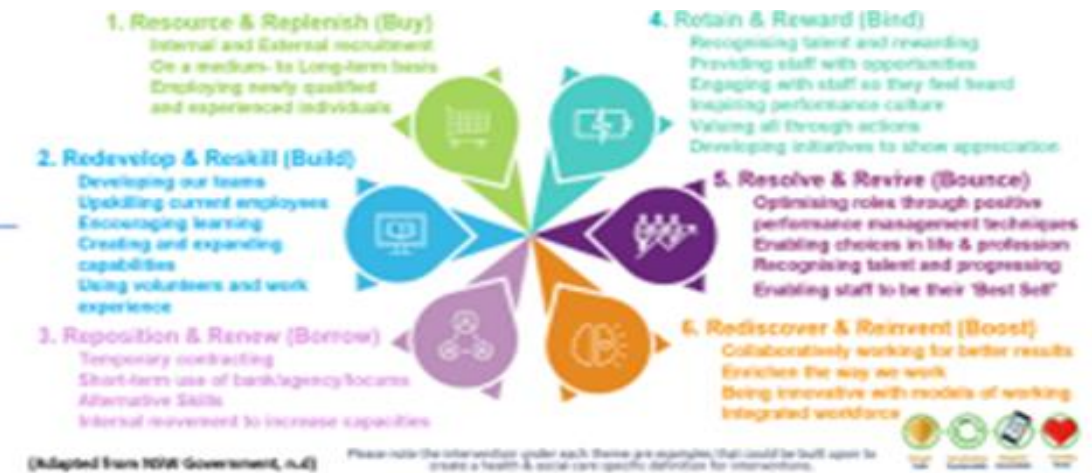
A detailed implementation plan during 2024-25 will be developed to draw together the analysis of our workforce (through quantitative and qualitative means).

People Plan & Strategic Roadmap - alignment to WOD Strategy

Workforce Transitions

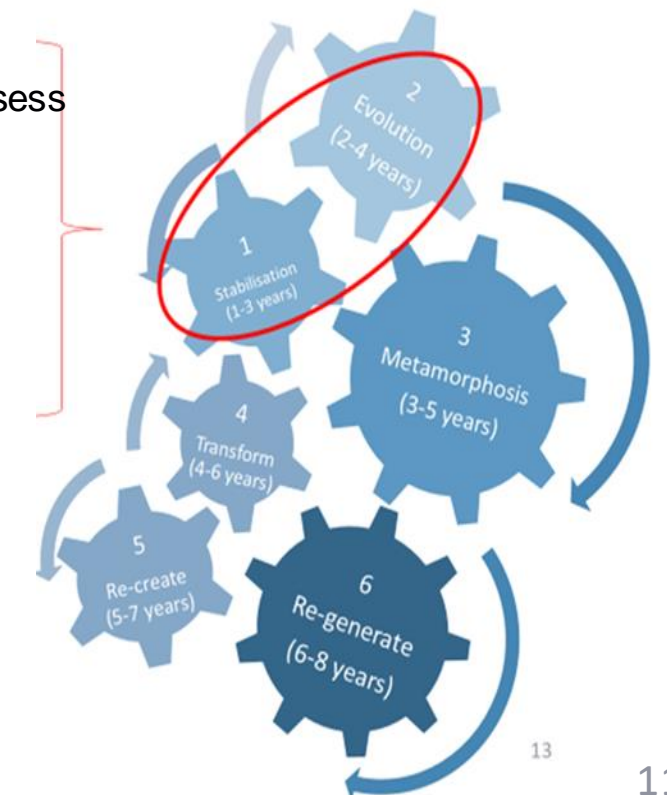
1. Stabilisation (1-3 Years)
2. Evolution (2-4 Years)
3. Metamorphosis (3-5 years)
4. Transformation (4-6 years)
5. Re-Creation (5-7 years)
6. Re-Generation (6-8 years)

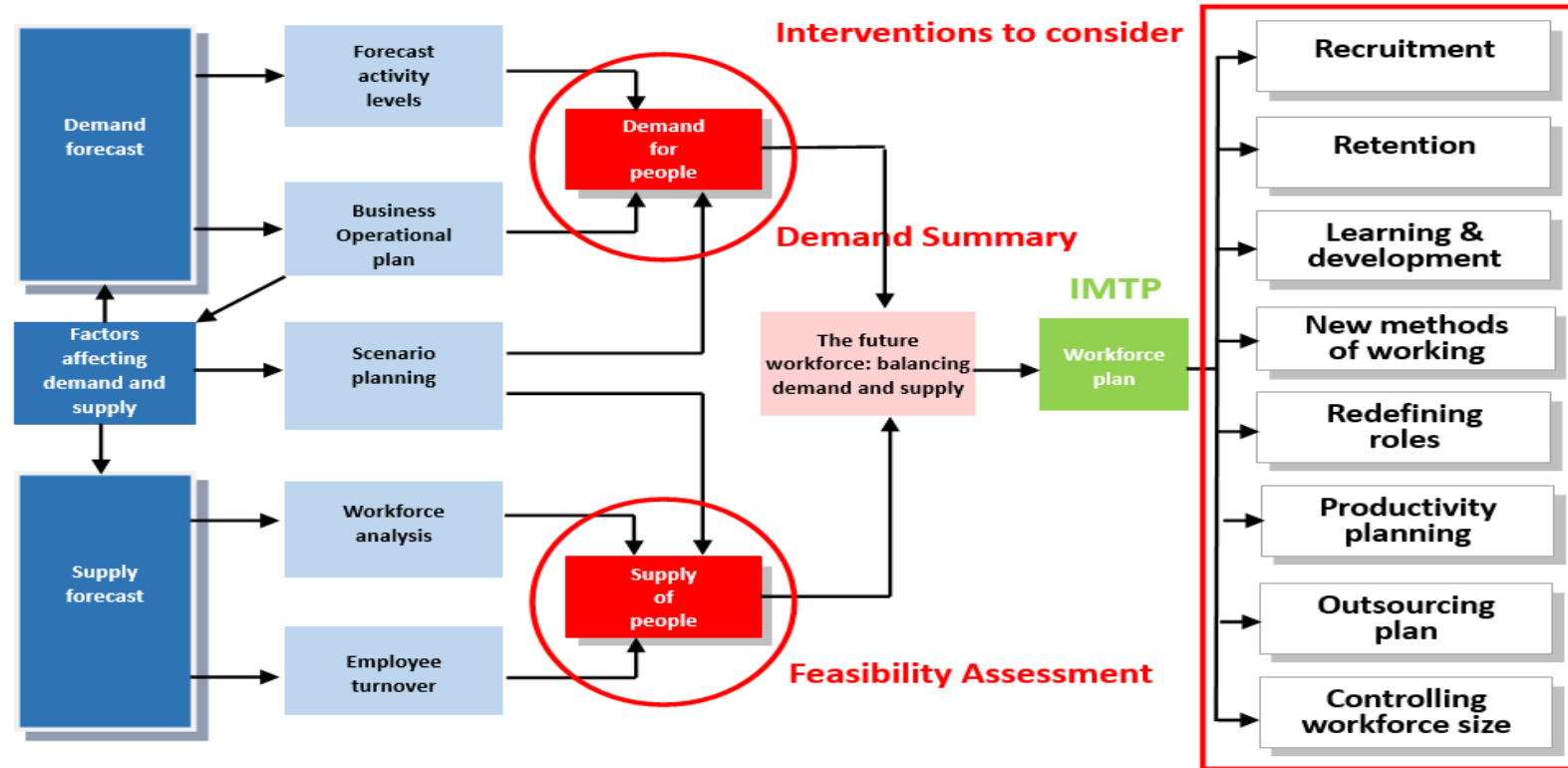
Quantify and qualify the value of programmes of interventions or interventions to assess our people plans (people, practice, performance & purpose)



Workforce Transition Principles as a route map for journey:

1. Stabilisation (1-3 Years): We will focus on:
 - Understanding our challenges from a cultural perspective and working to address them through our People * Culture Plans
 - Our workforce gaps and seeking alternative methods to fulfil our most pressing urgent needs in a structured way assessing in an iterative cycles to assess impact, shifting course as necessary
 - Building skills and capability; developing approaches to understand skills gaps and how to bridge them
 - The development of management & leadership skills through a compassionate lens
2. Evolution (2-4 Years) :We will focus on:
 - Development of an educational plan that looks to Interprofessional education
 - A framework to embed and evolve workforce planning across professional groups and embed new approaches
 - Research, collaboration and understanding the strategic developments that we need to embrace – consequences of action and inaction
 - Actively listening and discovering voices to increase belonging and retention
3. Metamorphosis (3-5 years): We will focus on:
 - Design and development of evidence based new models of care and people
 - Active research and innovation in the development of these new models, practice and application
 - Planning and cultural development begin alignment and transition to an aligned methodology
 - Shift in leadership thinking to achieve “compassionate accountability”





1. We started 2022/23 with an approach to Strategic People Planning to support the development of our Integrated Medium Term Plan to inform our strategic workforce plan. This is continuing to evolve, and the recommendations set out in the Wales Audit Office Review of Workforce Planning have been incorporated and will add critical strengths to our approach.

2. The Workforce Regeneration Framework has been evolved to allow us to quantify and qualify our workforce gaps and interventions to meet these gaps over the short and long term to replenish, resolve, re-skill and retain our people. Focus has been on "Reposition and Renew" and will continue. Energy will now move to "Rediscover and Reinvent" as we move forward whilst maintaining the positive gains made.

3. Alignment of service plans, financial and workforce plans have been assessed to provide a holistic workforce picture and define the interventions needed to build organisational capacity and capability – this needs to be part of an agreed trajectory to balance supply and demand challenges for services and workforce in the short and long term.

4. Where possible, digital improvements have been considered (Administrative & Clerical and Estates & Ancillary Staffing Groups); further work is required within professions to assess how digital improvements might manifest, given the costs of supporting development whilst delivering clinical care.

5. Engagement with services has been a critical element, especially around the assumptions made to deliver services and meet performance trajectories. Operational Workforce Plans have been developed in partnership with services and will be a critical element for the next 6-12 months as we strive to build sustainable workforce models and services.

6 It is important to note that detailed level of analysis to align "in year" plans to available "resource" is very much reliant on decisions made 3 years prior under education commissioning. The "skills needs" trajectory has already been pre-determined to a large extent.

7. What can be reviewed "in year" is how we wish to utilise the workforce supply based on skills and how we wish to maintain our education commissioning pipelines, evolve our Grow Your Own (GYO) and reflect on the decisions needed for overseas recruitment programmes.

8. As an iterative cycle we have continued to explore critical questions: What is our workforce demand? What are reasonable expectations of workforce supply? Is there a deficit or an over-supply? What constraint do we need to work within? **And what are the choices we have to maintain, expand or reduce our workforce size and shape?**



SCOPE	AIM	DELIVERABLES /ACTIONS	Q1	Q2	Q3	Q4	
<p>The Planning Objective is focused on workforce sustainability and aims to achieve this through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives.</p> <ul style="list-style-type: none"> An annual plan which covers our current funded establishment and the management of our contingent workforce (bank, agency, and additional hours). The plan will actively cover community and secondary care and inform actions led by the Primary Care Academy. Delivery of the Planning Objective will be supported by all pillars within the Workforce and Organisational Development directorate. It will note the People Regeneration Framework with specific focus on the five elements and levers directly attributable to the Workforce & OD (Organisational Development) Directorate to enable the achievement of workforce stabilisation: <ol style="list-style-type: none"> Resource and Replenish (Recruitment Plan) Redevelop and Reskill (Education and Development Plan) Retain and Reward (Retention Plan) Resolve and Revive (Workforce Plan) Reposition and Renew (Workforce Plan) For the sixth element, Rediscover and Reinvent we will feed into strategic developments that will require wider collaborative work and potentially timelines that will extend beyond the annual plan. Specific foundational work where it can be, will be included in the Workforce Plan 	<p>Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.</p>	<p>Workforce Plan presented to PODCC</p>	x				
		<p>Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.</p>	<p>Changes in shape of workforce: gaps in funded establishment reduced through resourcing, changes in workforce models and skill mix and a reduction in contingent (variable) workforce (leading to an overall pay bill reduction)</p>				x
			<p>Recruitment of 40 new clinical apprentices</p>				x
			<p>Recruitment of 60 overseas nurses</p>	x			
			<p>Targeted reduction in locum and agency usage from 1st April 2024, for Nursing (50% reduction in areas where stabilisation has taken place); Medical (50% reduction in areas where stabilisation has taken place); Admin & Clerical; Additional Clinical Services & Estates (100% reduction). Plans for each group will be developed (Qtr 1) and monitored with outcomes identified for each quarters 2 –4</p>	x	x	x	x
		<p>Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation.</p>	<p>A reduction in staff turnover of Medical (1%), Nursing (0.5%) and AHP (0.5%)</p>				x
			<p>Increase staff numbers returning to work within 12weeks of commencing a long-term sickness absence</p>		x		
			<p>Increase the utilisation of the Flexible Rostering functionality within the Allocate system.</p>				x
			<p>Increase in the number of staff requesting flexible working arrangements.</p>		x		
			<p>Achieve a minimum of 75% retention rates for each apprenticeship programme.</p>				x
		<p>Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression.</p>	<p>Number of leadership programmes delivered and the % of our management/leaders who have participated</p>				x
			<p>Reduction in grievances linked to communication in areas linked to participation in management development programmes</p>		x		
			<p>Increase the number of inter-professional training opportunities across medical, clinical and wider workforce</p>				x
		<p>Increase the number of staff participating in development opportunities from previously underrepresented groups</p>				x	
		<p>Recruitment of 30 internal clinical opportunities (grow your own)</p>				x	
		<p>Embed simulation within clinical education programmes, positively impacting patient safety and experience</p>			13	x	

Our People Plan – Outcomes

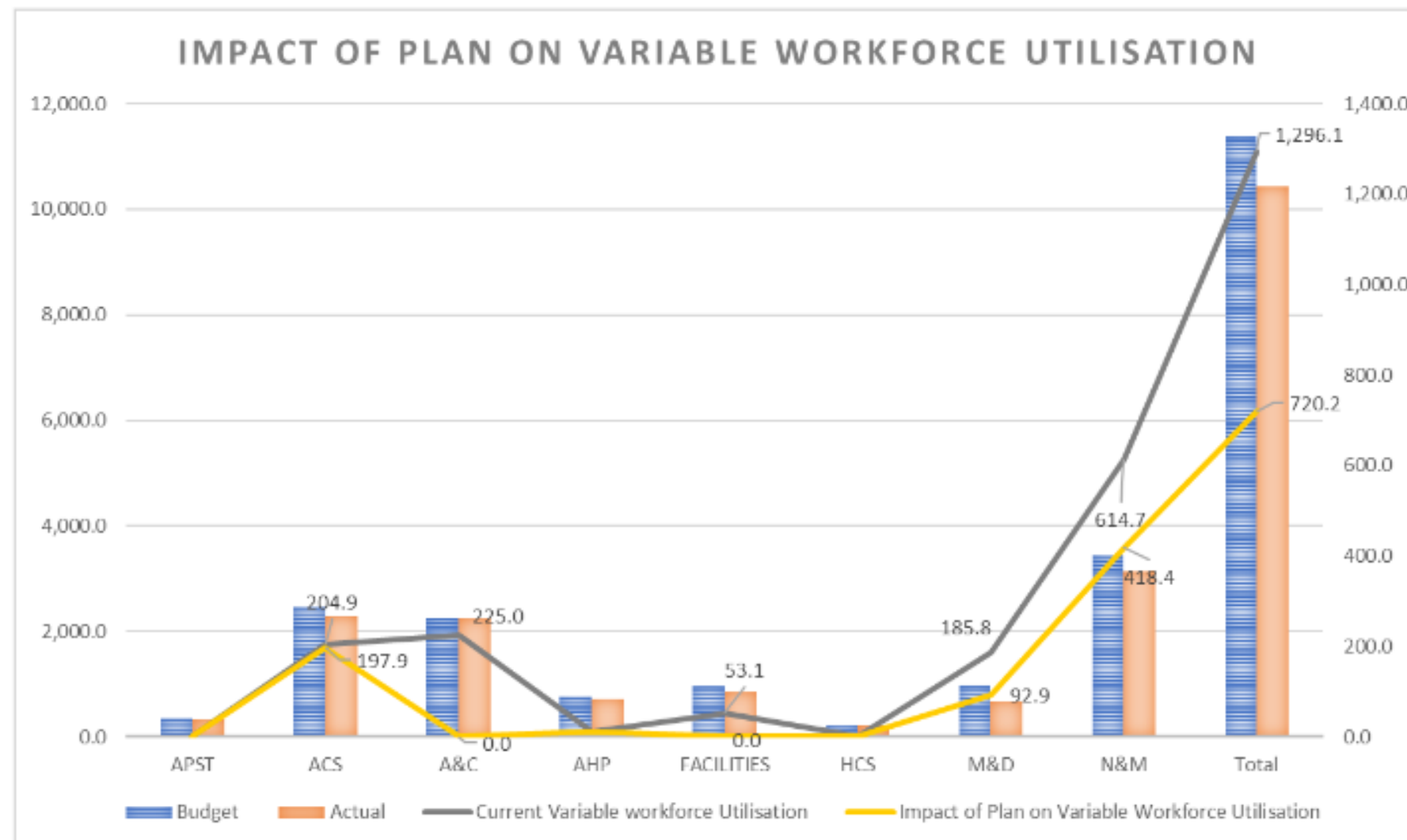
Our People Plan – Objectives – Outcomes

Workforce Plan, Recruitment Plan, Retention Plan and Education & Development Plan now form part of Business as Usual Activity.

Outputs have been

Measurement Method	What did we do? (Output)	What difference have we made? (Outcome)
<ul style="list-style-type: none"> Use of a variety of development pathways e.g. Annex 21, apprenticeships, “grow your own” Analysis of workforce intelligence data - establishment, pay etc Operational workforce plan returns & assessment against assessment/maturity framework 	<p><i>Workforce Assessment & Plan to support the Changing Shape of the Workforce (February 2025)</i></p> <p><i>Engaged with 76 services and developed 55 Plans (and working to address gaps) and aligned Risk approach</i></p> <p><i>740 workforce action identified to support workforce stability & transformation</i></p>	<p>Increased capability in workforce planning</p> <p>Informed strategic discussions on Annual Planning Cycle</p> <p>Managers and leaders are better informed about their workforce challenges and how to address them</p>
<ul style="list-style-type: none"> Establishment Control Tool Welsh Health Circular Submissions Medical agency reduction plan Nursing agency reduction plan Allied Health Professional reduction plan Review of Admin and Clerical presented to Core Delivery Group TRAC reporting Establishment Control Tool and Variable Pay tool 		
<ul style="list-style-type: none"> Staff turnover figures for each staff group % of staff on long and short term sickness absence Waiting times for access to occupational health and staff psychological wellbeing services Thinking of Leaving survey, Exit surveys and Staff interviews 	<p>Staff retention rates</p>	

Based on the projections overleaf, the approach is to focus on 50% reduction in agency this year, with a future intention to maintain or accelerate. For other professional groups where it is less than 50% a full reduction in agency usage is anticipated. This plan would reduce our overall variable workforce utilisation from 1296.1 whole time equivalents (WTE) to 720 WTE by the end of 24/25. The detail for key areas is provided under planning objective 1 – workforce stabilisation (Page 53).



As illustrated, our variable workforce by whole time equivalent plus our actual workforce is greater than our funded establishment. This is clearly manifested in our Nursing and Midwifery Workforce figures: substantive and variable workforce figures. In assessment of our supply pipeline, it suggests we would not be able to fill our substantive vacancies in totality, even though we effectively have access to, and pay for a workforce greater than our funded establishment. This draws attention to how we manage, develop and deploy our workforce. Further research on demand and capacity management and effective utilisation of resources will be built into the workforce planning activities for 2024/25.

We can assess minor risks of over-establishment within our workforce groups of Admin and Clerical, Additional Clinical Services, Professional & Technical and Healthcare Scientists. Medical Workforce remains our greatest risk in terms of vacancy gap. We are confident in the reduction of variable workforce by 50%, however eradication of variable workforce remains a risk, specifically within the Administrative & Clerical and Nursing & Midwifery staff groups. These areas will be prioritised to further mitigate these risks to promote sustainable workforce models.

Further alignment to savings in relation to the most significant configuration matters (noted on page 20), which have been raised through the annual planning process, will be targeted to realise savings and further assess workforce implications in relation to each of the proposals.

We have detailed the potential supply based on historical information of attrition and growth of the workforce, below is an assessment of the approach needed to improve quality, performance and manage risk and will form part of our continuous workforce planning cycle:

It is important to note that the critical focus is on no additionality and “reshaping the workforce”, recruiting to eradicate agency in our aspirations to build a sustainable workforce within our funded establishment. Critical to this is that services that are fragile will need to attain a level of stabilisation to address quality, safety, performance challenges alongside addressing the significant waste drivers contributing to additional costs i.e. agency and locum utilisation.

We can see that our available workforce is greater than the need identified in our establishment, however, the workforce available is not within the professional groups identified as a significant gap. In addition, we know there are opportunities within our service and workforce models to adapt to manage our critical skills deficits through advanced clinical practice and medically associated professional roles whilst exploring integrated workforce models with local authority partners and regional and national agencies across NHS Wales.

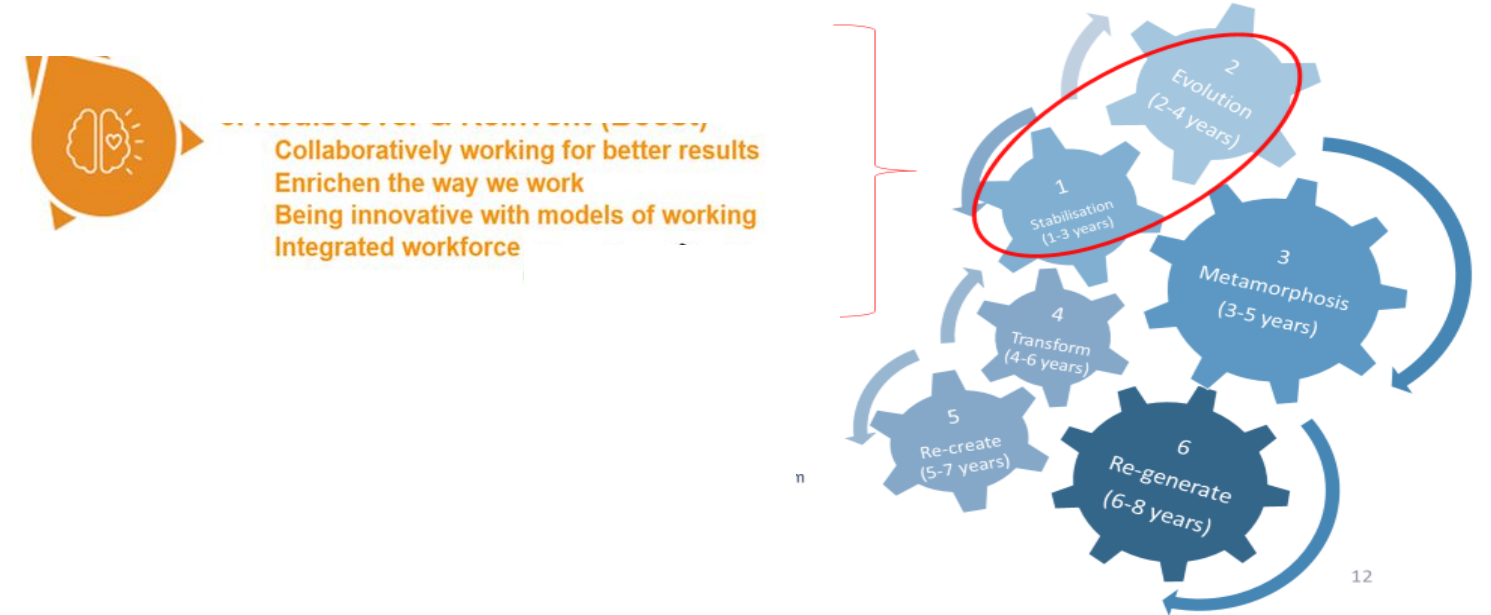
The Medical Workforce is of our highest concern in terms of the gaps in critical skills to enable service provision. Specific work is being undertaken against recruitment, retention and development. Further to this a critical assessment is being made of our Medically Associated Professionals and how they support the wider workforce. We currently have 35 posts for MAP roles across services and a critical analysis is needed to judge whether expansion of these roles needs to be promoted further, and to what scale.

Further to this, the Allied Health Professional Group are undertaking a detailed review which will assess the demand and capacity requirement against the workforce needs. This will be tested against the current workforce provision. Research suggests in terms of Patient Flow and Discharge the Allied Health Professional Group have a critical role to play. Further assessment and reshaping may be needed.

In addition, the A&C Review which is ongoing will need to be taken account of as this will specifically look to “Rediscover and Reinvent” within this professional group to maximise on new ways of working: technology, integration and hybrid working and multi professional roles. An element of this will be the assessment of unfunded administrative activity undertaken in support of clinical practice which will contribute to our aspiration to eradicate temporary workforce utilisation.

A group focused on Variable Pay Expenditure Reduction and Efficiency has been established to accelerate the reduction of variable pay. In the Nursing department, a comprehensive review is underway at the ward levels to identify strategies to reduce the reliance on nursing agencies. For Medical staff, an ongoing analysis of the top 10 earners is being conducted to identify obstacles to eliminating the use of locum agencies. In the Allied Health Professional category, data on the highest earners and fill rates are being examined to pinpoint high agency usage, which will then be addressed through specific action plans. Finally, the use of variable pay in Admin & Clerical areas is also under review. The aim across all these initiatives is to minimise the use of variable pay and improve efficiency.

Whilst maintaining all of the elements of the Regeneration Framework, our energy will shift to Rediscover and Reinvent; as we move into future phases as transition through the Clinical Services Plan to the wider social model of health as set out in our strategic workforce planning aspirations. We are now beginning to model forward beyond stabilisation to the evolutionary phase of our longer-term workforce strategy and implementation plan.



Workforce	What are the choices to maintain, expand or reduce?
Professional Groups	Potential actions based on an assessment of current known risks
Nursing & Midwifery	Support expansion within Funded establishment
Additional Clinical Services	Assess reduction within Funded Establishment based on RN expansion
Additional Professional and Technical (including PA's)	Support expansion within Funded Establishment
Administrative and Clerical	Assess reduction within Funded Establishment
Allied Health Practitioners	Assess expansion within Funded Establishment
Healthcare Scientists	Support expansion within Funded Establishment
Medical & Dental	Assess expansion within Funded Establishment

Below is an assessment of current funded and unfunded establishment and projections based on the workforce regeneration framework and variable workforce as a proxy for latent workforce demand, without any changes in workforce models or service design. This is underpinned by a wider assessment of performance analysis and risk assessments to inform the choices and consequences for the Annual Workforce Plan, which will be further developed within the next financial year.

December 2023 Establishment Control	Budget	Actual	Vacancy	Total Variable workforce	Potential Workforce Increase (REGEN)	Potential Actual workforce	Potential decrease in Variable workforce	Remaining Variable workforce need
ADD PROF SCIENTIFIC AND TECHNICAL	341.7	334.4	7.3	0.1	19.0	353.4	0.1	0.0
ADDITIONAL CLINICAL SERVICES	2470.7	2291.0	179.7	204.9	213.0	2,504.0	204.9	0.0
ADMINISTRATIVE & CLERICAL	2239.4	2245.3	-5.8	225.0	51.0	2,296.3	51.0	174.0
ALLIED HEALTH PROFESSIONALS	762.5	714.2	48.2	12.5	22.6	736.8	12.5	0.0
ESTATES AND ANCILLIARY	955.8	844.5	111.3	53.1	4.8	849.3	4.8	48.3
HEALTHCARE SCIENTISTS	212.6	210.7	1.9	0.0	3.9	214.6		
MEDICAL AND DENTAL	978.3	675.5	302.8	185.8	40.0	715.5	40.0	145.8
NURSING AND MIDWIFERY REGISTERED	3430.7	3128.0	302.7	614.7	165.0	3,293.0	165.0	449.7
Grand Total	11391.61	10443.6	948.0	1296.1	519.3	10962.9	478.3	817.8

Our overall substantive workforce position will increase by 519.3WTE, therefore potentially reducing our vacancy gap by c.55%.

Any increase in our workforce (within the REGEN column above) will be as a result of usual resourcing activity (within funded establishment), which includes new graduate recruitment, International Nurse resourcing and the addition of our existing grow your own workforce who are expected to become registrants during the next financial year.

As a working example, we have a projection of a 165 WTE increase within the Nursing and Midwifery staff group. This increase in our substantive workforce will further strengthen our position to mitigate and reduce our temporary workforce position. Overall, as a result of planned substantive recruitment, our actual Nursing and Midwifery workforce will increase from 3128 to 3293WTE at the end of 2024/2025. However, based on our workforce utilisation (substantive and variable) we have a "latent demand" (i.e. unfunded in establishment) of an additional 449.7 WTE, which is a reduction of 165WTE and will be further explored during the next financial year as we seek to reduce our variable workforce position by 50%.

Staff Group	Sum of FTE
Add Prof Scientific and Technic	376.73
Additional Clinical Services	2245.95
Administrative and Clerical	2135.32
Allied Health Professionals	738.25
Estates and Ancillary	806.73
Healthcare Scientists	195.79
Medical and Dental	675.39
Nursing and Midwifery Registered	3320.76
Students	0.60
Grand Total	10495.52

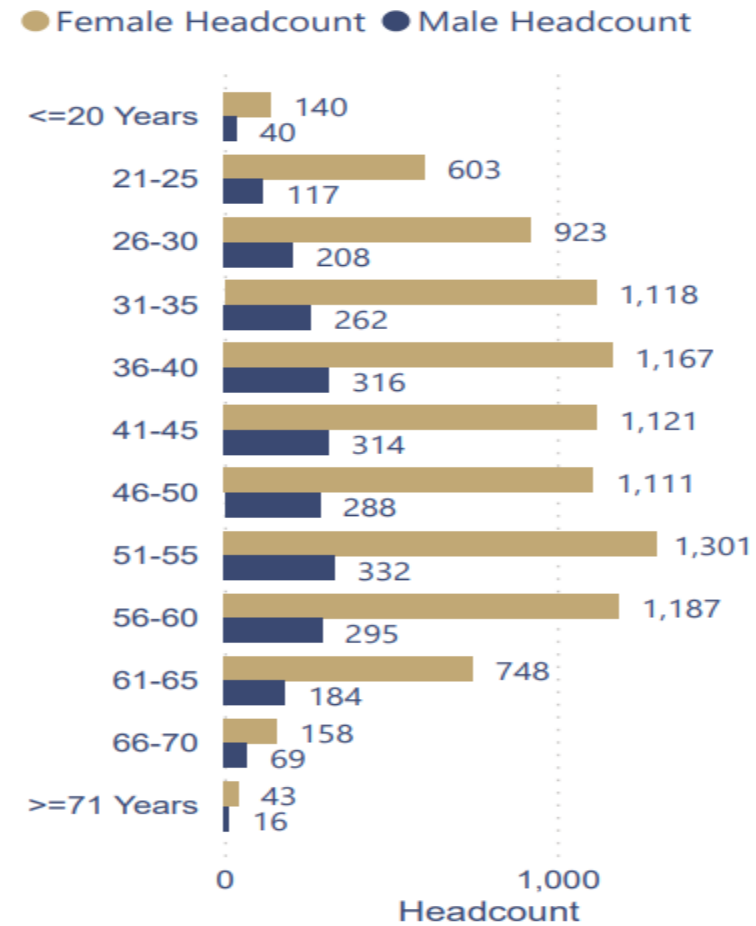
- 10443
- 10495
- 52 net growth in workforce
- 31 Jan 2025

Workforce Profile as at December 2024

Headcount - Excludes Locum & Bank



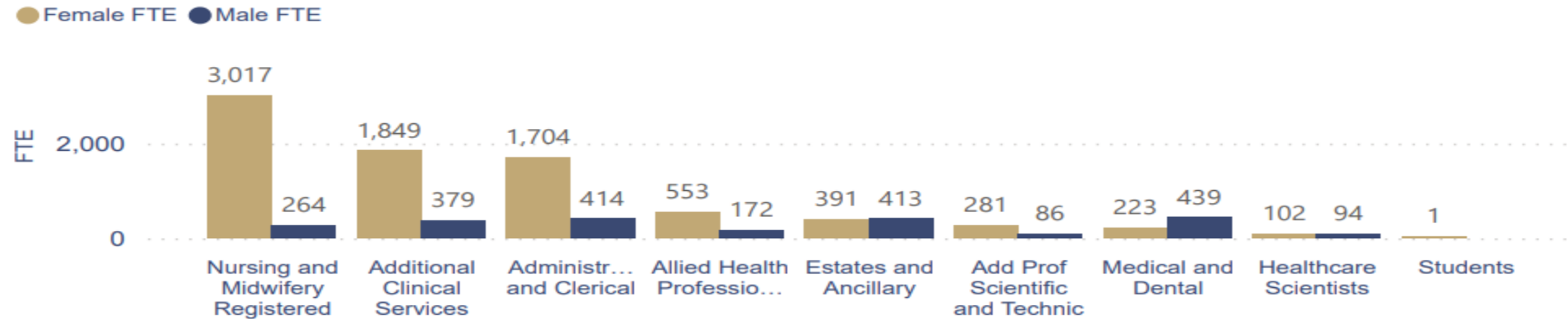
Age & Gender Profile by Headcount



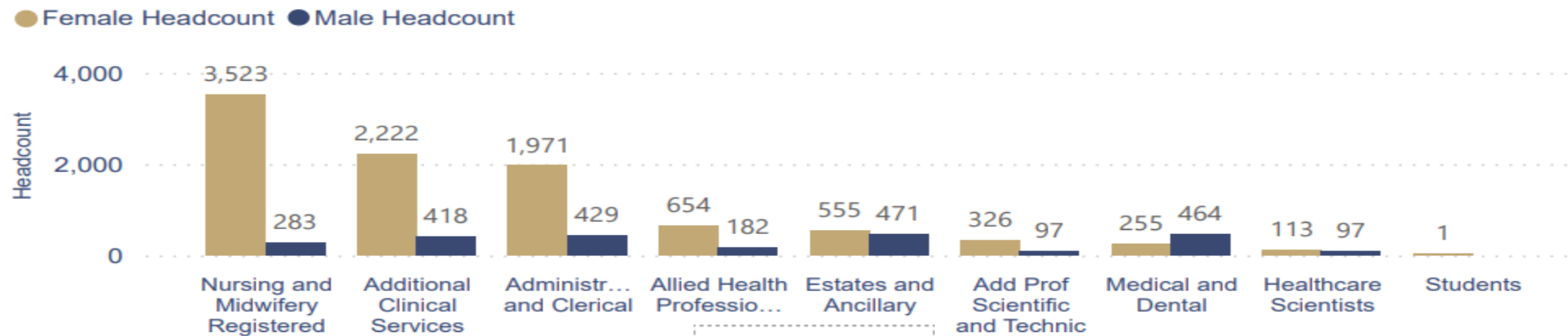
Workforce Profile comparing Full time and Part time working as a percentage. Left shows % by headcount and Right shows % by FTE Excluding Locum & Bank



Gender Profile by Staff Group & FTE



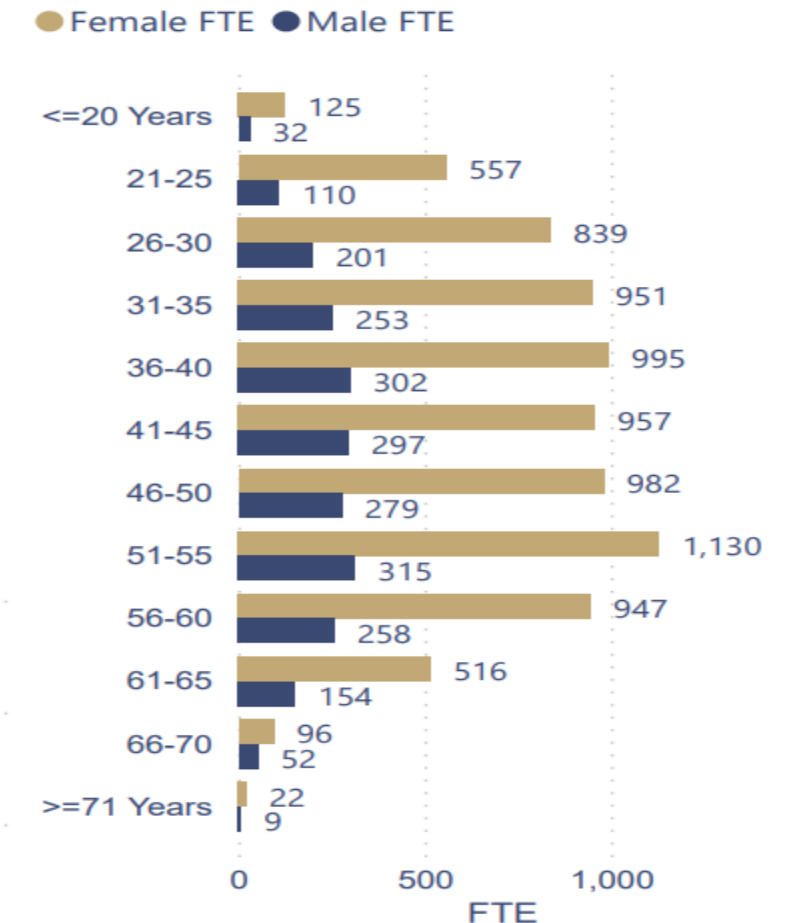
Gender Profile by Staff Group & Headcount



FTE Excludes Locum & Bank



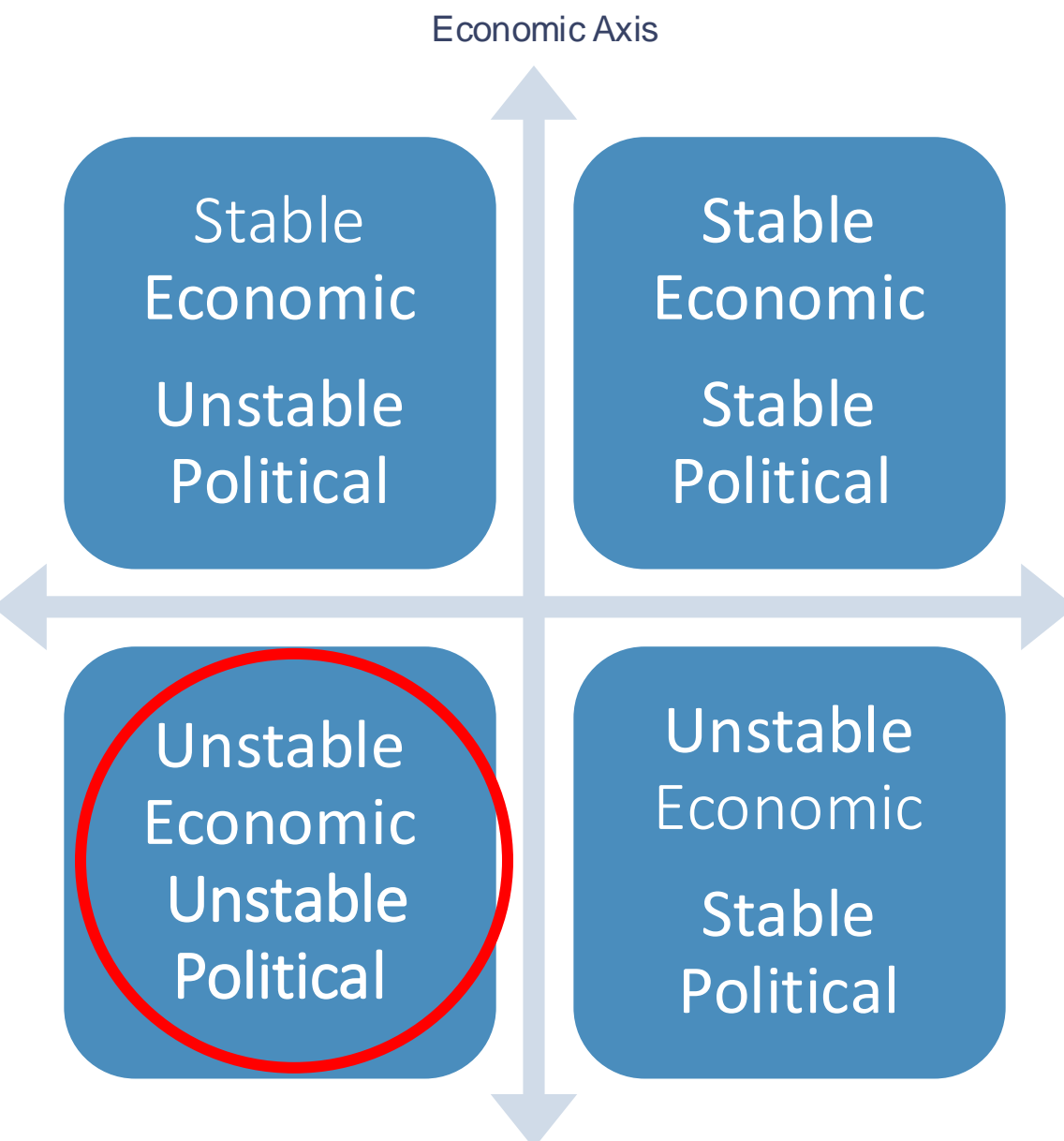
Age & Gender Profile by FTE



People Supply Planning Scenarios

Context Choice: Political & Economic Extremes

Rationale: To assess risk and opportunity, we chose to look at the scenarios from a people perspective with the extremes of our current reality – economic and political as to opposing forces. By looking through these lenses (of which there could be many others – technology, environmental, social etc) we felt we would most likely be influenced as a public body via an economic and political lens. Given our context – it was felt our economic and political stability may be at risk – the quadrants circled below were identified as the most appropriate variables:



Characteristics of an Unstable Economic and Unstable Political Context:

- **Financial uncertainty**
- Funding choices may be impacted
 - Priorities might change
 - Technological advances may be compromised
 - National, regional or local programmes may be compromised
 - Socially – changes in cost of living
 - Behaviour of people and employment choices may change – pay/pension relation
- **Political uncertainty**
 - Change in policy
 - Change in direction on key programmes
 - Increasing pressure for delivery of outcomes
 - Global politics impact locally
 - Behaviour of people engagement in wider society could impact positively and negatively

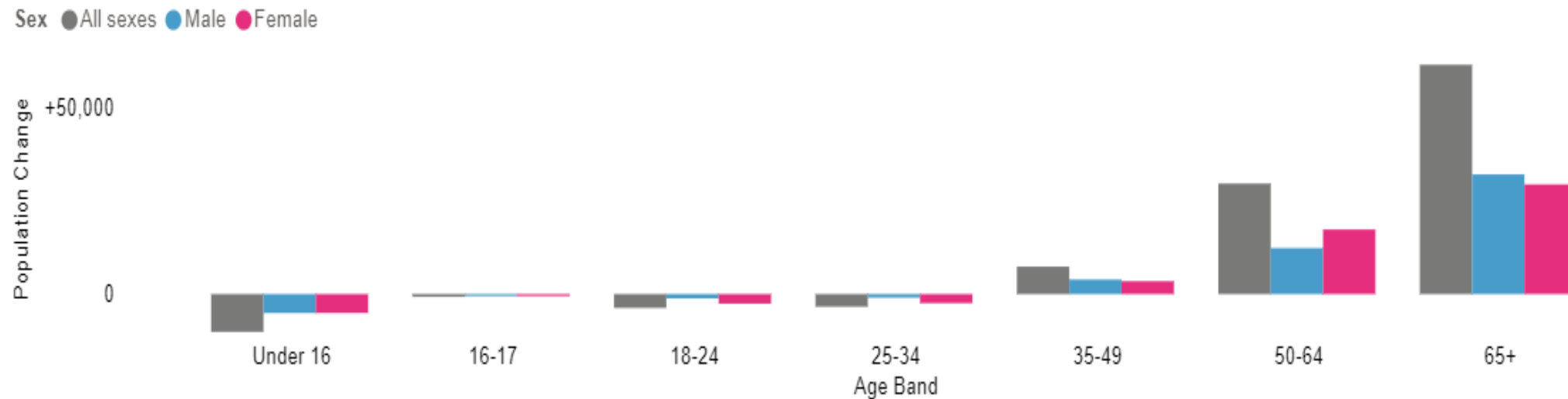
What other scenario would we wish to look at to be incorporated in our people planning? Based on this what modelling assumptions would we wish to employ? Under the People Regeneration Framework we explore scenarios related to a reduction in population profile and relative attractiveness of a career in the health & social care sector.



Population & Labour Market

Hywel Dda University Health Board Population

Population Change From Jun 1991 to Jun 2050 (Projection)

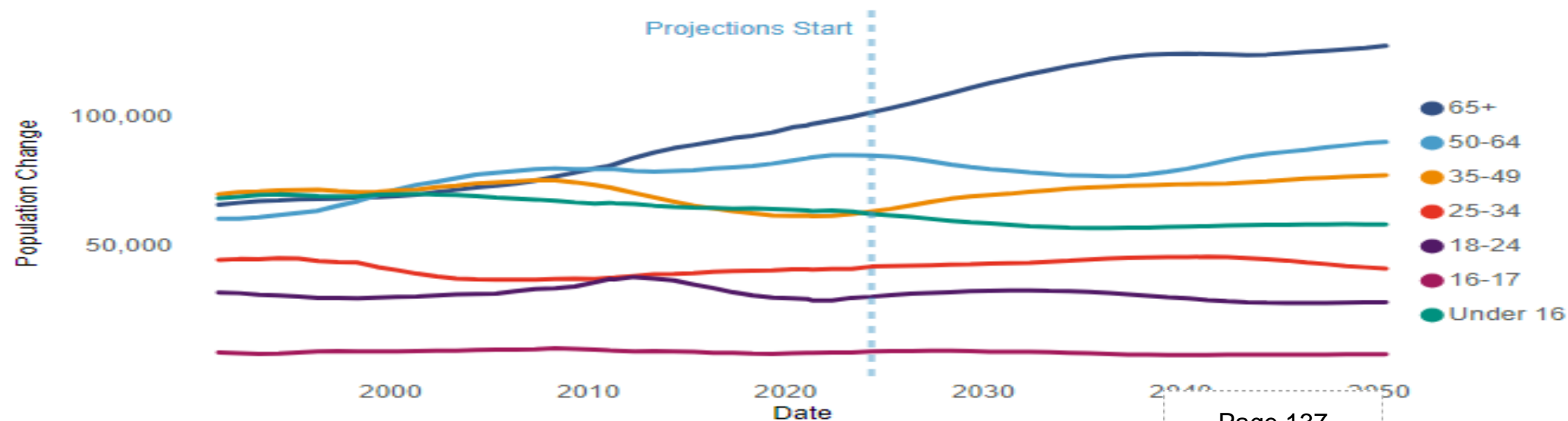


Of greatest concern, is the projection for the numbers of 18 year olds who will be available to work over the next 15 years.

The 2021 Census shows that there has been a decrease in 16-17 year olds of 9.8% since 2011, and a decrease of 12.5% in the number of 18-24 year olds across Wales.

Over time it is projected that there will be a significant reduction in available school leavers.

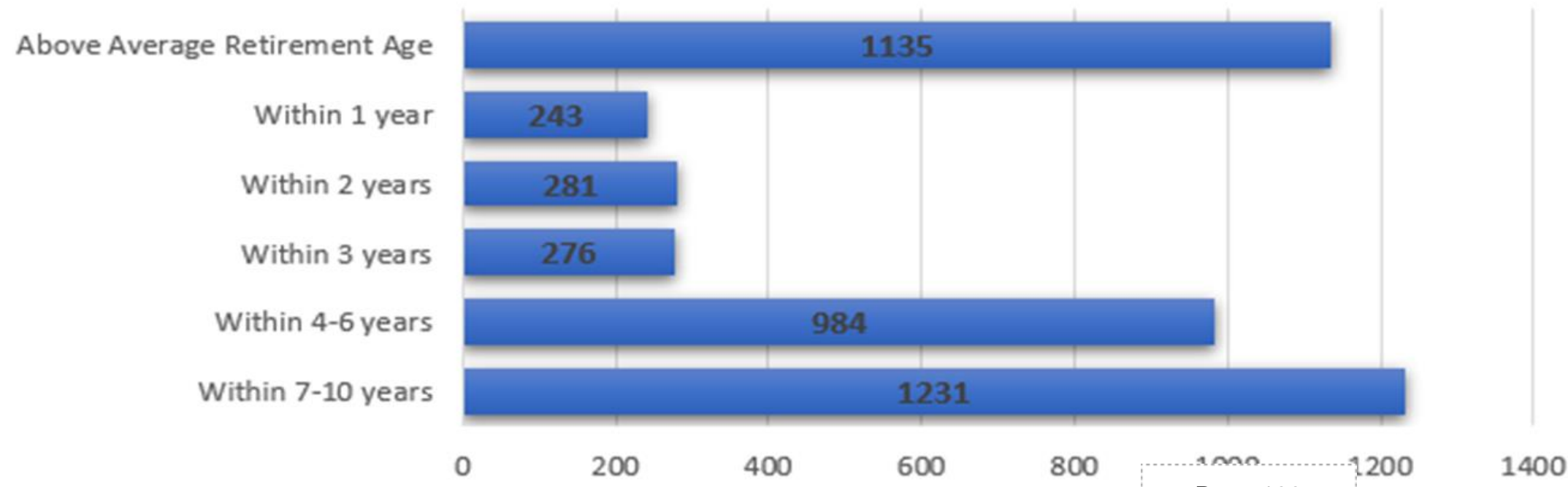
Population Over Time



The graphs opposite illustrate this.

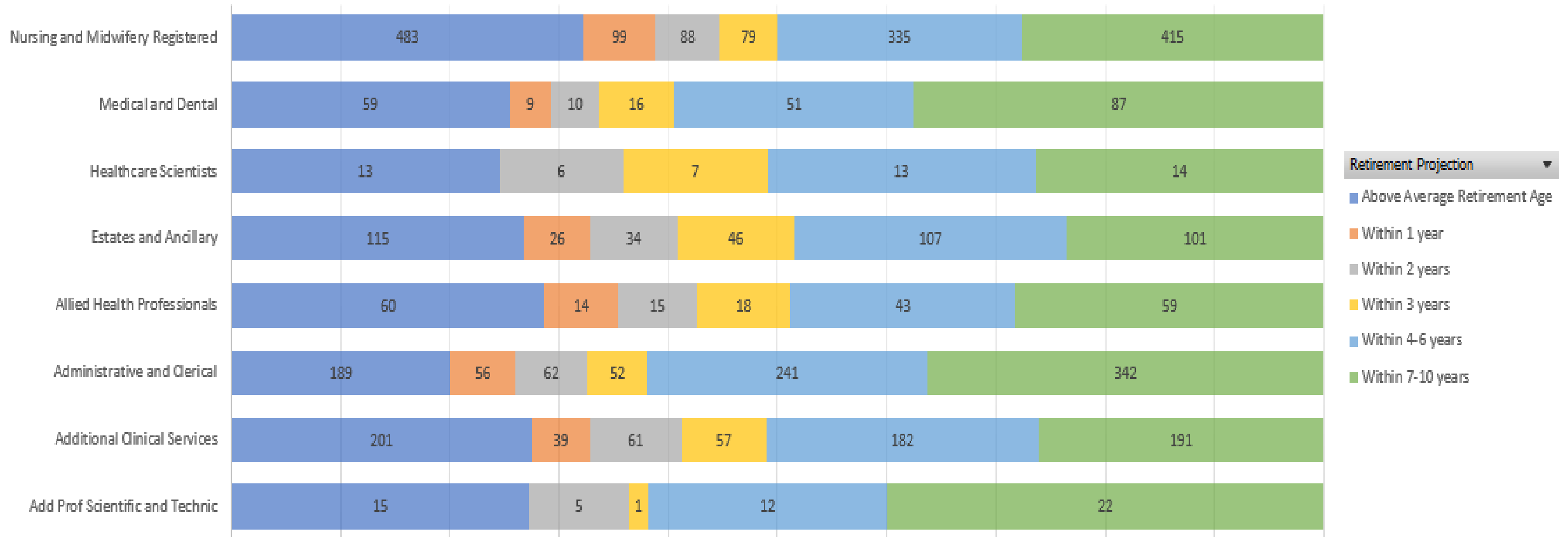
Please note our medical vacancies do not account for medical trainee posts which are associated with the “Single Lead Employer” NWSSP which equate to 247 WTE.

- 12278 individuals employed within Hywel Dda University Health Board (head count not WTE)
- 9.2% of our workforce are above the average retirement age for their staff group (1135 individuals)
 - 1935 individuals (15.7% of the workforce) will reach or be above the average retirement age by 2028



Staff Group	Average Retirement age (over last 7 years)
Add Prof Scientific and Technic	64.6
Additional Clinical Services	62.6
Administrative and Clerical	63.1
Allied Health Professionals	60.9
Estates and Ancillary	64.6
Healthcare Scientists	61.5
Medical and Dental	63.3
Nursing and Midwifery Registered	59.4

Retirement Projections by Professional Group



Our People Plans

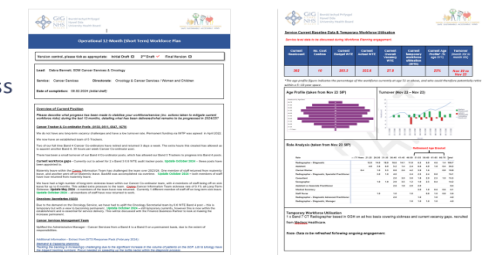
Professional Staff Group Analysis and Plans in development to align to Annual Plan underpinned by Operational Workforce Plans progressed from 24/25 and into 25/26 planning cycle (as noted opposite):

- Nursing Midwifery and related Additional Clinical Services (ACS)
- Medical and Medically Associated Professionals
- Allied Health Professional and related Additional Clinical Services (ACS)
- Healthcare Science and related Additional Clinical Services (ACS)
- Additional Professional and Technical (Including Medicines Management)

- During 2024/25 we have engaged with 76 Services
- Operational Workforce Plans in place for 55, with remainder in progress
- Resulted in the creation of 740 Workforce related actions

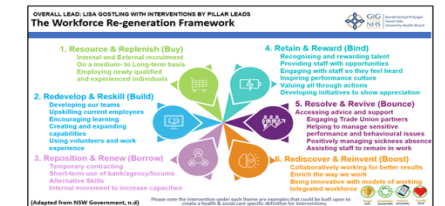
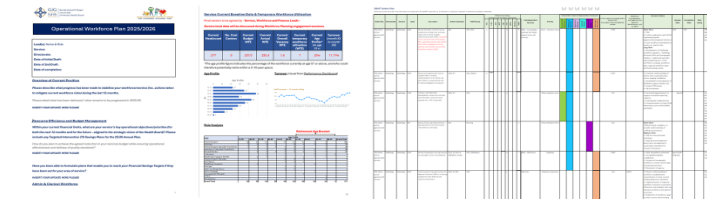
Currently in engagement for 2025/26 plans, aligning to

- Annual Plans
- Education Commissioning
- utilising updated template based on learning from 2024/25



Over 20 different workstreams to assess, design, align and develop our people are evolving building on the work we have undertaken in :
 To highlight:

1. We currently only have a small numbers of vacancies in Nursing which our Grow your Own model will enable us to fill our posts, fo including International Recruitment.
2. We are working on our Medical Stabilisation Programme which includes Portfolio Pathway Developments and International Recruit
3. We are working with HEIW to address rural challenges in provision of specialist education to ensure there are opportunities locally







Medical People Plan





Nursing & ACS People Plan





Allied Health & ACS People Plan



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



Healthcare Science & ACS People Plan





APST (Pharmacy) People Plan





Estates & Ancillary People Plan



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Administrative & Clerical People Plan



Appendices

Risks and Opportunities

Local

Looking at the People Plan in its totality by priority will illustrate any risks we may have. This is an illustrative example and further “definition” will be needed to assess potential risk by either cost centres, directorate, ministerial priority and professional group.

Awareness of possible programmes that may have risk to stabilisation that may present in:

- TUEC (Therapy/Planned Care/Beds) System Wide; Primary Care, Intermediate, and Secondary Care as proposed models present significant workforce change programmes both in terms of delivering the service and in the capacity needed to support improvement and transformational change.
- Home Care (building community capacity, Home Care Project – Home Care First, shift left agenda),
- AHP as a professional group,
- NDN Community Apprentices (approximate funding available £115-150k over 3 years),
- ARCH/Stroke/Diagnostics.

Ability to foresee and test complex interdependencies or “unknowns” are a risk. This is indicated by the scenarios – multiple scenarios could be tested for the purposes of illustration 3 have been chosen linked to:

- Funding trajectories for people supply pipelines (internal & external),
- Apprentice Pay being one implication (may impact attraction),
- Apprentice Pipeline per se,
- Behavioural choices within the internal and external labour market,
- National guidelines e.g., Nurse Staffing Levels Act Wales and future registration changes.

National

- 1.Misalignment and/or negative implications for the Health Board from HEIW’s Intentions and Implementation Plans (System),
- 2.Education commissioning programmes (nature, extent and capacity to manage) require further exploration of effectiveness and impact (System).

Education Commissioning Risks

The organisation must continue to manage existing risks around retention of new graduates, as well as ability to manage placement capacity as HEIW seek to increase training places on a range of programmes across multiple professional groups to address known supply issues. Capacity around development of our internal staff is also an ongoing priority, with difficulties expressed around managing work-based development alongside increasing operational demand. Risks relating to Infrastructure, aligning educational opportunities to future service modelling, financial alignment - workforce baseline/future forecasting, management of service risk relating to previous Education Commissioning requests, backfill Regional workforce planning) *Please see wider detail on Education Commissioning slide content.*

Risks and Opportunities

Modelling of Supply & Demand Risks

Based on the above we must be cognisant of the quality of the data used and the assumptions we must make when modelling our supply and demand and any scenarios through the Regeneration Framework. Consistent accurate and where possible historical workforce and financial data is required to enable robust future projections. Where this is not available assumptions are made which may affect the quality of the outputs. Triangulation with Service and Finance to verify data sources is also required and we will continue to work with colleagues to mitigate risks where possible.

We have explored in detail the cost centres aligned to each of the directorates to assess risk through a workforce planning lens and through the “Improving Together” approach in year 2023/24 we will continue to develop and implement the interventions necessary to mitigate the risks identified.

All risks are incorporated within our risk registers (specifically linking 1406 with operational risks reporting to our People and OD Culture Committee).

Workforce Risk analysis

As an organisation we are strengthening our approach to workforce themed risk. Scrutiny of workforce themed risks on our Health Board risk register takes place on a regular basis and assurance reports are fed into relevant Health Board committees as required. Working closely with Risk and Assurance teams, as workforce themed risks are identified, and new workforce risks emerge and new workforce risks are created, a robust process is now in place to bring these to the attention of the Workforce and OD Directorate. This allows for best placed support to be given to services and directorates to help mitigate.

A thematic analysis of the 190 directorate operational risks has been undertaken by the SWFP Team to identify and assign the relevant workforce pillar lead within the workforce directorate who would be most appropriate and best placed to support the Health Board operational teams with mitigation measures where possible and feasible.

Engagement has already taken place in the following services to gather intelligence through Operational Workforce Plans and in an attempt to align service, workforce, risk, and finance. To gather operational workforce intelligence regarding services pressures, pinch points and to gain a wider understanding of their direct workforce risk entries; **the SWFP Team has met directly with 61 Services across all Directorates during January, February and March 2024** to assist with the development of operational workforce plans and education commissioning requirements, to inform the Health Board’s submission to HEIW and to assist with future service planning, and in an attempt to address risk and to agree key actions,

Risks and Opportunities

Engagement has taken place within the following directorates and plans are actively being developed and implemented and workforce risks aligned.

- Women & Children
- Mental Health & LD
- Urgent Emergency Care/Integrated localities/Unscheduled Care
- Therapies
- Diagnostics
- Medicines Management
- Primary Care (Managed practices only)
- Dentistry
- Scheduled Care
- Cancer Services
- Digital

Regular dialogue between Planning, Finance, Performance, Risk & Assurance, and Workforce Directorate colleagues now takes place on a regular and on-going basis to allow for a better understanding of the workforce risk position and potential workforce trajectories, and also in an attempt to triangulate the information received from operational workforce plans to appropriately assess workforce risk and aid alignment. Strategic Workforce Planning Team continue to update Corporate Risk with all Workforce associated risks so that risks are listed appropriately and correctly as an ongoing control measure

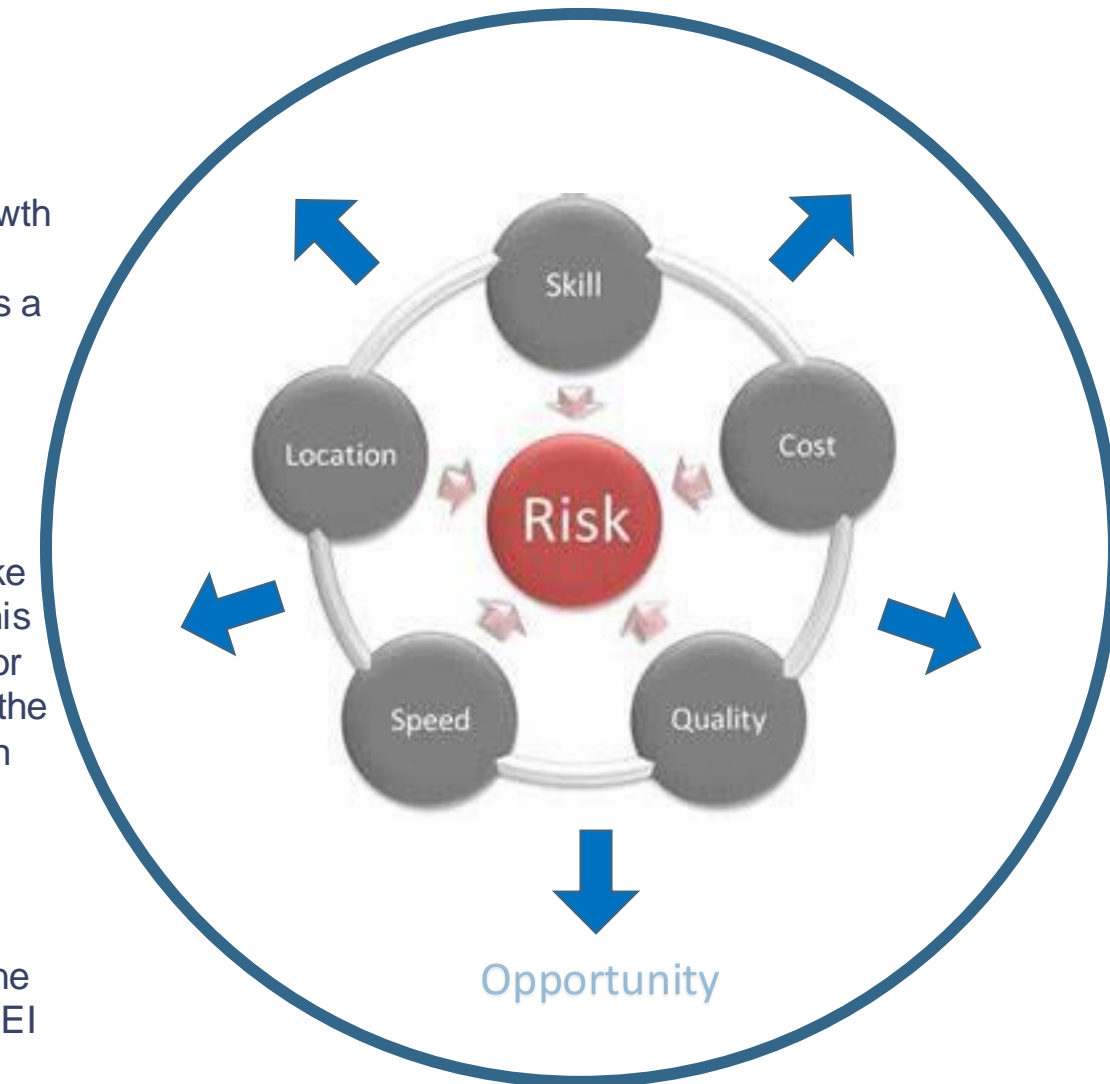
Workforce Risk - delivering the Ministerial Priorities.

Workforce gaps in dependent specialties where there are national shortages and impact on service delivery, e.g. clinical oncology and dermatology (resulting in over-reliance on locum workforce). Our plan will help to identify our risks and gaps within workforce. Limited funding and challenges with recruitment and workforce capacity will require us to look at how we can maintain an efficient, safe service but, by using our existing resources differently to deliver on strategic plans.

Outline of People Supply Model Assessments

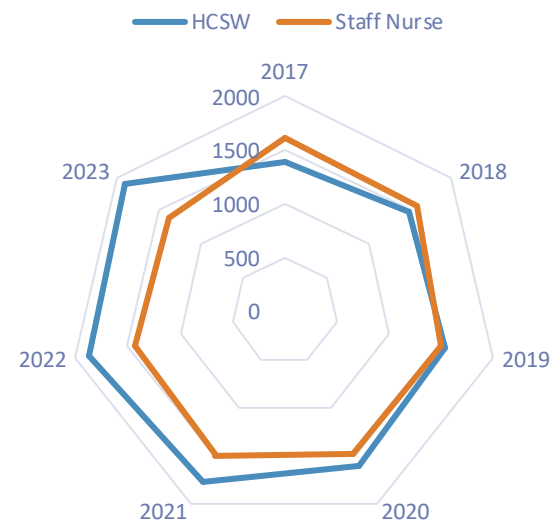
Based on an assessment of what our people supply might be based on our people planning interventions we are continuing to explore:

- Baseline and Trajectories:** how has our strategies to grow and develop our people taken shape historically? Are we able to draw a clear positive correlation? We looked at the profile of our people over the last 5 -10 years from which we can see a consistent growth profile. This is consistent with “choices” to increase the people profile when it was required, albeit in unprecedented times i.e. a pandemic; from a steady growth of between 200-300 to double that in the “pandemic” period. The only area of concern was estates and facilities – normally seen as a pipeline “feeder” for other professions i.e. Additional Clinical Service and Administrative & Clerical role; and likewise Additional Clinical Services acts as a pipeline feeder for our nursing professionals; the concern being if this was to continue in the long term this may have a more fundamental and detrimental impact to our professional groups overall. We have noticed the consistent growth in our Administrative & Clerical workforce which we are undertaking a deeper dive to assess what this is in reference to.
- Labour Market Analysis (by skills & qualifications):** Based on previous analysis of the 2021 census we know that our population base is relatively consistent (Land Appraisal 2021/22) and our alignment to our population age ranges reflects positively on our internal workforce make up i.e. we are attracting a younger workforce consistent with our population percentage and across other age profiles we remain on par. For this assessment we wanted to understand our education and skills profile of our workforce to a) assess if we could construct employment routes for those with limited options for employment (based on the assumptions these would be external to our employed workforce) and b) to assess if the qualification levels across our counties were on par with our employed workforce. It was also important to understand if we were an “outlier” in any aspect, and therefore important to understand how our local population benchmarked against a national/UK based qualification basis.
- Education Commissioning:** Through education commissioning we have an overview based on previous assessments of the people streamlining approach to be able to understand the choices that are being made and also assess the likelihood based on attrition and other factors what posts we will be likely to fill from a rolling 3 year commissioning programme across our registrant and non-registrants – the timeline therefore is not a “quick fix” but an ongoing considered/balanced assessment of quality placements, assessment and teaching capacity with HEI and Health Boards.
- Regenerative Framework:** Through the Regenerative People Framework we look at a composite picture of our supply and attrition that is consistent with what we know of our current workforce growth, consistency with the labour market and exploration of our education commissioning profile over the last 3-4 years.
- Operational Workforce Planning:** engagement with services is ongoing as is the critical assessment of how the relevant skills and workforce numbers can be grown to optimise performance and minimise risk.

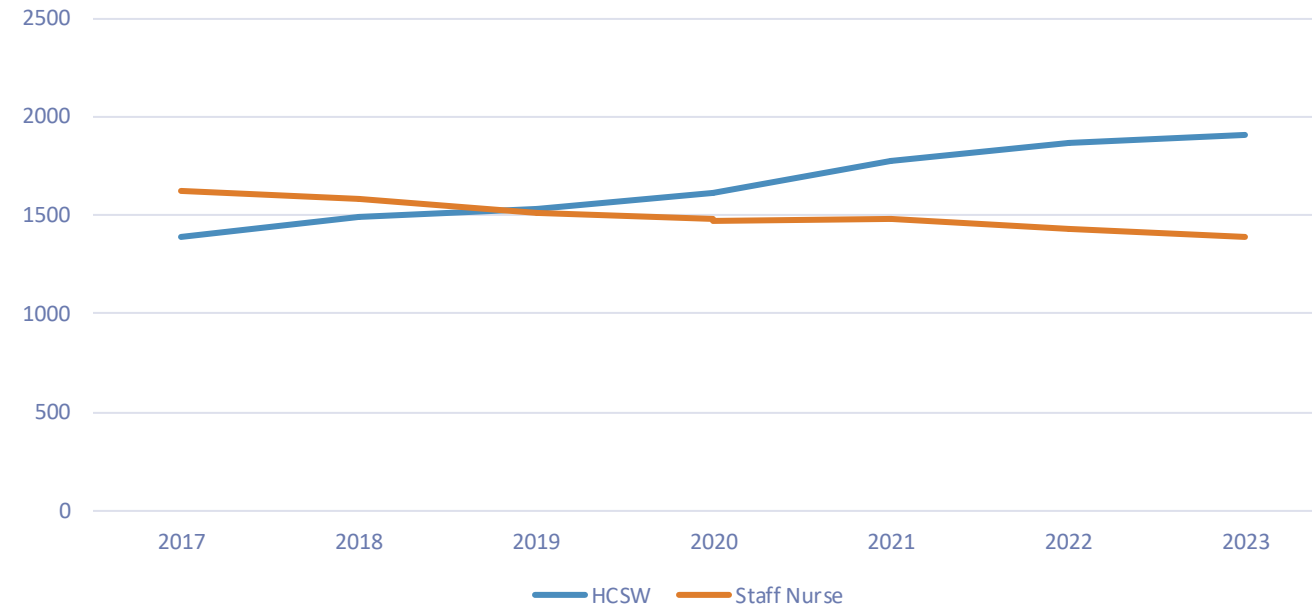


The Changing Shape of the Workforce – Role Specific

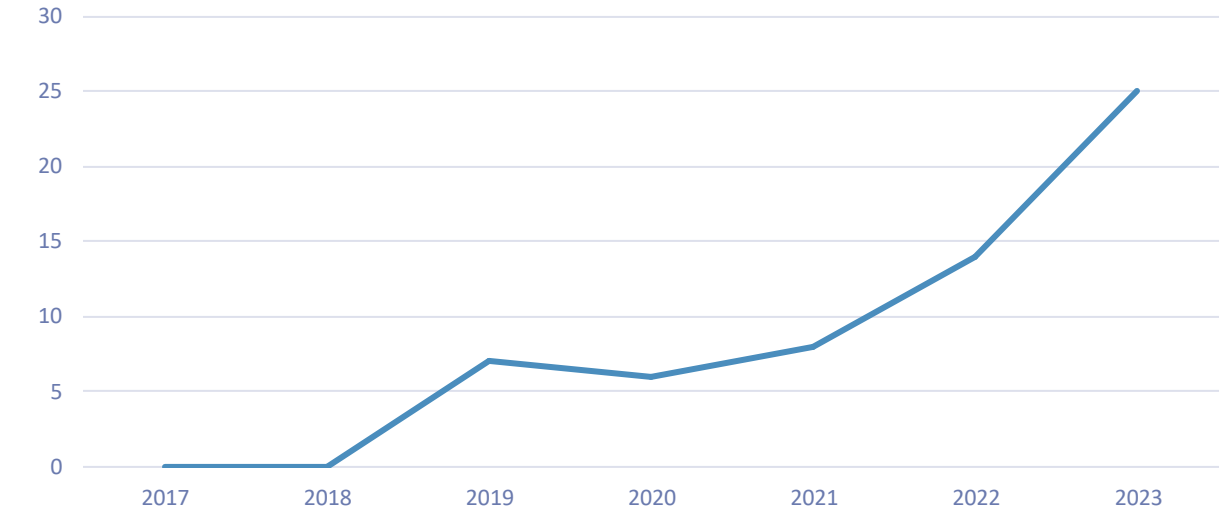
Workforce Changes: Staff Nurse vs HCSW



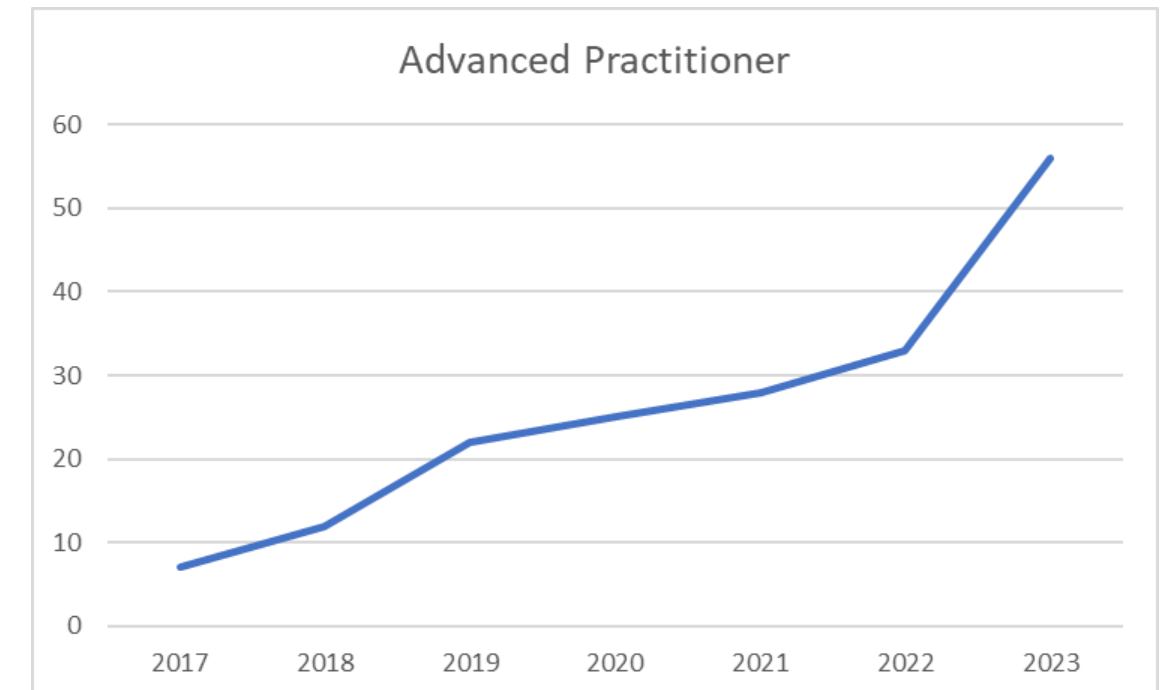
Workforce Changes: Staff Nurse vs HCSW



Physician Associate



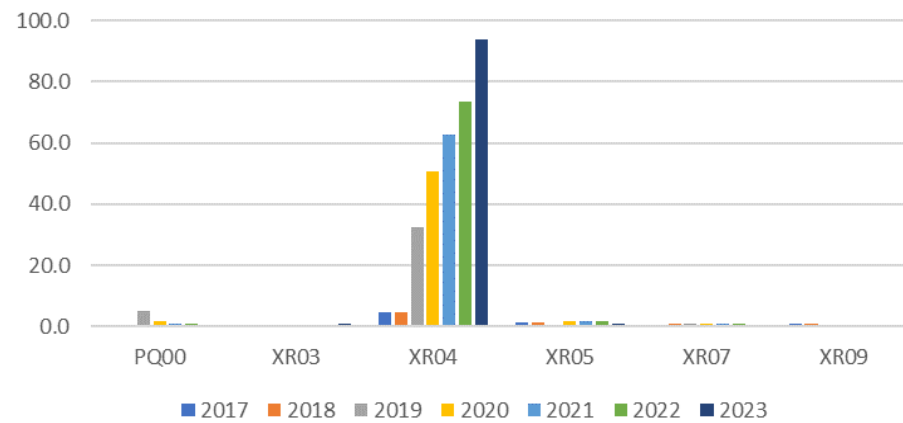
Advanced Practitioner



In 2019, we can see a distinctive “shift” in the workforce shape evidenced by the profiles above, for nursing and Health Care Support Worker roles. Further work and analysis is being undertaken on other mechanisms linked to role development and change i.e. use of Annex 21 and Team models.

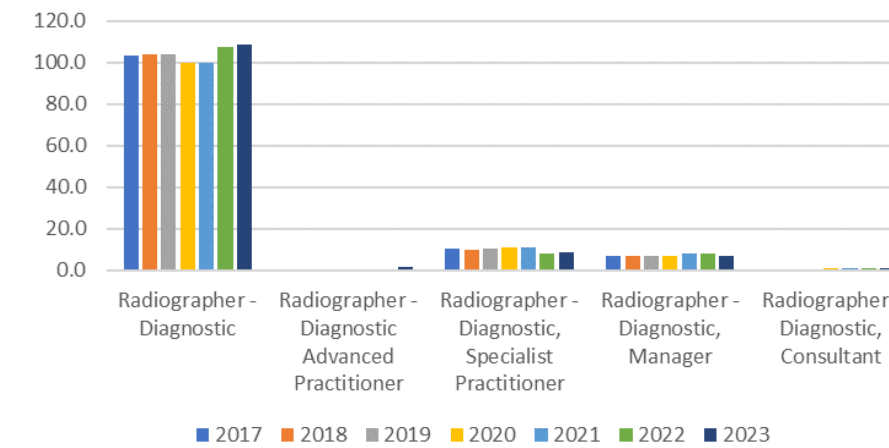
The Changing Shape of our Workforce – By Role and Career Progression

Assistant/Associate Practitioner Role By Year and Grade (Additional Clinical Services)



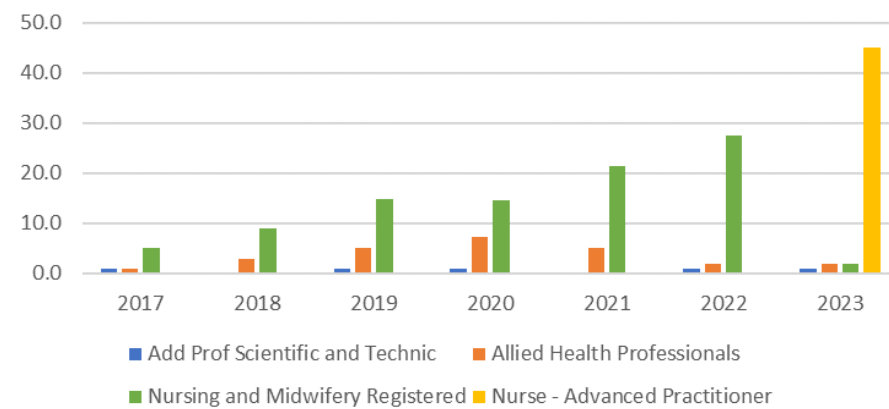
Assistant/Associate Practitioner Roles for Band 4 Roles have increased consistently over the last 4 years. However, there are a number of roles within other Bandings that are also using this title. Further work to be undertaken to explore reasons behind this.

Radiographer Roles by Year



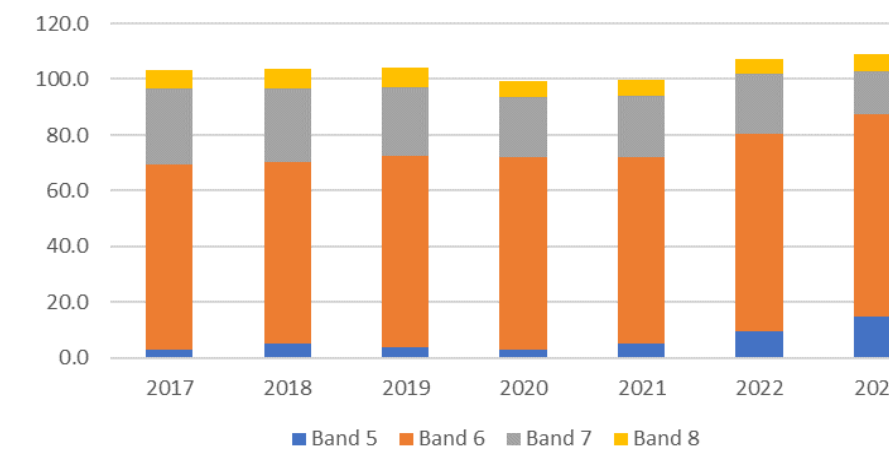
The majority of the workforce within Radiography sit within the Diagnostic role however, the graph (left) shows the additional roles available to allow for career progression with the new role of Advance Practitioner appearing in 2023.

Advanced Practitioner Role By Staff Group By Year



The Advanced Practitioner role has also increased steadily since 2017 particularly within Nursing & Midwifery. AHP numbers grew in 2019 and 2020 however, have declined since the pandemic. This may be due to new specialised roles within AHP disciplines emerging e.g. Radiographer Advanced Practitioner.

Diagnostic Radiographer Career Path By Year



The graph (left) shows the options for career progression within the diagnostic role from Band 5 to Band 8. The majority of the workforce sit within Band 6 and although there has been an increase in Band 5 posts there has also been a decline in Band 7 & 8 which may hamper career pathway options, however, the emergence of new roles may also increase choices for individuals.

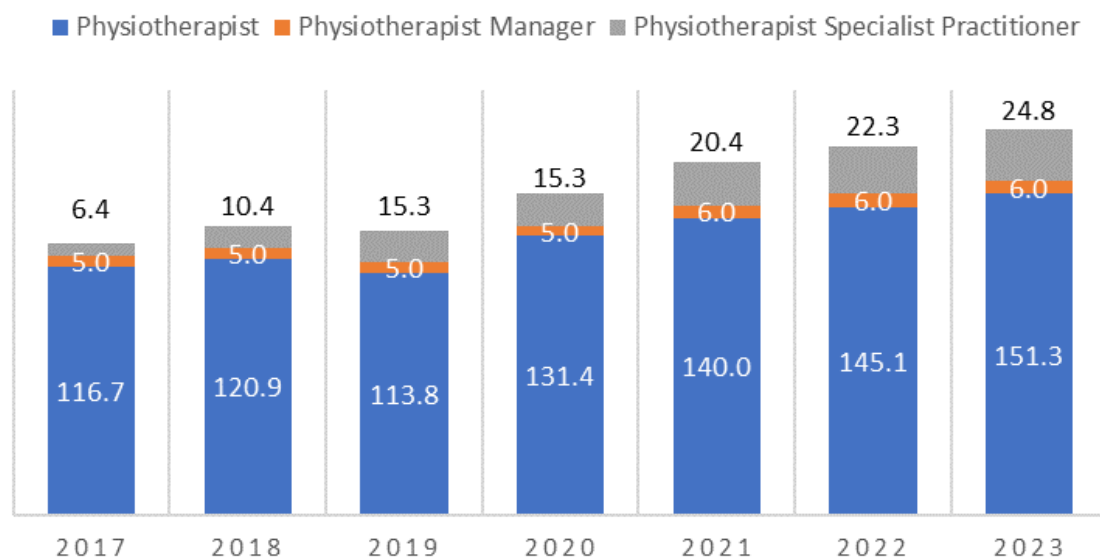
The Changing Shape of our People – By Role and Career Progression

As can be seen below the AHP people within Physiotherapy also shows opportunities for staff to move to higher graded roles or to specialise with an increase in Manager and Specialist Practitioner roles to allow for career progression since 2020. Specialist Practitioner posts have increased from 15.3WTE to 24.8WTE in 2023.

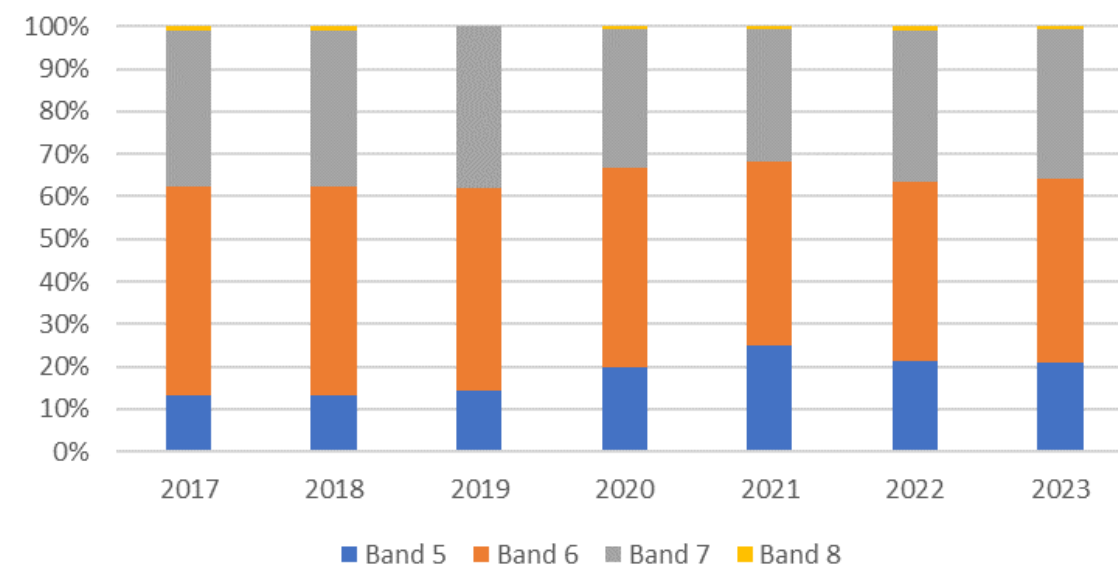
The graph below shows a breakdown of the Band 5 to 8 posts within the Physiotherapy role. The graph shows a steady increase of Band 5 posts since 2019 and a proportional increase in Band 7 posts to allow for career progression.

Healthcare Scientist roles show the options to develop within the specialism, through the Additional Clinical Services route via trainee roles, which includes Assistant and Associate roles, with opportunity to progress on to the Practitioner and Specialist roles within the profession, through completion of a part-time degree. We can also see a steady increase in the Associate and Specialist posts, demonstrating opportunities to develop individuals within this field. Further opportunity to develop these individuals as apprentice pathways for HCS staff are now available to access.

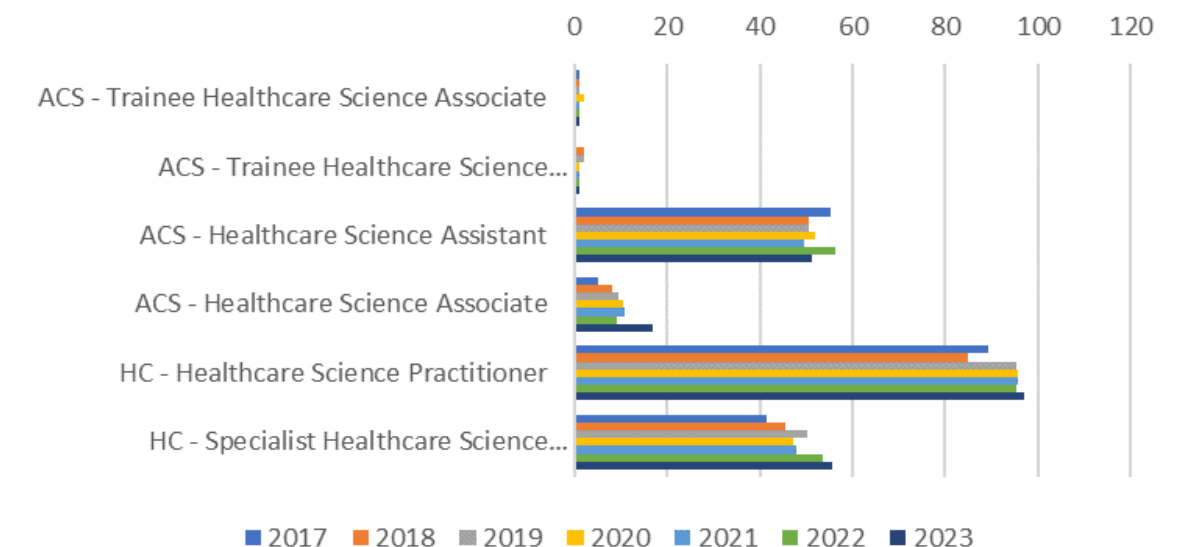
PHYSIOTHERAPIST ROLES BY YEAR



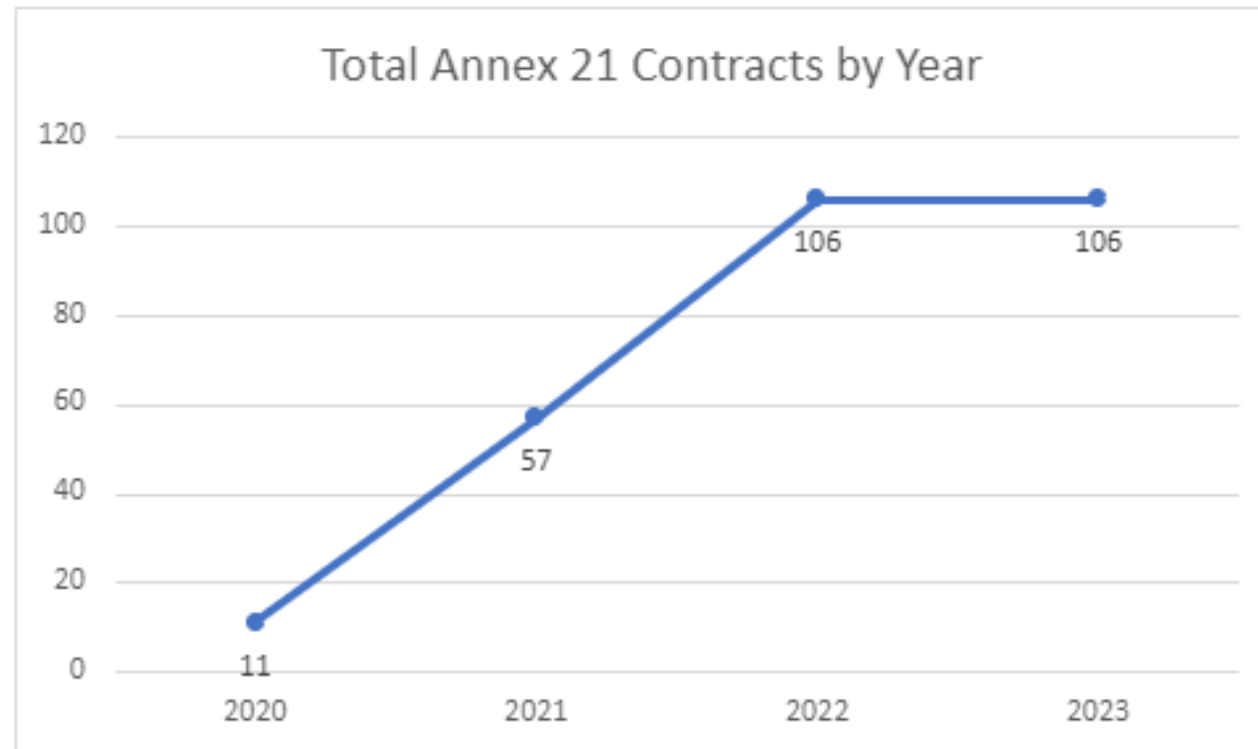
Physiotherapist Career Path By Year



Healthcare Science Roles By Year



Annex 21 Positions



106 Annex 21 posts, working in the following areas as at end of June 2023:

- Acute Response Team
- Frailty
- Assurance and Risk
- Biomedical Sciences
- Psychology
- Drug and Alcohol Misuse
- Occupational Therapy
- Physiotherapy
- Project Management
- Finance
- Haematology
- Apprentices (L3 and L4 – Healthcare, Corporate, Facilities, Workforce Development)
- Macmillan Cancer services
- Pharmacy

NHS Employers Terms and Conditions of Service Handbook - Annex 21: Arrangements for pay and banding of Trainees, has been applied across a range of services, to develop new roles and to appoint in to “hard to fill” vacancies, therefore helping to improve workforce sustainability, whilst creating development opportunities for 106 individuals over a three-year period.

For many services, application of Annex 21 terms and conditions has enabled them to widen their talent pool when advertising vacancies, allowing for recruitment of individuals who do not meet all essential requirements for the role they have applied for, but who have demonstrated ability to develop competence, to meet all the criteria expected of them to fulfil the role, during an agreed development period.

It is imperative that the ongoing training and education needs is prioritised, to accommodate and continue to support individuals in Annex 21 roles, through appropriate allocation of funding to support their continued training needs.

Variable Pay Analysis & Details

Summary of Requirements/Pipeline Data by Professional Group/Programme Based on draft submission: 31 January 2025

**Further amendments will be made up until Executive
Sign off in March**

Overview: Current Position (March 2024)

- Engagement with services and professional groups across all directorates, with a focused view of services aligned to ministerial priorities.
- Opportunities to improve workforce planning for Local Authority and Primary Care has developed. This will be the first time Primary Care has submitted their education commissioning requirements for managed practices.
- Continued improvements to align service, workforce, and finance with education commissioning (and annual planning process).
- Process to align education commissioning “ask” from services to internal learning and development processes (i.e., higher awards) has progressed - to be tested 2024/25 following approval by SPPEG.
- Internal assurance/ratification process established – Professional Leaders Forum. Education Commissioning summary for each professional group (except for Estates and Facilities) has been reviewed on 15/3 and conditionally agreed subject to outstanding actions (see 'Timeline/Outstanding Actions' slide).

Risks, Challenges and Further Considerations

- Financial Alignment – alignment of posts for new graduates and those undertaking qualifications e.g., Advanced Practice and level 4 roles. Ask Vs Reality – Education Commissioning based on workforce need (as per workforce baseline/future forecasting); however, due to current financial position, there can be reluctance to commission based on actual requirements (growth, demand, strategic direction etc).
- Infrastructure – Feasibility of releasing staff for study given current pressures and impact on financial savings. Challenges to deliver work-based learning, student placements etc. Inability to provide protected learning time for internal workforce undertaking essential development programmes e.g., Advanced Practice roles, lack of backfill e.g., Therapies.
- Transforming Urgent Emergency Care – system wide discussion is ongoing to inform/develop understanding of education commissioning needs across Primary, Intermediate and Acute Care. Organisational response in terms of structure and configuration is required.
- PA role – x2 submitted to date (OOO and Paeds, however x 21 in pipeline for 2025 and 2026 output)– risk around required numbers for the programme to run and development of the role in Hywel Dda. Service leads do not have budgets assigned to them to develop this role – integrated approach required to develop MDT team and understand future requirements for PAs.
- APPs/ACPs/MAPs/Extended Practice – Clear strategy needed to understand approach to advanced/extended practice models (inc. training needs) for the organisation to:
 - a) Determine requirements and identify the opportunities to develop our workforce according to strategic intentions.
 - b) Provide additional governance around development of these roles. This is essential to ensure role requirements is aligned to strategic direction, benefits/impact of the role development is understood, and education/training provision is available (with funding in place to support as required and availability of posts aligned).

Risks, Challenges and Further Considerations Continued

- Inequity of development opportunities across all professional groups i.e., availability of part-time degree/GYO opportunities.
- Impact of Nurse Staffing Levels Act (Wales) – potential inability to meet workforce deficit (workforce supply).
- All-Wales Career Framework Compliance – If compliance to the framework is mandated, greater volumes of learners will need to undertake qualifications in line with their role. This will place additional pressure on services to deliver work-based learning, provide education support and release staff for study requirements.
- Education arrangements for part-time programmes can be inflexible, difficulty in releasing staff for blocks of time e.g., New Radiology Assistant Practitioner Programme.
- Current backfill costs to support staff to undertake part-time study is more than c.£1.2m (L&D data, March 24). Further consideration with regards to how this is managed is required, as there is a risk that costs will continue to increase, as greater volumes of work-based learning and backfill is required.
- Impact of future registration changes (e.g., Nursing Associate role, PAs).
- Local Authority– further opportunities to improve processes to ensure education commissioning reflects the needs of LA and partner organisations – this is currently in development.
- Regional Workforce Planning – Ongoing uncertainty around ARCH projects and future service delivery presents as a challenge. Further clarity is needed to ascertain future workforce commissioning, education, and training requirements, including how we can progress with facilitation of Regional Workforce Models (as capacity is a challenge).

Critical Questions

1. What steps can be taken to improve processes to align posts based on our education commissioning “ask” and workforce development (GYO) pipelines? How can we also manage risks around previous EC requests (e.g., x21 PAs)? and current workforce development/investment (e.g., HCSW/Apprentices and availability of B4 roles)?
2. How will we consider the impact of future registration changes (e.g., PAs, Nursing Associate and Advanced Practice)? How will these changes influence future commissioning and workforce development?
3. How can feasibility and impact of development requests be assessed i.e. high number of requests for internal development opportunities – how will this impact service delivery (study leave etc)?
4. How can the infrastructure be developed to enable greater volumes of work-based learning (i.e. Therapies- TAPS)?
5. How will we develop system wide planning to further adopt an integrated approach to develop and strengthen workforce design and planning (i.e. multidisciplinary teams) for *now* and for *future*?
 - a. To enable new role design, development and implementation i.e. medically associated professionals?
 - b. To inform our approach to enhanced and advanced practice models?
 - c. To create greater collaboration with partners? (RLSP, RPB, Primary Care, Local Authorities, Universities)
6. How will we continue to address ongoing uncertainty of ARCH projects and future regional service models, to ascertain education commissioning and training requirements? Critically, how we manage the tension between current and future workforce models *and* explore potential opportunities for regional collaboration to mitigate known risks?

People Regeneration Framework: Projections and Scenarios To be developed

Minimum Data Set: Costed Workforce Plan & Other Financial Considerations To be developed

5

0 Mins

5 - PERFORMANCE

5.1

10 Mins

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

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

TI 48

| For assurance

Attachments

[5.1 Workforce Metrics Performance.docx](#)

[PODCC Report for review.pdf](#)



**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:	Performance Assurance and Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisation Development (OD) / Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle James, Head of Resourcing and Utilisation

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report includes an update on workforce metrics as well as key performance indicators (KPIs), which provide assurance of delivery against national delivery framework targets and the ten year Workforce, Organisational Development and Education Strategy 2020-2030.

The dataset presented is accurate as at 31st December 2024 unless noted otherwise on the page.

The report also includes an overview of performance in themes

Cefndir / Background

The way in which an update on metrics and key performance measures is presented has been evolving and improving in the reports presented to PODCC since October 2021, this larger suite of metrics was last presented to PODCC in August 2024.

Appendix 1 summarises these measures in the following themes:

- Workforce Profile
- Starters, Leavers & Turnover
- Recruitment
- Job Evaluation
- Performance, Appraisal and Development Review (PADR), Consultant/ Specialist and Associate Specialist (SAS) Job Planning and Overall Staff Engagement
- Sickness Absence
- Occupational Health
- Staff Psychological Wellbeing Service
- Health Education and Improvement Wales (HEIW) Career Framework
- Clinical Education
- Future Workforce
- Learning and Development

- Core Skills Training Framework and Mandatory Training
- Annual Leave Balances
- Agency and Temporary Workforce Utilisation

Performance for the national delivery framework targets is routinely reported on a bi-monthly basis to PODCC. Other datasets will be presented to support specific themes of the workforce and OD agenda as and when those themes are discussed at future meetings. In this connection, not all the metrics and KPIs will be presented at each PODCC meeting.

Currently this full report is presented to the Committee bi-annually in the February and August Committees.

Asesiad / Assessment

The dashboard in Appendix 1 includes the data for activity up to 31st December 2024 unless otherwise noted on the page. The following summary is an overview of performance presented by theme for PODCC to note:

Workforce profile

- Headcount has increased by 142 between 30 June 2024 and 31 December 2024 (excluding locum or bank).
- The highest proportion of staff (13.6%) are still within the age band 51-55.
- This age band with the biggest increase in staff numbers is 21-25 increasing by 61 employees since June.
- The Workforce profile is largely similar to that of June 2024 both in age bands and staff groups with
 - 31.6% of the workforce in the staff group Nursing & Midwifery (a 1.0% increase from June 24) an increase of 159 employees
 - 22% in Additional clinical services (no change) and
 - 19.9% Administrative & Clerical (a continued decrease of 0.5%).

Please note that as the training grade medical workforce are members of the single lead employer, they are not included within this profile as they are not on our staff in post list but on shared services staff in post.

Starters, leavers & turnover

- In the last 12 months; there have been more starters than leavers in most staff groups with the exception of administration and clerical, healthcare scientists and add prof scientific and professional.
- The 12 month turnover (headcount) rate has increased from 7.7% in December 2023 up to 9.12% in December 2024.
- The staff groups with the highest turnover rate is estates and ancillary with 12.4% followed by medical and dental at 12.01% and then administrative and clerical at 9.97%.
- Nursing and midwifery have the lowest turnover rate with the headcount turnover rate at 6.22%
- The highest reason for leaving remains as voluntary resignation – other/not known, to help provide further insights a high-level overview of the themes emerging from exit interviews has been included.
 - Stress continues to be an emerging theme.

- Work is continuing to further analyse themes emerging from surveys which will enable further insights into leaving reasons as part of the Staff Discovery work aligned to retention workstreams.
- During the same 12-month period January 24 – December 24 of the 237 staff that retired, 44.8% (106) of retirees returned to work with the Health Board; with 103 of these still in employment as at December 2024.
 - This is a 2.3% reduction of staff returning than reported in the period July 23-June 24

The NHS Wales turnover figure only includes people who have left NHS Wales. Therefore, staff movement between organisations ("churn") is excluded. To provide more comparable benchmarking, an average per month against the other health boards across Wales has been calculated which includes the normal 'churn' of staff moving between health boards in NHS Wales.

Whilst in some cases NHS Wales' turnover will be lower than all organisations due to the 'churn' HDUHB turnover rate is regularly lower than the average of the other health boards as well as the NHS Wales rate.

Recruitment

- HDUHB is exceeding its performance target for vacancy creation to offer letter being issued (at 31.4 days) and is performing better than other health boards in Wales for this measure.
- HDUHB are currently performing under the of 71 days for a vacancy creation to ready for start date (50 days) and are performing better than other health boards in Wales for this measure.
- HDUHB consistently meets the 100% target for Disclosure and Barring Service (DBS) checks being processed.
- HDUHB has the best performance across NHS Wales in many of the recruitment KPIs.
- Social media followers continue to grow enabling wider reaching advertising.

Job Evaluation

- In the week ending 27th December 2024 9 Job descriptions are waiting to be matched or reviewed.
- As at 27th December 2024 there is 1 job description in breach of the 30 day KPI.

Job Planning, Performance Appraisal and Development Review (PADR) and Staff Engagement

- The staff engagement score for the staff surveyed in December 2024 has declined to 71%, the only month that has seen a lower engagement rate was March 2024 where the rate dipped to 70%.
- The response rate has been fluctuating between 10% and 23% over the last 12 months. The peak of 23.0% was seen in September 2024. December's response rate was 15.4%.
- There is steady improvement in the number of Consultant/SAS doctors who have a current job plan and is at its highest in 12 months at 86% against the 90% target.
 - Escalation process in place, an escalation letter issued on behalf of the Responsible Officer where the chasers fail.

- Working with the Service Delivery Managers (SDM's) to highlight priority work needed monthly.
- The Health Board's PADR completion rates are lower than the 85% target although they remain higher than the NHS Wales average.

Sickness Absence

- The highest reason for absence is consistently anxiety/stress/depression/other psychiatric illness. This is 1 % higher than any other reason. This is the highest absence reason in all staff groups.
- Absence is higher than the target of 4.79%.
- We have seen an increase of 0.53% from last month and an increase of 0.37% in absence rate from December 2023.
- The highest 12 month rolling rate is seen in Facilities.
- 19 Directorates have a rolling 12m sickness rate higher than the 4.79% sickness target based on the in-month absence rate.
- Guidance is being developed for early mental health check-ins by managers and using stress risk assessments in a more preventative way.
- Reviewing sickness absence training to ensure it remains fit for purpose.
- Temporary redeployment guidance drafted and now in final stages of development, inclusive of a process to support staff before they become too unwell to undertake their current role but remain fit to do other work.
- Workforce Sickness Absence Advisor has developed a program of work focusing on deep dives into prevalent high sickness areas with focus on long term sickness and action plans/additional training devised to support.
- In October 2024 the absence rates in HDUHB are higher than NHS Wales rate. We are awaiting November and December benchmarking data.

Occupational Health

- Management referrals (MR); the highest did not attend rate of 10% is for immunisation appointments.
- Referrals may be withdrawn from the processing for the following reasons;
 - Preplacement questionnaires may be withdrawn due to recruitment/applicant errors, or the applicant may withdraw their application to join HDUHB.
 - Manager referrals may be withdrawn due to referrer errors on the referral (Date of Birth, National Insurance (NI), Name etc) or the employee may not wish to proceed or give consent for a MR.
 - Self-Referrals may be withdrawn due to errors on the referral such as incorrect date of birth, national insurance numbers or name.
- Where there has been an error on a manager referral, there is a weekly training session held that the manager is invited to in order to mitigate the risk of the error reoccurring.

Staff Psychological Well Being Service

- In December 2024 there were 3 preventative activities held with 114 participants
- There have been 159 applications for recovery in nature and ecotherapy retreats in 2024.
- The percentage of staff off sick at the point of the referral has fluctuated between in the last 12 months between 0% and 36.11%.
- 38% of staff that completed the client satisfaction questionnaire indicated that the main issue presented at time of referral was a combination of work and non-work related.

- Of the staff completing then questionnaire 43% have indicated the issue is affecting their ability to work with an additional 41% indicated that it is somewhat affecting their ability to work.

People Development

- National Delivery Framework Target - Health Education & Improvement Wales (HEIW) Career Framework: We are awaiting the receipt of all Wales information for the year 2023.
- Future actions to be undertaken in relation to the HEIW Career framework are:
 - Scope how other Health Boards across Wales approach All Wales Career Framework (AWCF) compliance.
 - Scope interception points during recruitment and induction to widen opportunities to gather the relevant documentation e.g. Skills to Care.
 - Continue to cleanse current data to enhance accuracy.
 - Request opportunities to raise the profile of the AWCF compliance in Senior Manager Team meetings, Professional Forums, and other platforms.
 - Twice yearly progress updates to the Strategic People Planning and Education Group (SPPEG) – May (post submission of data to Welsh Government) and November (interim position update).
- Clinical education welcomed 99 international nurses between May and December 2024. 43% of these have been placed in Bronglais, 22% in Wthybush, 18% in Glangwili, 9% the remaining 17 % between Prince Philip and South Pembrokeshire hospitals. This allocation has been based on vacancies.
- Of the 84 OSCEs undertaken all have passed
- The remaining 15 Internationally Educated Nurses (IENs) are set to sit Objective Structured Clinical Examination (OSCEs) on 27 January 2025.
- As at December 2024 we currently have 187 active volunteers and 18 staff on work experience across the health board.
- Between July and December over 4,600 hours have been volunteered across the health board.
- 241 work experience placements have been facilitated between July and December.
- School engagement covers 100% of all mainstream secondary schools in the three counties.
- 33% of school engagement sessions between July and December have been delivered in Welsh.
- Of the 2024 intakes, there are 2 finance apprentices and 36 health care apprentices still on the programmes which is a 95% retention rate for 2024 cohorts.
- The 4 leavers from 2024 programmes list the reasons for leaving as personal circumstances or programme not as expected.
- The Learning and Development Department (L&D) provide information and signposting to a range of high-quality management development programmes, delivered internally and externally in varying mediums to ensure a variety of learning needs are met.
- Hywel Dda Manager programme was launched in April 2024, the 7-day programme over 5 months has been carefully designed to develop compassionate and inclusive management teams. 81.8% of applications have been approved.
- 2025/26 will see the completion of a total of 11 Hywel Dda manager cohorts
- There has been a decline in engagement with making a difference in quarter 3 of 2024/25, during the same period the use of Global – Hywel Dda Today was removed.

Core Skills Training Framework (CSTF) and Mandatory Training.

- The Core Skills Training Framework (CSTF) is used to benchmark against all Wales for 10 competencies, however local performance is measured against 12 key subjects.
- Performance for the 12 CSTF overall is above the 85% target and at December 2024 is 87.1%
- Whilst their rates steadily increase, there are two staff groups that are below the 85% target: Estates and Ancillary (78.3%) a decrease of 0.6% and Medical and Dental (48.7%) an increase of 0.5%.
- Action plans will include additional sessions of support, both online and on sites as well as reaching out at various levels to encourage completion to supervisors at each level.
- There are only 4 directorates who are below the 85% target for the 12 CSTF courses, lowest of which is at 77.5%, this directorate is made up of 24 staff.
- When comparing Hywel Dda to NHS Wales for the 10 benchmarked competencies, HDdUHB performs consistently in line or higher than NHS Wales month on month.
- As at December 2024, there are 25 competencies that are mandated for every employee to complete; the compliance against the full range of competencies is 86.6%.
- There are additional competencies that are assigned to staff based one of the options below;
 - Staff group and job role (e.g Nursing and Midwifery; Staff Nurse or Allied Health Professional; Physiotherapist)
 - Organisation/ Cost code
 - ESR Position number
- In line with CSTF the overall compliance rates are lowest amongst the medical and dental staff group and estates and ancillary.

Annual Leave Balances

- Annual leave balances have been added to the 'our performance' dashboard last year to facilitate monitoring of annual leave being recorded.

Agency and Temporary Workforce Utilisation

- The agency spend as a percentage of the total pay bill has continually reduced through the year and is continuing to reduce, currently sitting at 2.57%.
 - In November 2024 it reduced below 2% for the first time in 3 years, this however will be influenced by the pay award and arrears being received in that month.
- The monthly whole time equivalent (WTE) usage on temporary workforce reported through Allocate has continued to reduce since June 2024.
- The expenditure on variable pay (bank, overtime, on contract and off contract agency) is decreasing month on month since July 2024.
- The highest use of nursing agency continues to be in Unscheduled Care Bronglais.
- In December 2024 Unscheduled Care Bronglais used more nurse agency than Unscheduled Care Glangwili, Prince Philip and Withybush combined.
- From March 2025 all international educated nurses in Bronglais will have received their PINS and should be out of their supernumerary phase.
- Unscheduled Care Withybush have significantly reduced their agency usage in the 2 months following the majority of IENs passing their OSCEs.
- Bronglais has seen 16 IENs pass OSCEs in October a further 5 in November and 22 in December; however no reduction in agency booking in March 2025 has yet been evident.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is asked to note the content of the report as assurance of performance in key areas of the Workforce and OD agenda.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	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:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:

Further Information:

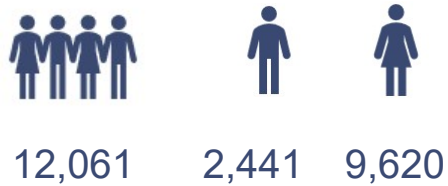
Ar sail tystiolaeth: Evidence Base:	Data extracted from a range of workforce information systems.
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	Not Applicable

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Performance reported in a number of the key performance indicators will have an impact on the quality of patient care.
Gweithlu: Workforce:	All metrics and performance indicators contained in the report have direct relevance to the workforce agenda
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	All data presented is anonymous
Cydraddoldeb: Equality:	Not Applicable

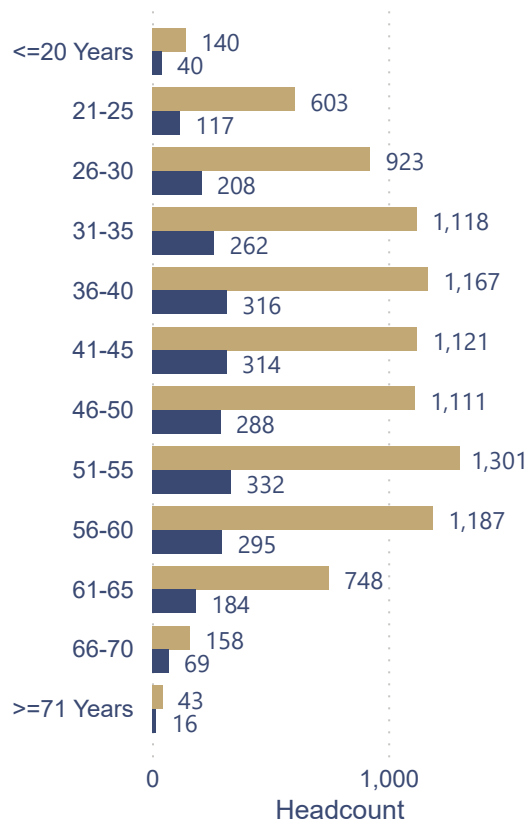
Workforce Profile as at December 2024

Headcount - Excludes Locum & Bank



Age & Gender Profile by Headcount

● Female Headcount ● Male Headcount

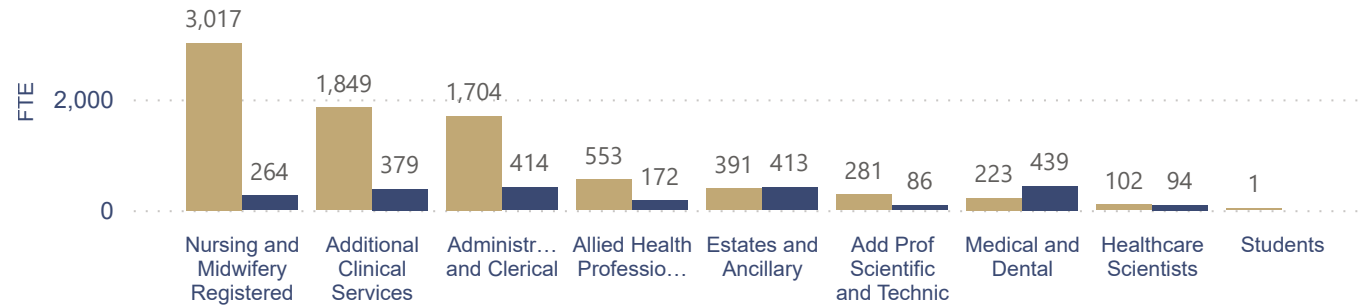


Workforce Profile comparing Full time and Part time working as a percentage. Left shows % by headcount and Right shows % by FTE Excluding Locum & Bank



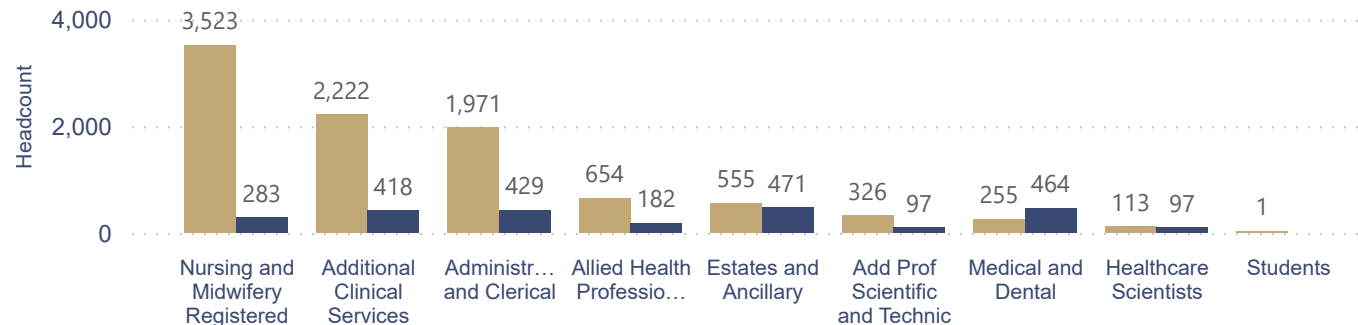
Gender Profile by Staff Group & FTE

● Female FTE ● Male FTE

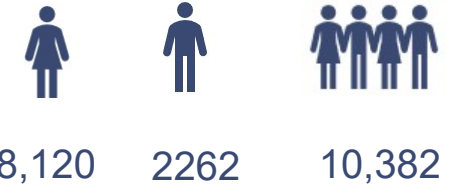


Gender Profile by Staff Group & Headcount

● Female Headcount ● Male Headcount

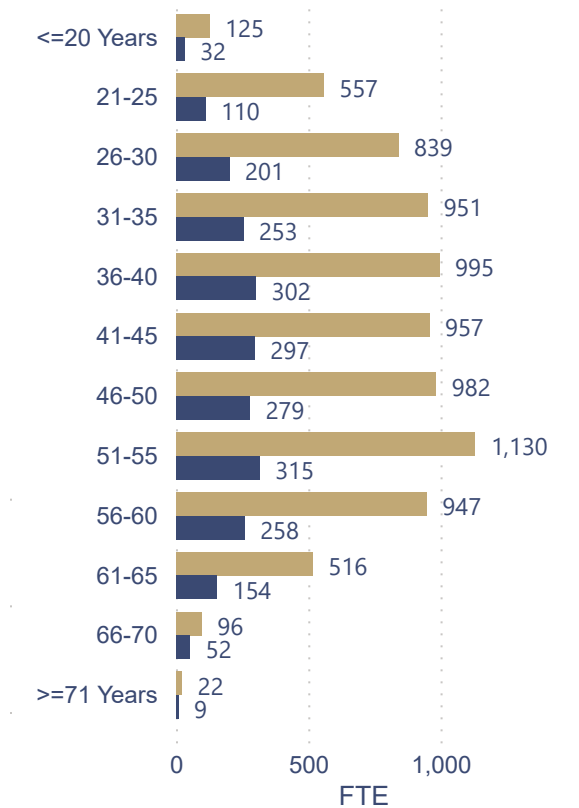


FTE Excludes Locum & Bank



Age & Gender Profile by FTE

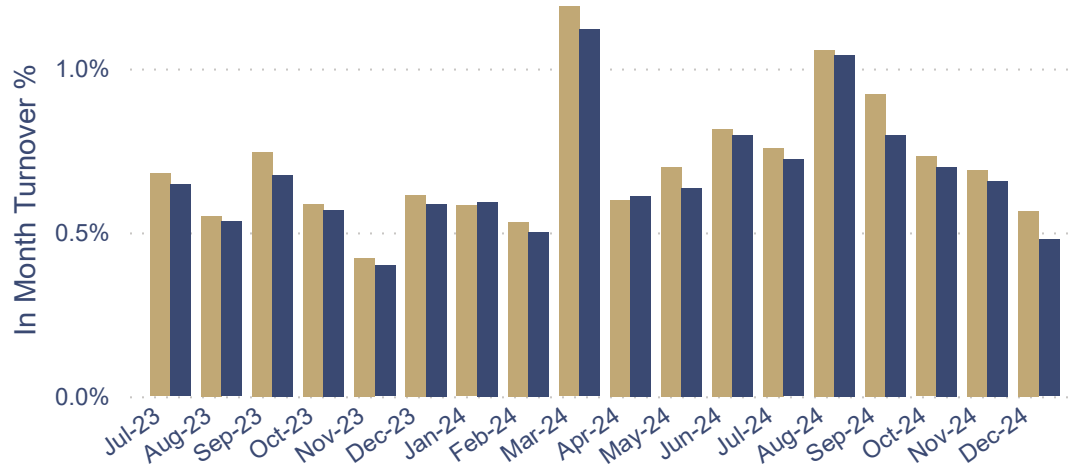
● Female FTE ● Male FTE



Starters, Leavers & Turnover as at December 2024

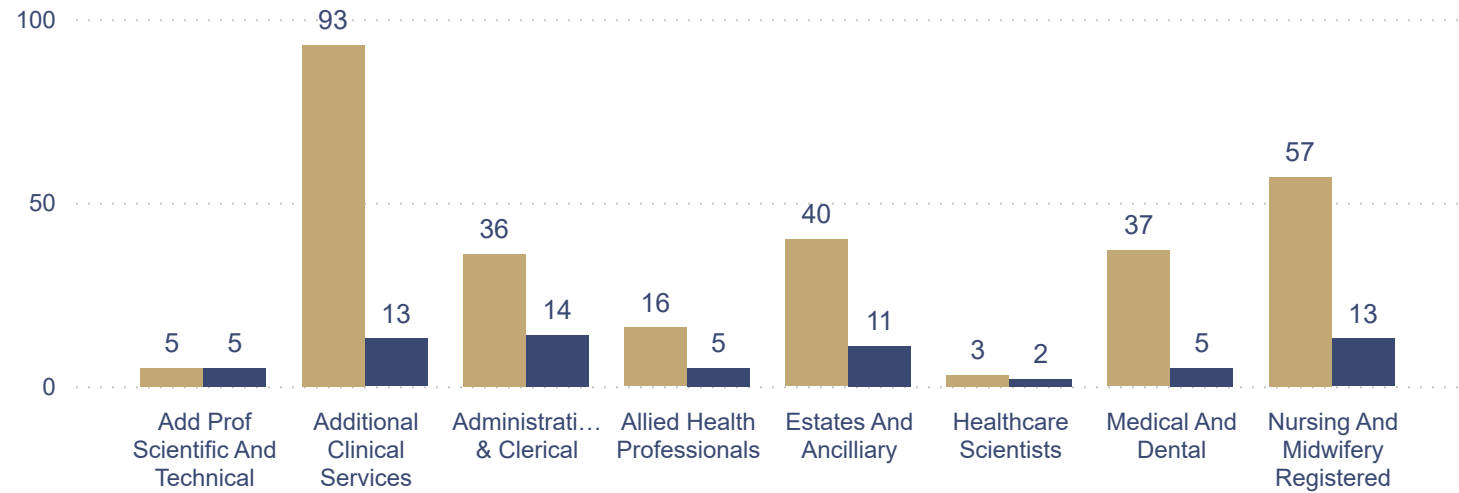
In Month Turnover Rate by Headcount & FTE

● Turnover Rate (Headcount) ● Turnover Rate (FTE)



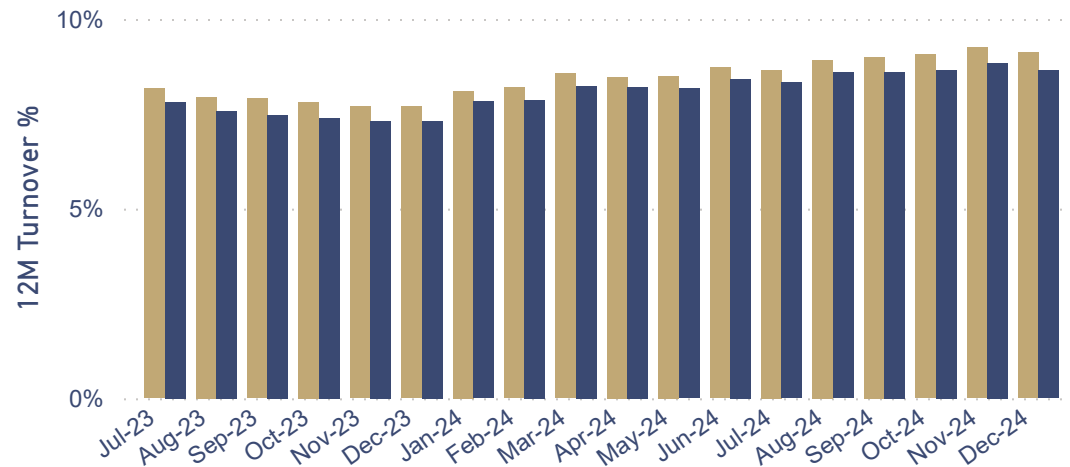
Starters and Leavers Headcount by Staff Group

● Starters Headcount ● Leavers Headcount



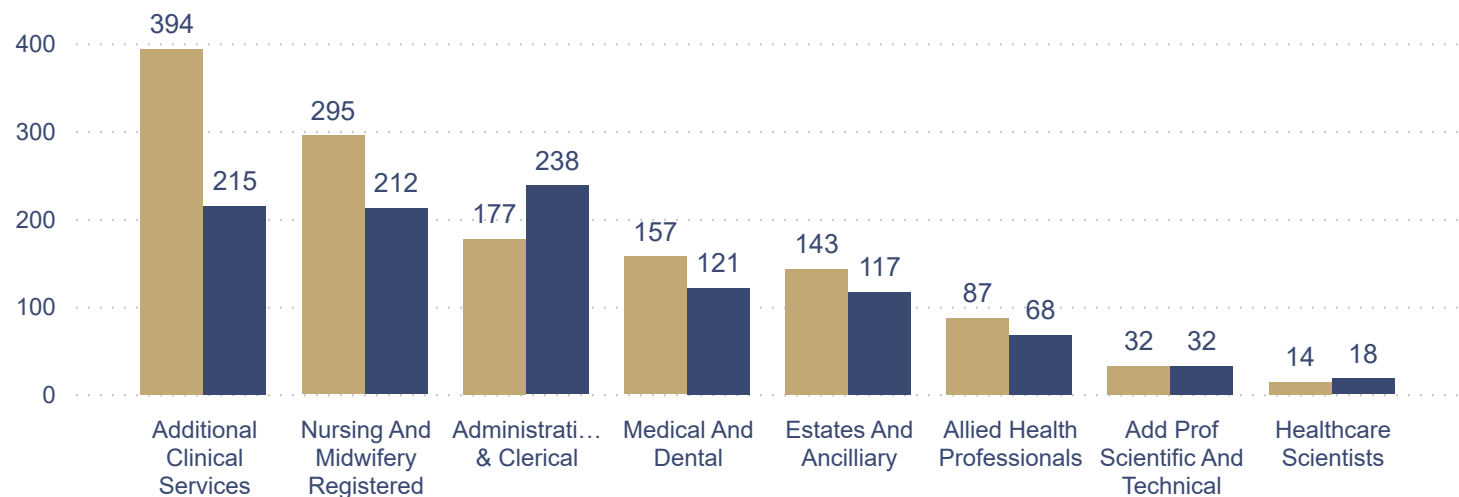
12M Turnover Rate by Headcount & FTE

● Turnover Rate Headcount (12m) ● Turnover Rate FTE (12m)



Starters and Leavers Headcount by Staff Group in the last 12 Months

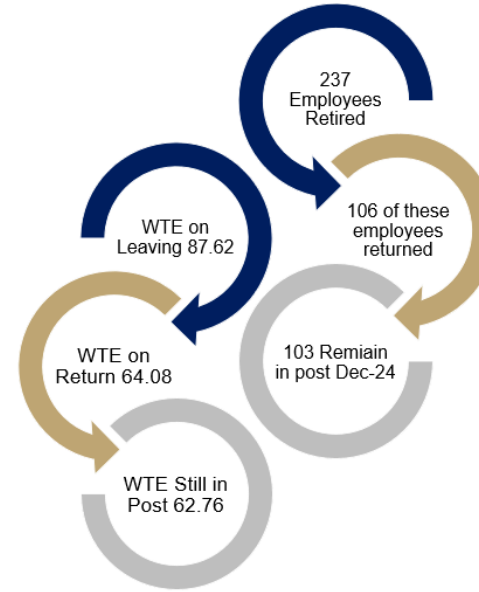
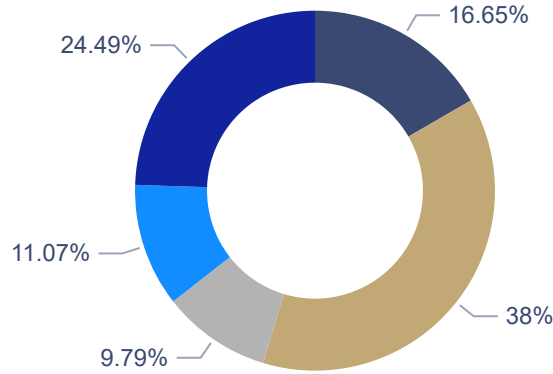
● Starters Headcount 12M ● Leavers Headcount 12M



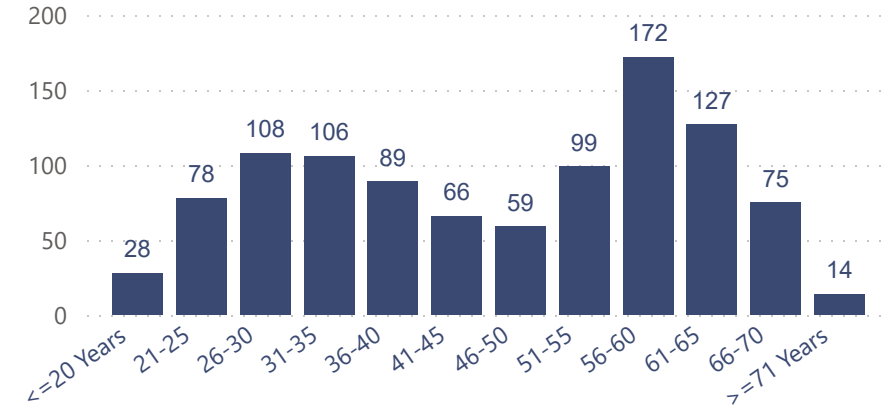
Starters, Leavers & Turnover as at December 2024

12m Leavers Headcount by Length of Service

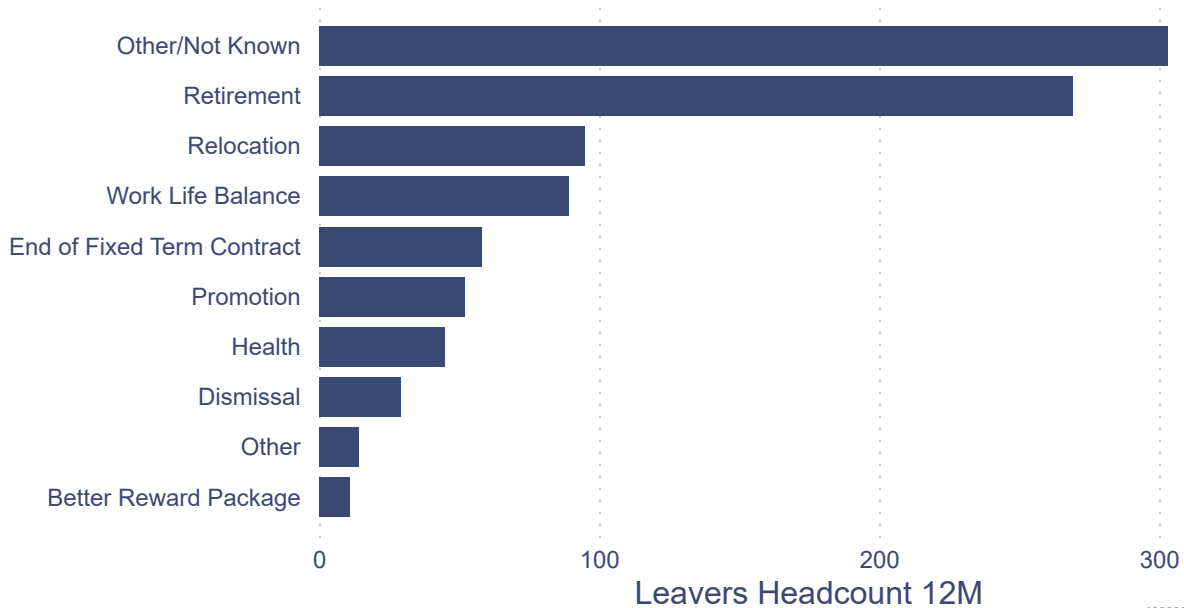
LoS Group ● Less than 1 Year ● 1-3 Years ● 4-5 Years ● 5-10 Years ● Over 10 Years



12m Leavers Headcount by Age Band



Top 10 Reasons for Leaving in the last 12 Months

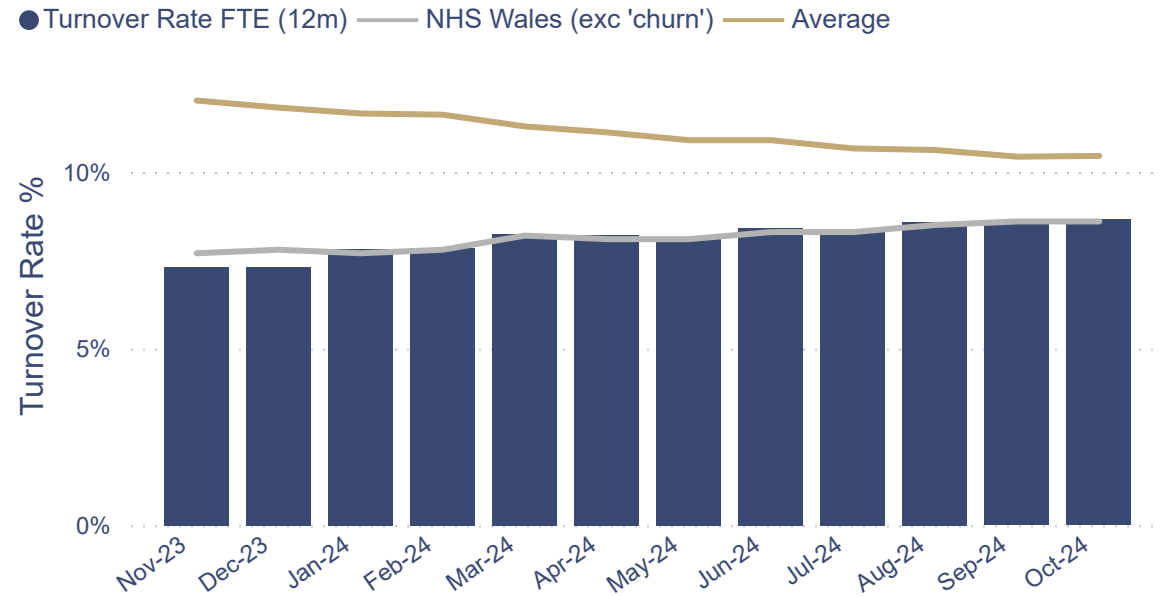


Turnover Benchmarking as at October 2024

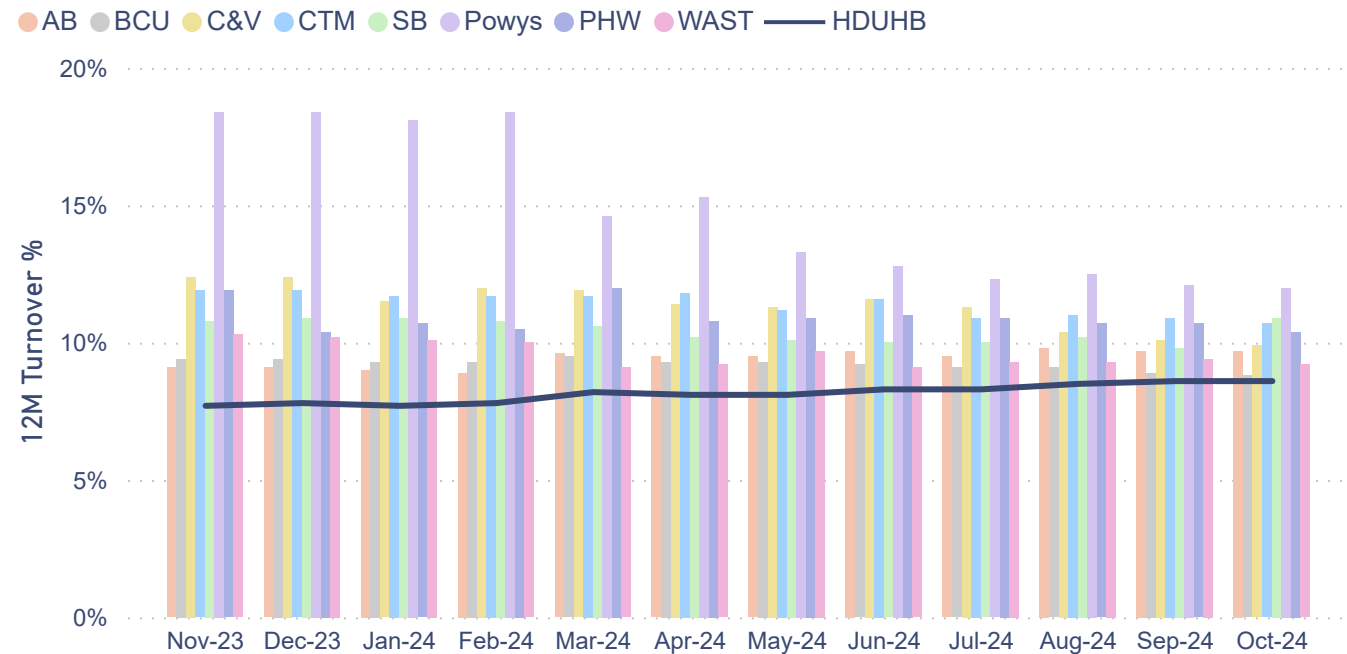
NHS Wales figure only includes people who have left NHS Wales. Therefore, staff movement between organisations ("churn") is excluded. In some case NHS Wales' turnover will be lower than all organisations for this reason.

To provide more comparable benchmarking, We have calculated an average per month of the other health boards to benchmark against so that it is more comparable and include the normal 'churn' of staff moving between health boards in NHS Wales. The other Health Boards are: Aneurin Bevan UHB (AB), Betsi Cadwaladr UHB (BCU), Cardiff & Vale UHB (C&V), Cwm Taff Morgannwg UHB (CTM), Swansea Bay UHB (SB), Powys TLHB (Powys), Public Health Wales (PHW), Velindre (VEL) and Welsh Ambulance Service Trust (WAST).

12M Turnover Rate compared to NHS Wales (Exc 'churn') and Average of other health boards (Inc 'Churn')



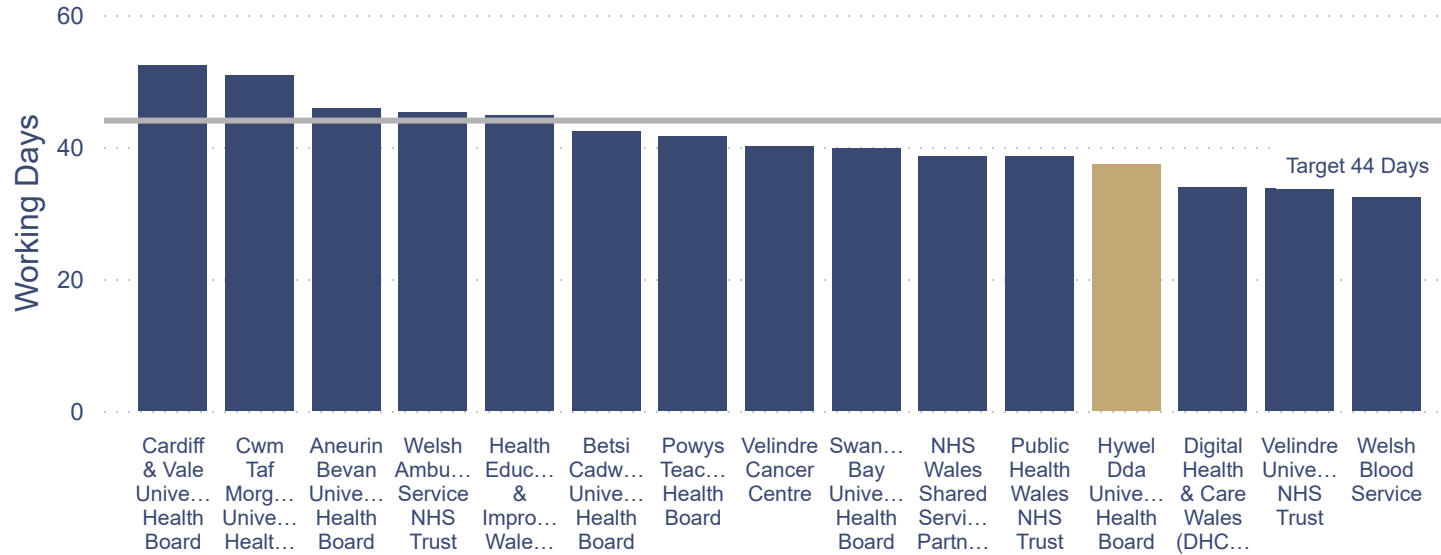
12M Turnover Rate compared to other Health Boards



Recruitment Activity as at December 2024



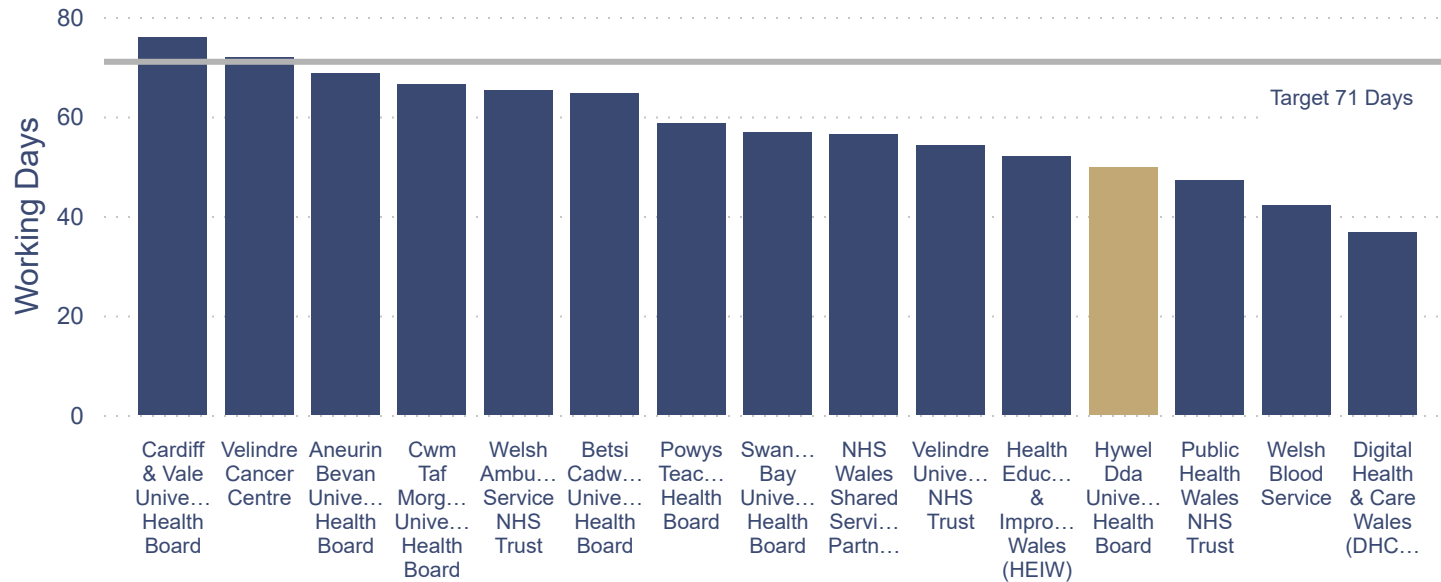
Vacancy Creation to offer letter issued compared to other Orgs and Target of 44 days



DBS Checks Processed

Month	Adult Barred Lists	Child Barred Lists	New Starters - Overseas	% Compliance
Nov-23	180	174	6	100.0%
Dec-23	111	107	10	100.0%
Jan-24	147	144	6	100.0%
Feb-24	121	118	7	100.0%
Mar-24	103	100	11	100.0%
Apr-24	150	145	3	100.0%
May-24	102	102		100.0%
Jun-24	142	141	1	100.0%
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%

Vacancy Creation to ready for Start Date compared to other Orgs and Target of 71 days



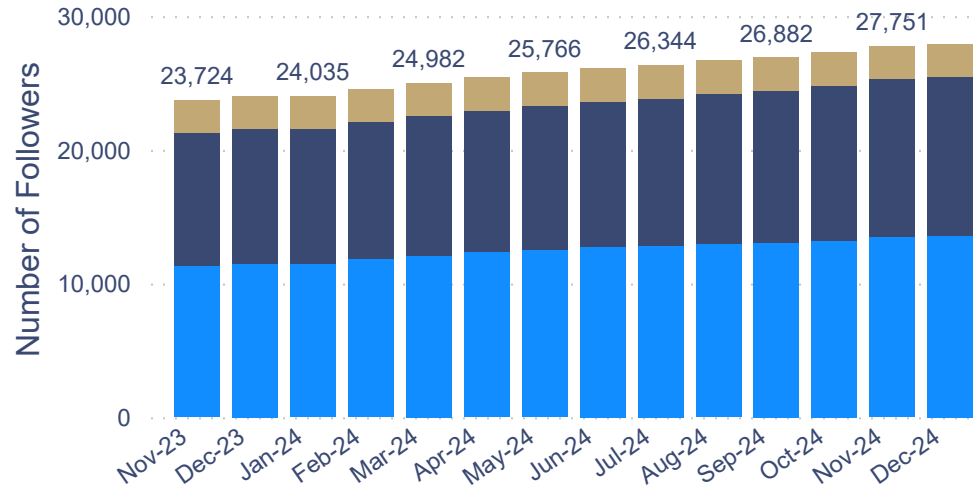
Time to Hire by Staff Group

Staff Group	Hywel Dda University Health Board	Cardiff & Vale University Health Board	Swansea Bay University Health Board	Betsi Cadwaladr University Health Board
HS	37.0	83.7	75.6	56.0
EA	44.1	70.9	35.5	56.2
ACS	44.8	63.7	58.1	67.7
NMR	49.0	75.4	62.2	60.8
A&C	50.1	76.5	48.4	58.1
APST	68.0	85.8	46.5	79.6
AHP	91.7	81.7	67.7	96.7



Followers on Social Media

● Facebook ● LinkedIn ● Twitter / X



Recruitment Checks by Health Board

Org	Time to approve vacancy request	Time to advertise	Duration of advertising	Time to move to shortlisting	Time to Shortlist	Time to update interview outcomes
Velindre University NHS Trust	0.4	1.1	10.8	0.9	3.9	4.4
Betsi Cadwaladr University Health Board	4.3	1.6	9.3	1.0	5.4	2.1
Aneurin Bevan University Health Board	9.1	1.7	8.8	1.0	7.4	3.1
Cwm Taf Morgannwg University Health Board	20.8	1.8	8.4	1.0	9.4	3.7
Health Education & Improvement Wales (HEIW)	6.2	1.1	9.0	1.0	3.3	5.0
Hywel Dda University Health Board	7.9	1.5	9.4	1.0	1.7	1.9
NHS Wales Shared Services Partnership	11.6	1.2	6.3	1.0	6.9	4.5
Swansea Bay University Health Board	3.7	1.7	8.5	1.0	6.8	4.8
Velindre Cancer Centre	0.8	1.3	7.4	1.0	6.6	1.8
Welsh Ambulance Service NHS Trust	9.9	1.3	8.9	1.0	3.6	1.2
Welsh Blood Service	1.3	1.3	8.1	1.0	4.6	1.9
Digital Health & Care Wales (DHCW)	0.3	1.3	8.7	1.1	4.0	1.9
Powys Teaching Health Board	6.1	1.7	10.0	1.1	6.0	2.2
Public Health Wales NHS Trust	4.4	1.6	10.0	1.1	5.0	2.6
Cardiff & Vale University Health Board	16.5	1.5	10.2	1.5	7.2	3.6
Target	10.0	2.0	10.0	2.0	3.0	3.0

Month on Month Recruitment Volumes Medical & Dental

Month	Number of FTE advertised	Number of posts advertised
Oct-24	37.20	36.00
Nov-24	29.40	30.00
Dec-24	33.10	27.00

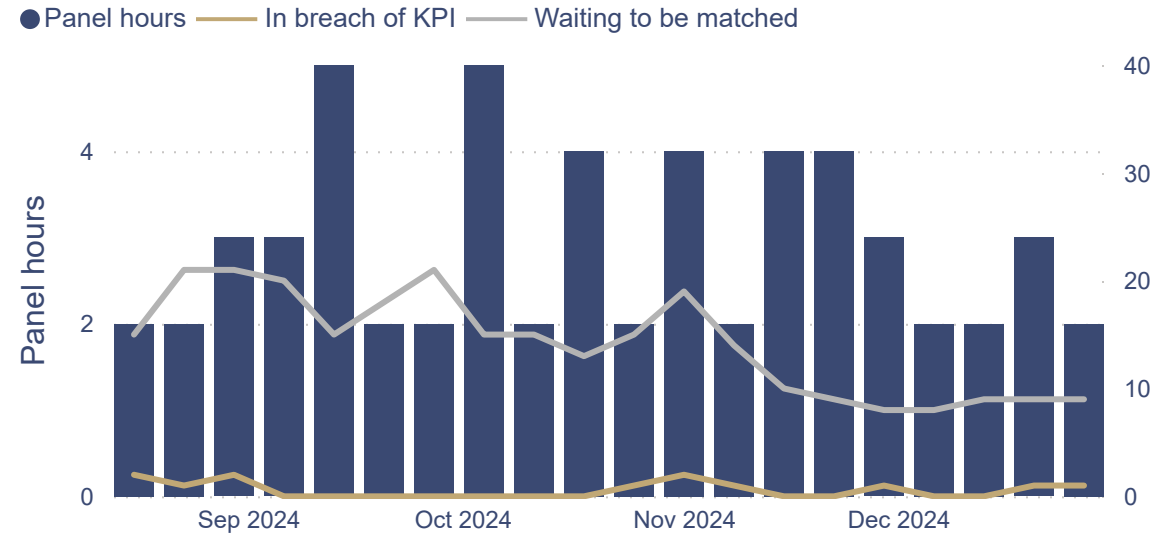
Medical Recruitment December 2024

Trac Recruitment Health Check	Target	Dec-24	Time to Target
Time from Notice to Authorisation Start Date	5	154.1	149.1
Time to Approve Vacancies	10	4.2	-5.8
Time to notify Recruitment of Interview Outcome	3	2.5	-0.5
Time to Send Interview invites	2	1.8	-0.2
Time to Shortlist	3	6.3	3.3

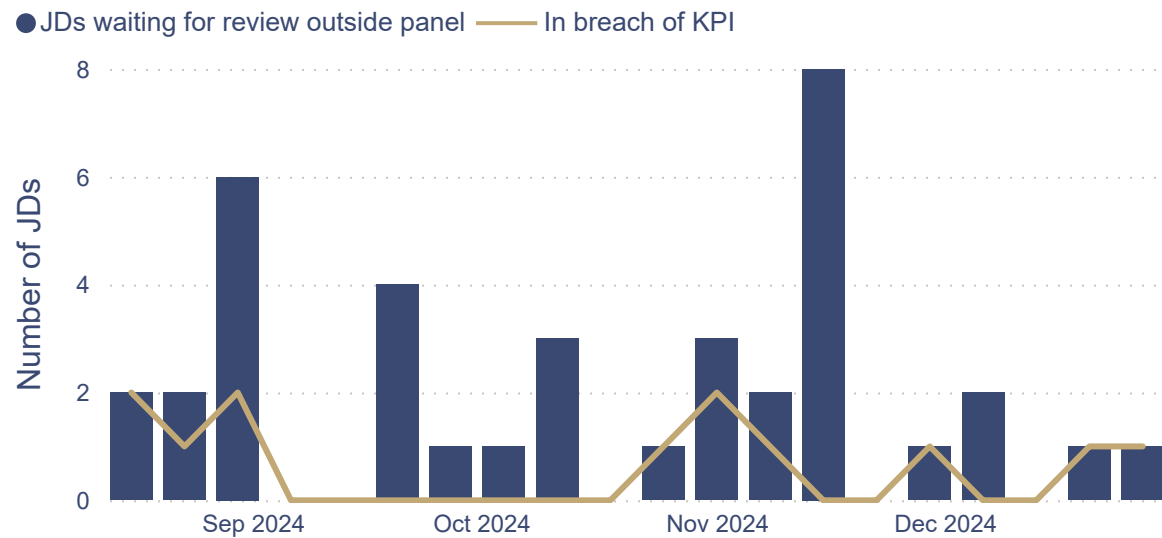
Month on Month Recruitment Volumes (Excluding M&D)

Month	Number of FTE advertised	Number of posts advertised
Oct-24	140.6	140
Nov-24	174.1	160
Dec-24	123.5	123

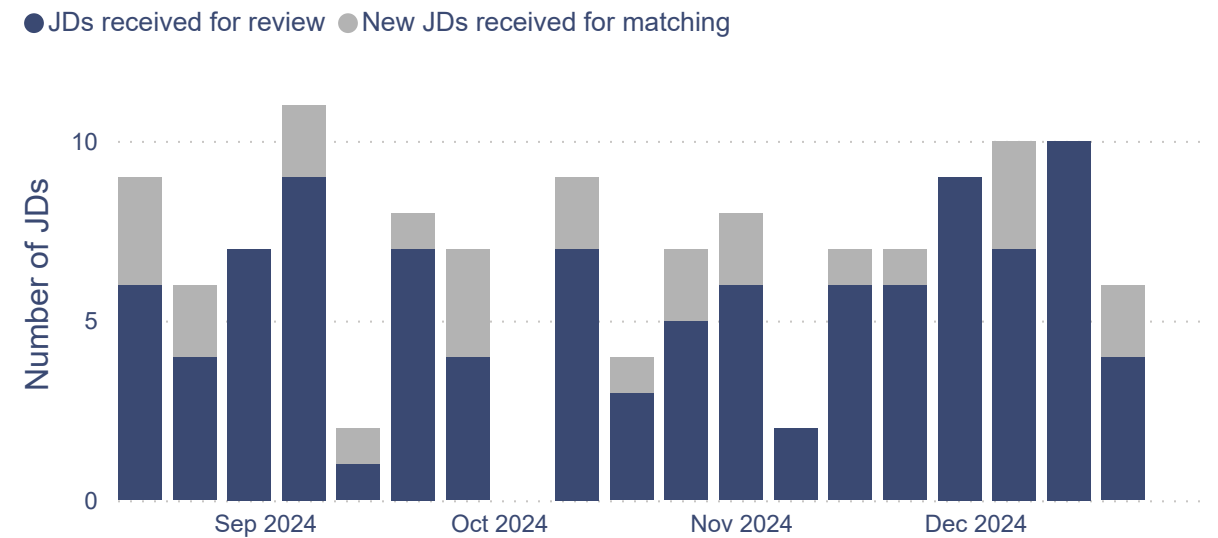
Activity - Waiting to be Matched and KPI breaches by Week



Activity - for Review Outside Panel and KPI breaches by Week



Volume - New and for Review by Week



PADR, Staff Engagement & Consultant/SAS Job Planning Activity as at December 2024

Staff Engagement Year on Year / Month on Month

Year Of Survey	Sent to	Number completed	Response Rate	Engagement Score
2024 Sample in January	939	135	14.4%	73.0%
2024 Sample in February	944	94	10.0%	76.0%
2024 Sample in March	935	120	12.8%	70.0%
2024 Sample in April	931	132	14.2%	75.0%
2024 Sample in May	947	123	13.0%	71.0%
2024 Sample in June	914	157	17.2%	71.0%
2024 Sample in July	917	171	18.6%	71.0%
2024 Sample in August	909	157	17.3%	72.0%
2024 Sample in September	900	207	23.0%	73.0%
2024 Sample in October	901	198	22.0%	73.0%
2024 Sample in November	886	203	22.9%	73.0%
2024 Sample in December	902	139	15.4%	71.0%

Percentage of Staff from the engagement survey who strongly agree or agree that their PADR helps improve how they do their job.

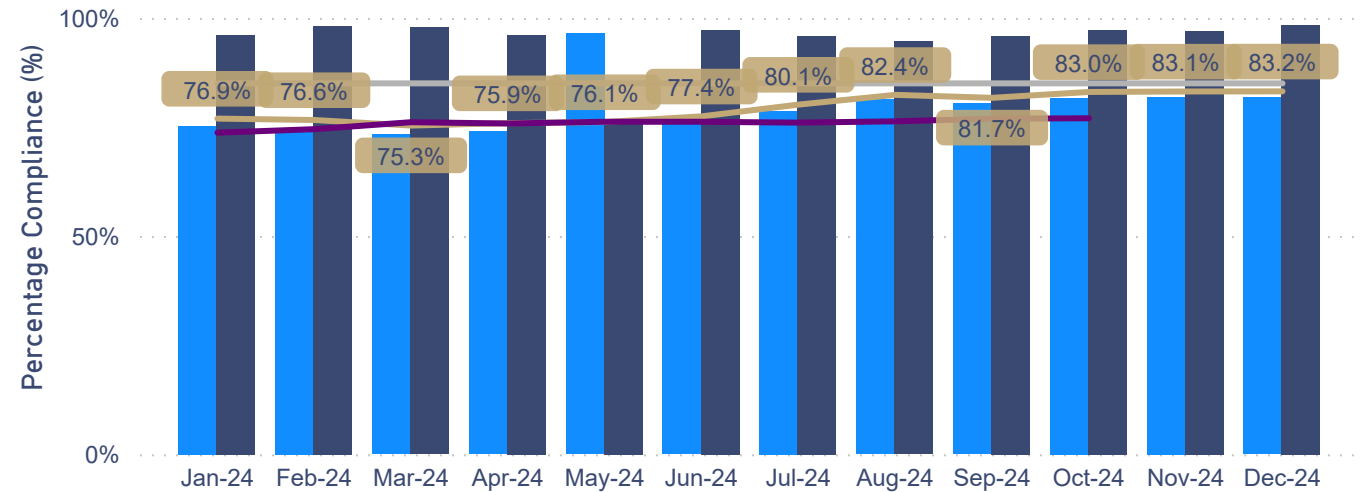
Month	Engagement Score by Staff Group
Jul-24	70.8%
Aug-24	70.7%
Sep-24	77.3%
Oct-24	77.3%
Nov-24	72.9%
Dec-24	77.0%

Role	Engagement Score
Other	80.0%
Administrative and Clerical	73.3%
Allied Health Professionals	70.8%
Nursing and Midwifery	69.8%
Other Clinical Services	68.6%
Medical and Dental	64.8%

Please note 0% would represent either no respondents in this months survey or less than 5 which are removed to uphold anonymity

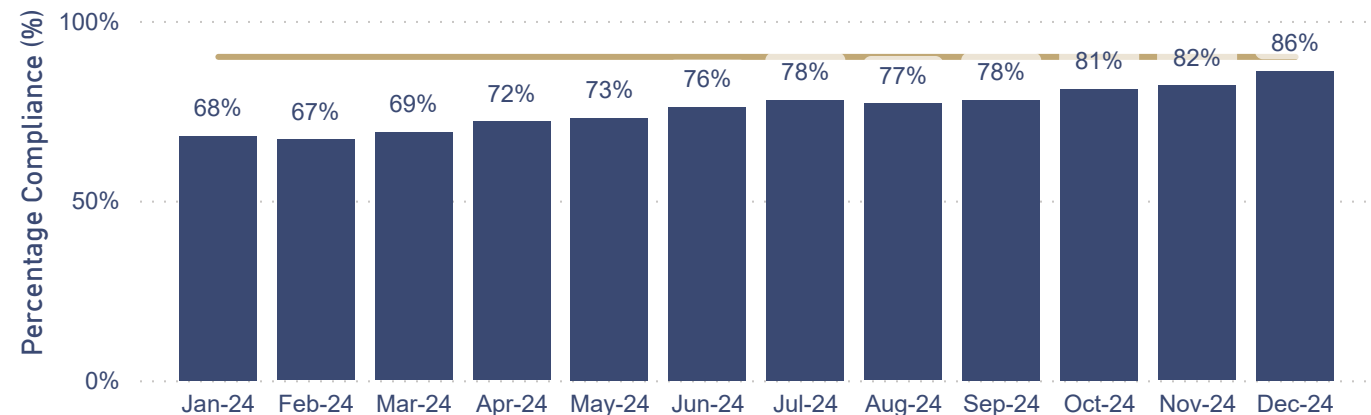
PADR & Medical Appraisal Compliance to NHS Wales Performance and 85% Target

Category ● AfC ● M&D — Combined Compliance — NHS Wales — 85% Target



Consultant/SAS doctors with a current Job Plan (Current is within 12 Months) against 90% Target

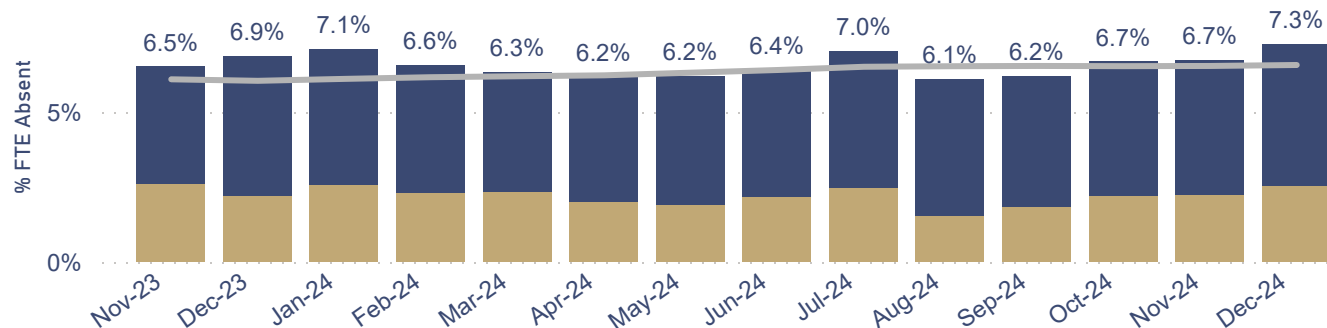
● Actual — Target



Sickness levels as at December 2024

% FTE Absent In month & Rolling 12M

● % FTE ST Absent ● % FTE LT Absent — Rolling 12M % FTE



Absence Reason where Absent FTE % > 0.45%

Absence Reason	Oct-24	Nov-24	Dec-24
S10 Anxiety/stress/depression/other psychiatric illnesses	2.1%	2.1%	2.2%
S13 Cold, Cough, Flu - Influenza	0.7%	0.8%	1.2%
S12 Other musculoskeletal problems	0.6%	0.6%	0.6%
S25 Gastrointestinal problems	0.5%	0.5%	0.6%

Absence Reason	% FTE ST Absent	% FTE LT Absent	% FTE Absent
S10 Anxiety/stress/depression/other psychiatric illnesses	0.28%	1.89%	2.2%
S13 Cold, Cough, Flu - Influenza	0.98%	0.21%	1.2%
S12 Other musculoskeletal problems	0.10%	0.53%	0.6%

In Month Absence FTE % by Staff Group

Staff Group	Oct-24	Nov-24	Dec-24
Nursing and Midwifery Registered	2.1%	2.1%	2.4%
Additional Clinical Services	1.9%	1.9%	2.1%
Administrative and Clerical	1.1%	1.0%	1.0%
Estates and Ancillary	0.9%	1.0%	1.0%
Allied Health Professionals	0.4%	0.4%	0.4%
Medical and Dental	0.2%	0.2%	0.2%
Add Prof Scientific and Technic	0.1%	0.1%	0.2%
Healthcare Scientists	0.1%	0.1%	0.1%
Total	6.7%	6.7%	7.3%

% FTE Absent in Month compared to previous month and the same period last year

% FTE Absent	Increase/Decrease from Prior Month	Increase/Decrease from Same Period Last Year
7.3%	0.53% ↑	0.37% ↑

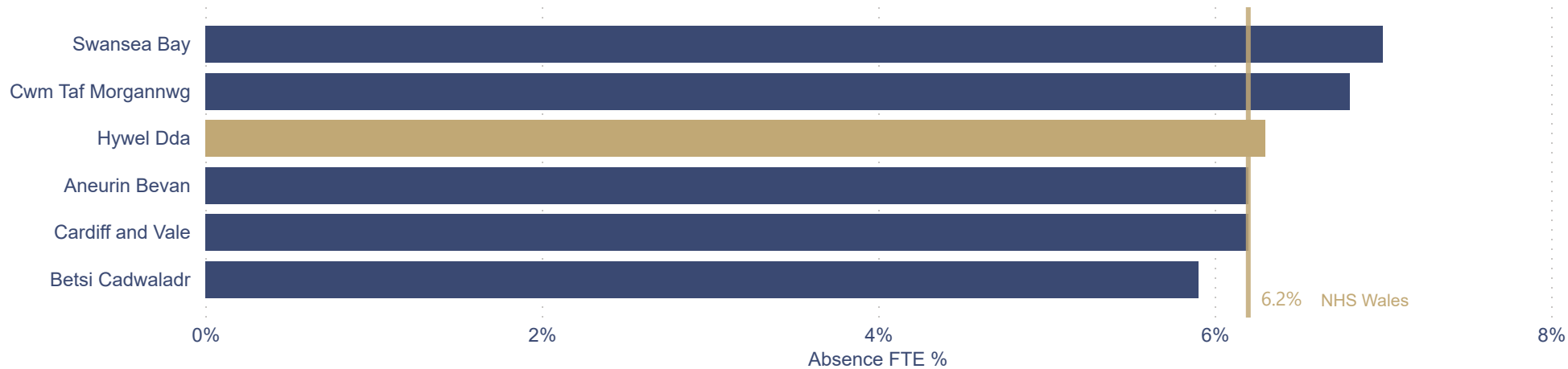
Directorates with Absent FTE % > 4.9%

Directorate	Dec-24			
	% FTE ST Absent	% FTE LT Absent	% FTE Absent	Rolling 12M % FTE
FACILITIES	3.40%	8.76%	12.2%	11.4%
CARMARTHENSHIRE COUNTY	3.26%	7.46%	10.7%	8.2%
PEMBROKESHIRE COUNTY	2.67%	7.99%	10.7%	8.4%
UNSCHEDULED CARE PRINCE PHILIP	3.18%	5.89%	9.1%	8.8%
LONG TERM CARE & CHRONIC CONDITIONS	1.36%	7.05%	8.4%	5.3%
ONCOLOGY & CANCER SERVICES	2.69%	5.00%	7.7%	5.0%
MENTAL HEALTH & LEARNING DISABILITIES	2.31%	5.33%	7.6%	6.3%
UNSCHEDULED CARE WITHYBUSH	4.10%	3.51%	7.6%	7.2%
UNSCHEDULED CARE GLANGWILI	3.36%	4.21%	7.6%	7.3%
NURSING	1.34%	5.59%	6.9%	6.4%
PATHOLOGY	1.45%	5.42%	6.9%	6.1%
PLANNED CARE	2.25%	4.43%	6.7%	6.1%
UNSCHEDULED CARE BRONGLAIS	3.67%	2.74%	6.4%	5.1%
DIGITAL	2.16%	4.02%	6.2%	5.2%
OPERATIONS DIR MANAGEMENT	2.76%	3.26%	6.0%	5.5%
MEDICINES MANAGEMENT	1.83%	4.19%	6.0%	5.4%
PRIMARY CARE	0.90%	4.96%	5.9%	6.5%
WOMEN & CHILDREN	2.13%	3.45%	5.6%	5.8%
CEREDIGION COUNTY	1.68%	3.28%	5.0%	7.1%

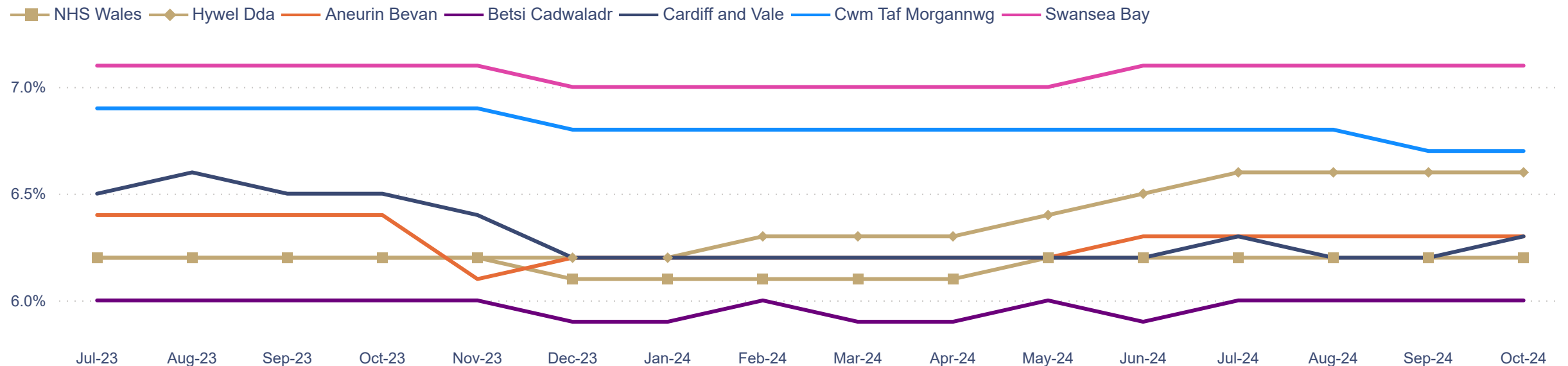
Sickness benchmarking as at October 2024

Please note that NHS Wales Benchmarking figures are currently only up to October 2024 as such the Hywel Dda figures on this page are also as at October 2024

Sickness absence FTE % October 2024 performance compared to other Health Boards and NHS Wales

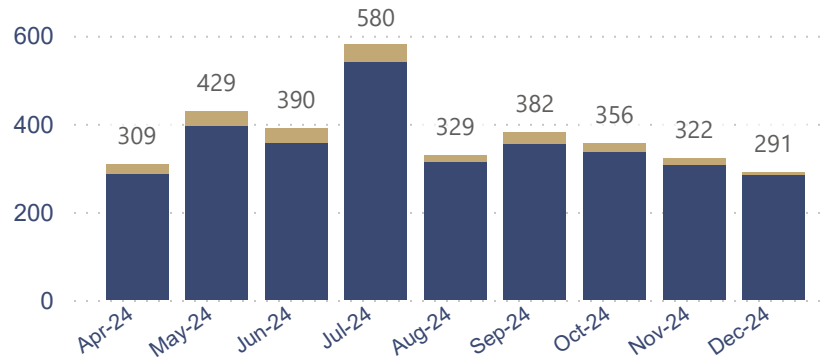


Rolling 12M sickness absence rates Jul '23 - Oct '24



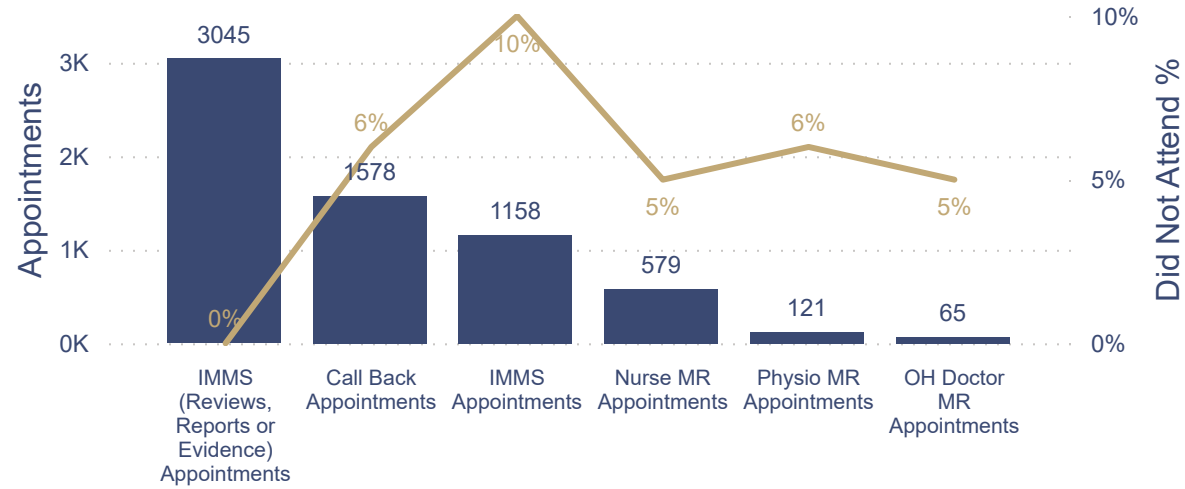
Health Questionnaires

● Health Questionnaires received ● Withdrawn



MR Appointments Booked & DNA %

● Booked — DNA (%)



Consultant - Waiting Time Working Days

8

Nurse - Waiting Time Weeks

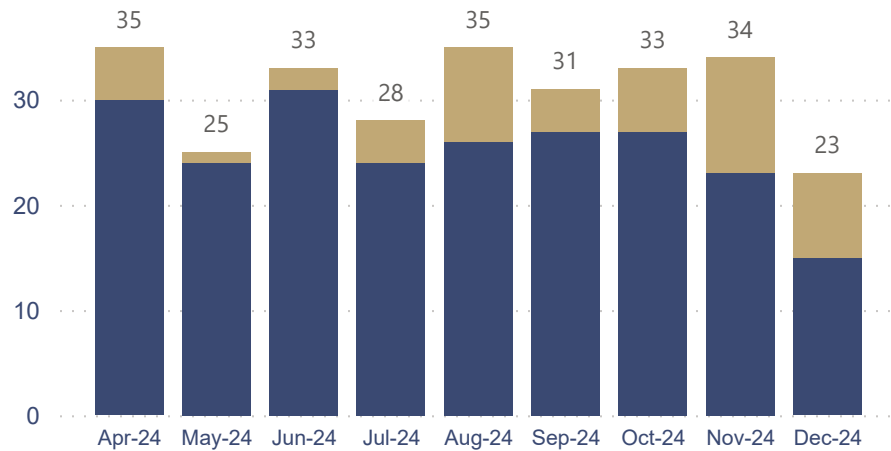
2

Physiotherapist - Waiting Time Weeks

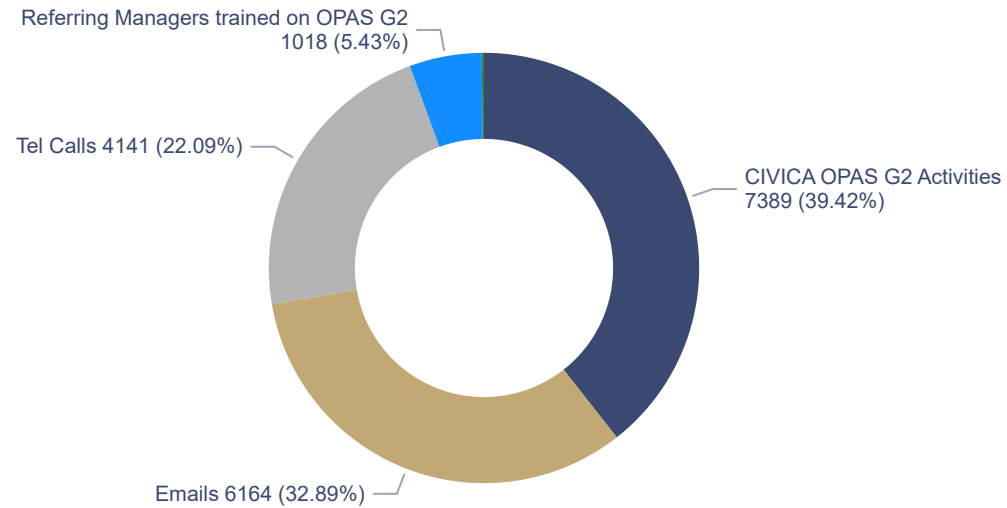
2.2

Self Referrals

● Self Referrals Triaged ● Self Referrals Withdrawn



Call Activity by Type

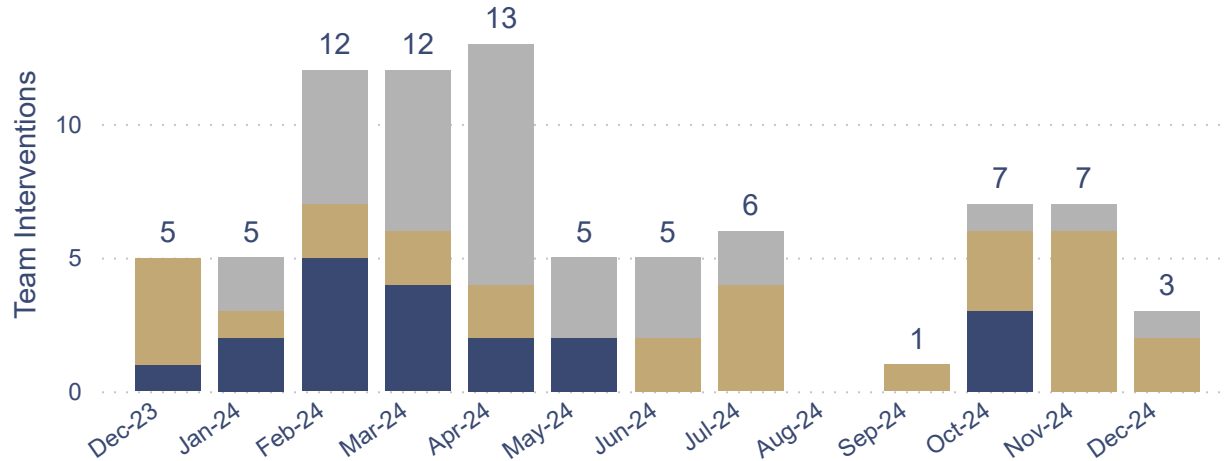


Staff Psychological Wellbeing Activity Preventative Interventions



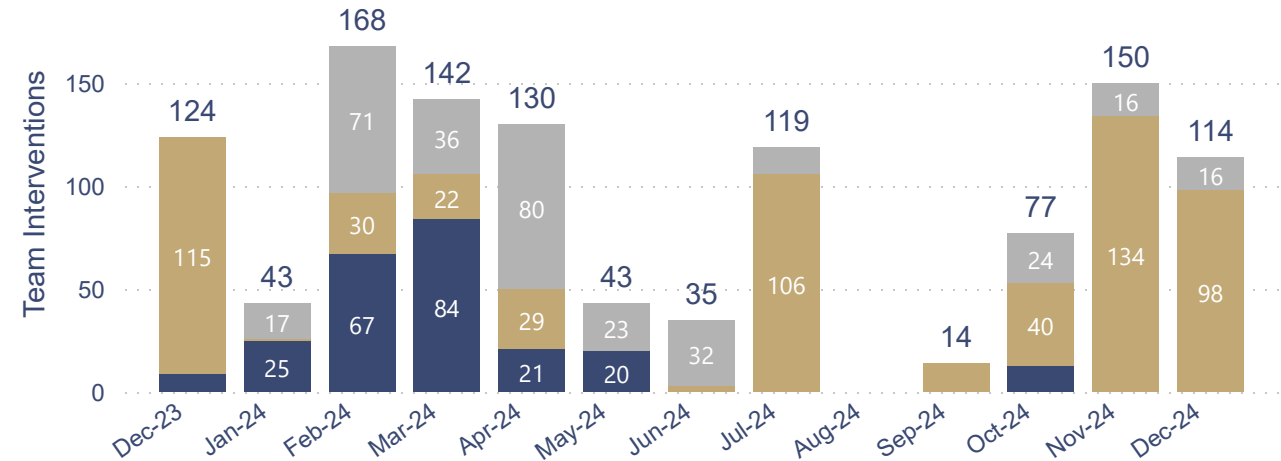
Preventative Activities

● Webinars ● Input to Programmes & System Support ● Team Interventions

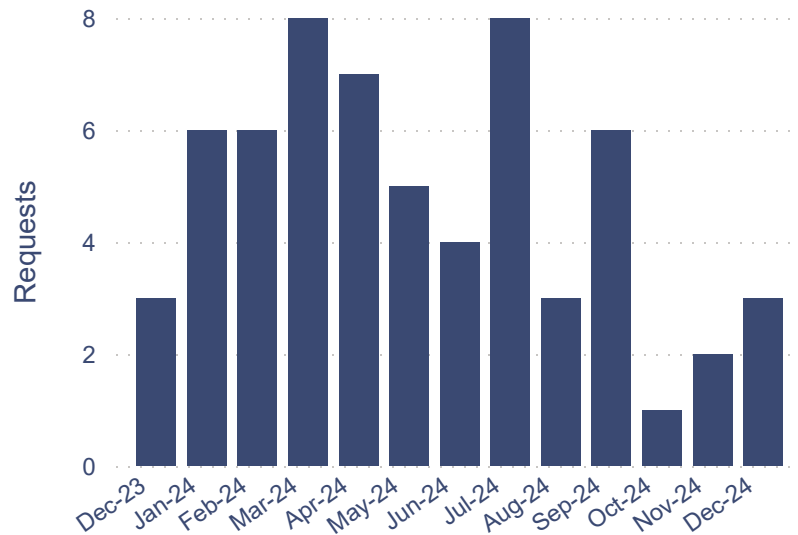


Participation of Preventative Activities

● Participants Webinars ● Participants Input to Programmes & System Support ● Participants Team Interventions

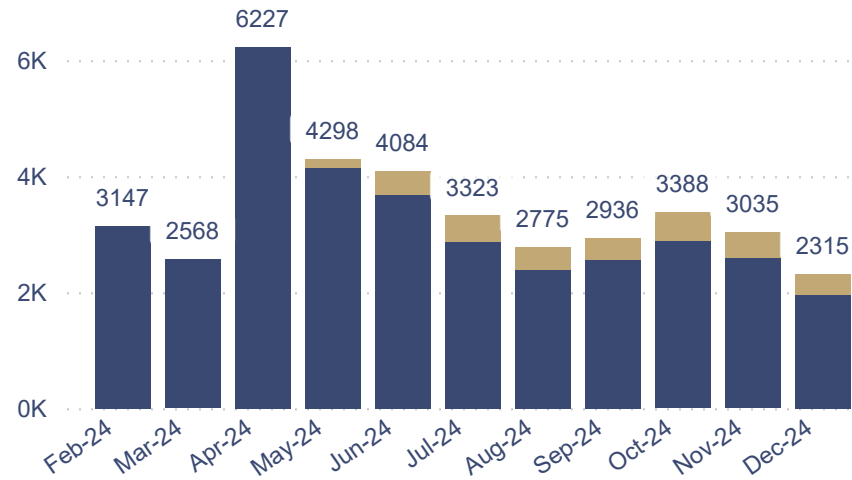


Management Consultations & Team Requests

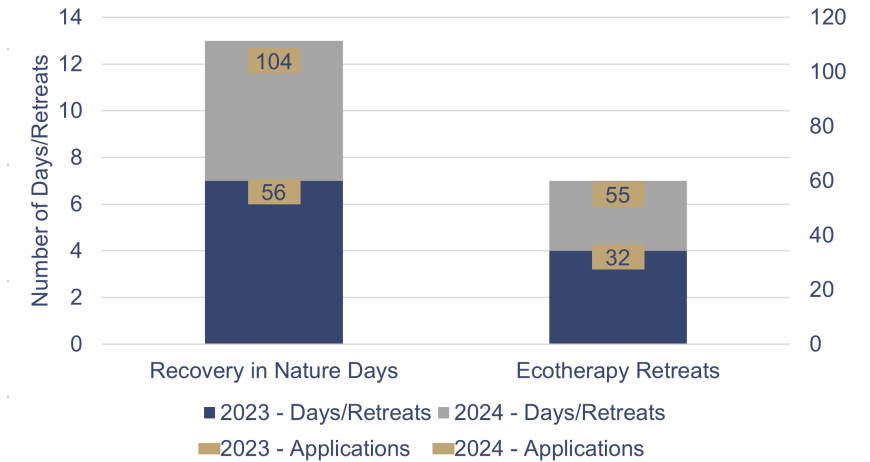


SharePoint & Gateway Visits

● SPWBS SharePoint Page ● Staff Health & Wellbeing Gateway



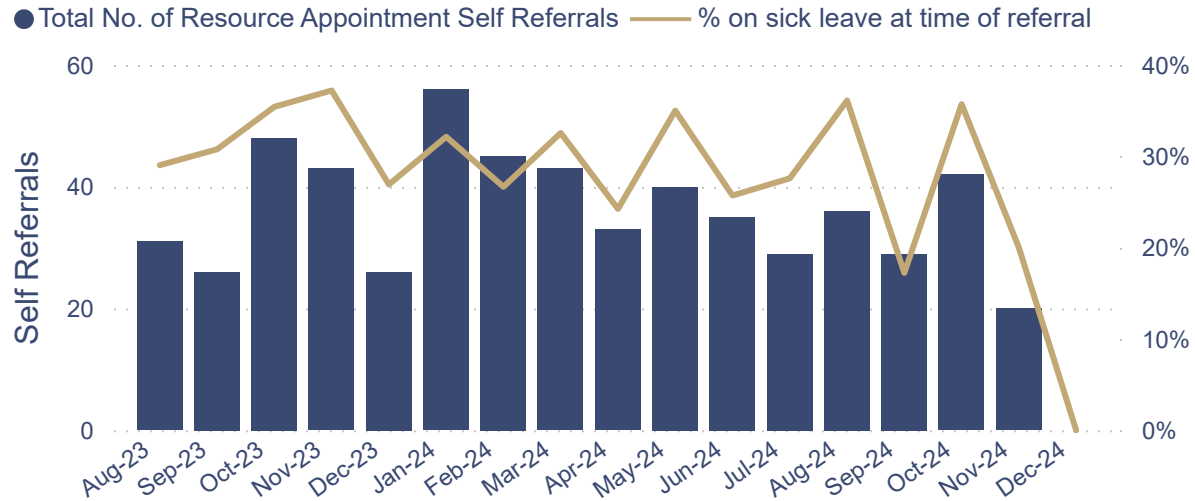
Recovery in Nature Programme 2023 & 2024



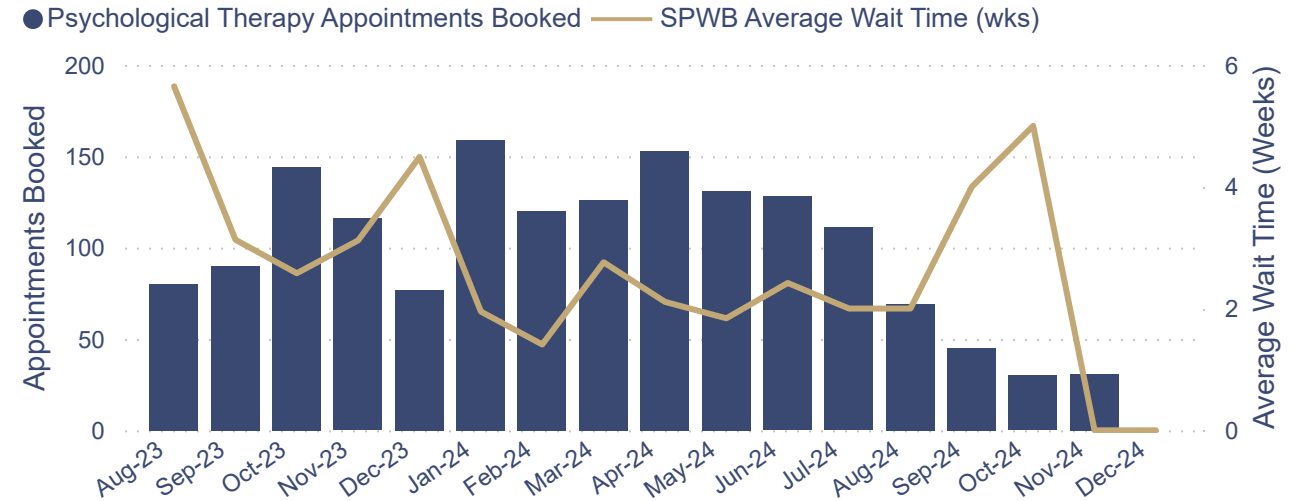
Staff Psychological Wellbeing Activity One to One Interventions



Number of Self Referrals and % absent due to sickness at the time of referral

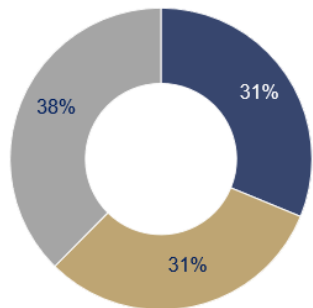


Psychological Therapy Appointments Booked

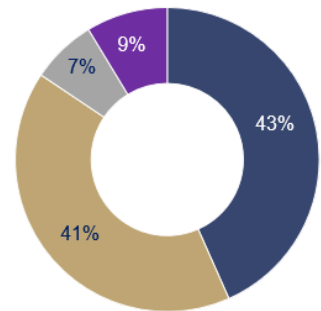


Client Satisfaction Questionnaires - Responses

Issue at Referral



Issue Affecting Ability to Work?

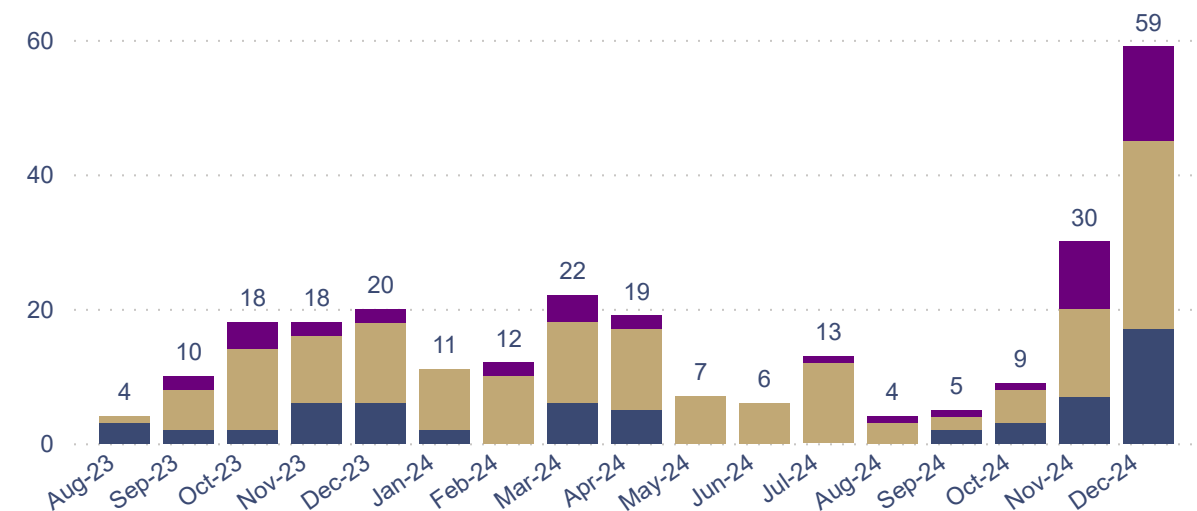


■ Work Related ■ Not Work Related ■ A Combination of the Two

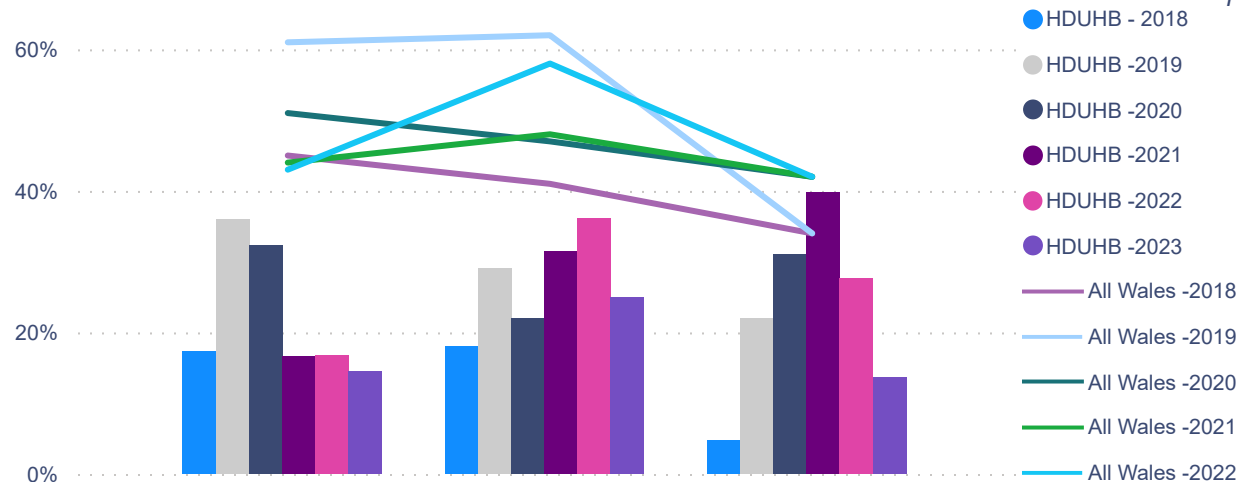
■ Definitely Yes ■ To Some Extent ■ Not Sure ■ No

Vivup - Employee Assistance Programme - Activity

● Incoming Calls ● Counselling Usage ● New Clinical Usage



Career Framework Data



Headcount

Profession	Headcount B2	Number at L2	Headcount B3	Number at L3	Headcount B4	Number at L4
Bank / Temporary Staff (on Bank only contracts)	587	2	63	0	16	0
CAMHS	0	0	7	5	2	1
Dietetics	0	0	2	0	12	4
Maternity	61	12	4	0	0	0
Nursing Adult	850	215	236	79	63	22
Nursing Child	35	10	24	8	39	12
Nursing Community	104	33	186	94	19	11
Nursing Learning Disability	0	0	55	14	13	2
Nursing Mental Health	80	14	108	45	2	1
Occupational Therapy	0	0	6	4	55	6
Operating Theatres	19	5	25	13	6	5
Other Allied Health Discipline	0	0	12	6	20	12
Physiotherapy	2	0	21	9	54	14
Podiatry	0	0	3	0	2	0
Radiology	0	0	34	6	11	1
Speech and Language service	0	0	3	2	19	1
Total	1738	291	789	285	333	92

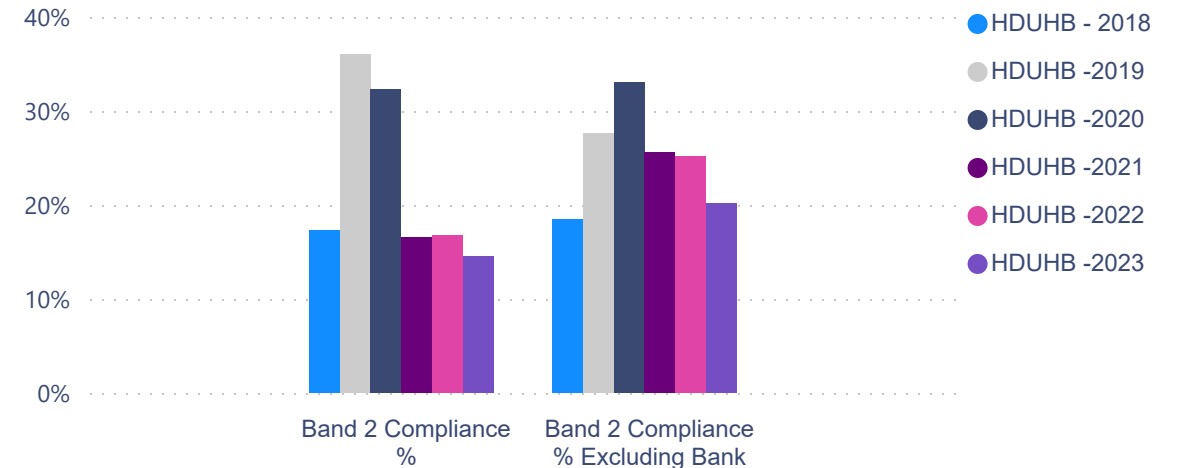
Please note that where zero percent is shown; there are minimal staff at this level for these professions.

Please see headcount Table

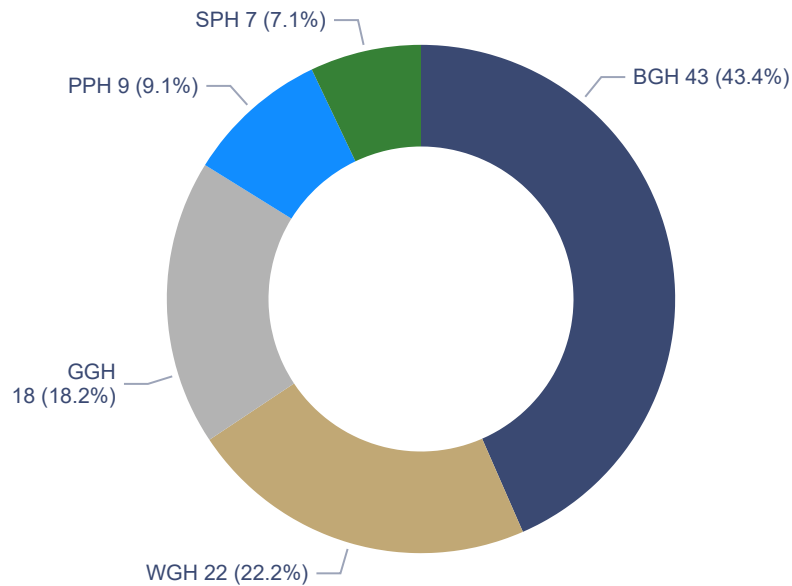
Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Bank / Temporary Staff (on Bank only contracts)	0.00	0.00	0.00
CAMHS	0.00	0.71	0.50
Dietetics	0.00	0.00	0.33
Maternity	0.20	0.00	0.00
Nursing Adult	0.25	0.33	0.35
Nursing Child	0.29	0.33	0.31
Nursing Community	0.32	0.51	0.58
Nursing Learning Disability	0.00	0.25	0.15
Nursing Mental Health	0.18	0.42	0.50
Occupational Therapy	0.00	0.67	0.11
Operating Theatres	0.26	0.52	0.83
Other Allied Health Discipline	0.00	0.50	0.60
Physiotherapy	0.00	0.43	0.26
Podiatry	0.00	0.00	0.00
Radiology	0.00	0.18	0.09
Speech and Language service	0.00	0.67	0.05

Impact of Bank Compliance on Career Framework Data



IEN Allocation By Site (based on Vacancies)



Undertaken OSCE	OSCE Passed	OSCE Failed	Pass Rate	Sitting 27th Jan 25
84	84	0	100%	15

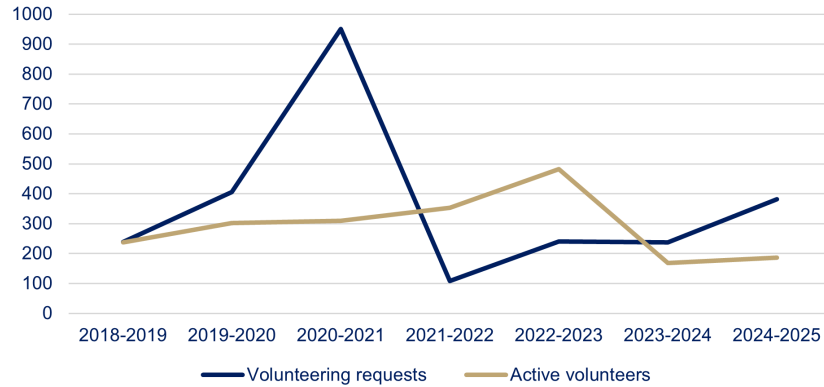
Simulation and Interprofessional

VR testing and evaluation sessions

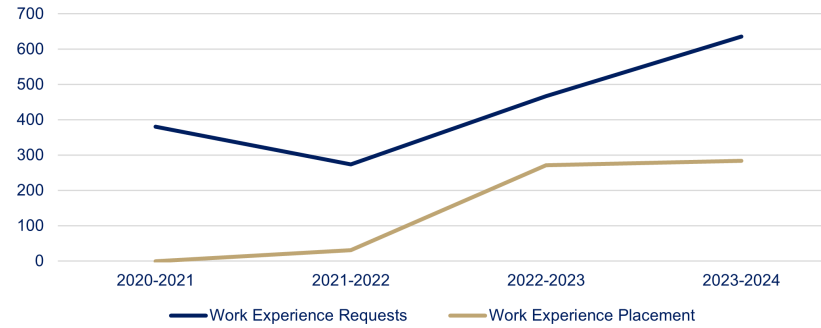
SPENI	5
Blood Transfusion	7
Delirium	5
ANTT	2

Secondary Care Simulated Learning	Attendees	Sessions
Intensive Treatment Units (ITU)	154	bi-weekly rolling Numbers of sessions and attendees remain constant as the programme is embedded within mandatory training days.
Major Haemorrhage Procedure	41	5 1 Opersting Theatre session & 4 Ward Based.
Padiatric Assessment Simulated Learning	17	4
Practical Obstetric Multi-Professional Training (PROMPT)	234	12
Clinical Induction Programme	23	3 This has been designed, piloted and is now embedded within the Health Care Support Worker Induction Programme
Primary and Community Care Simulated Learning		
Essentials of Simulation Training Course	12	Two day training course delivered to an Interprofessional audience of healthcare professionals and occupational staff
Simulated Learning Sessions - Newly designed and piloted courses		
Conflict Resolution: For General Practice Administration Staff	6	
Emotive Conversations: Home visits with palliative patients	7	
Community Respiratory Assessment: Consultation training for Independent Prescribers	12	
Conflict Resolution: For Dental Health team on school visits	6	

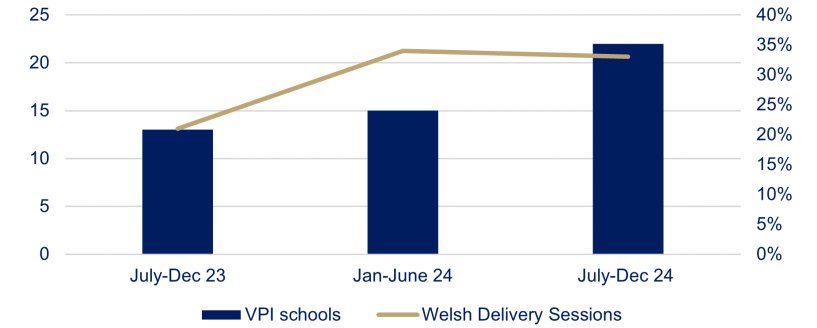
Volunteering trends - requests and active 2019-2024



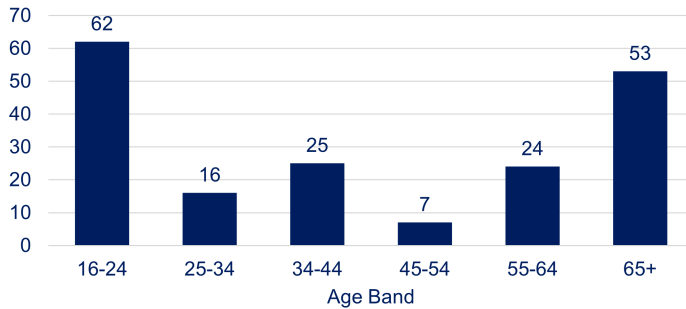
Work Experience trends - requests and placements 2020-2024



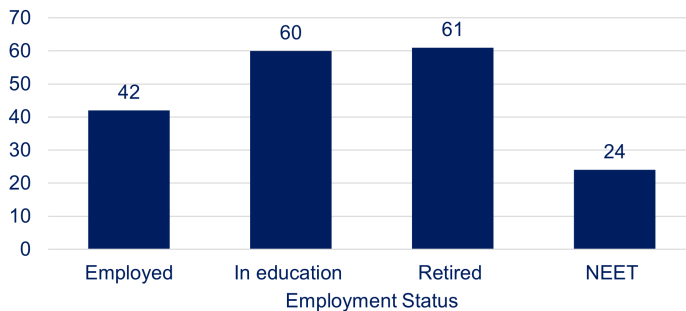
Future Workforce Engagement - VPI & Welsh delivery



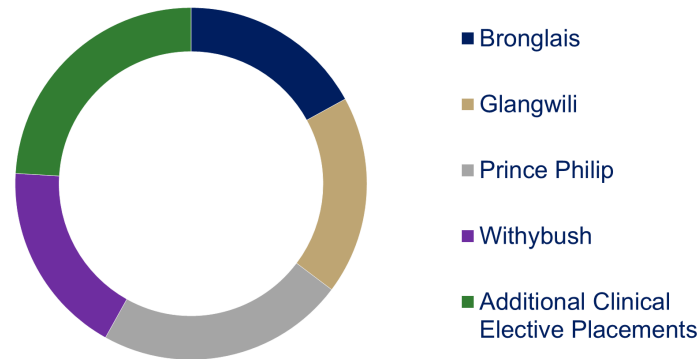
Diversity of Volunteers - Age Band



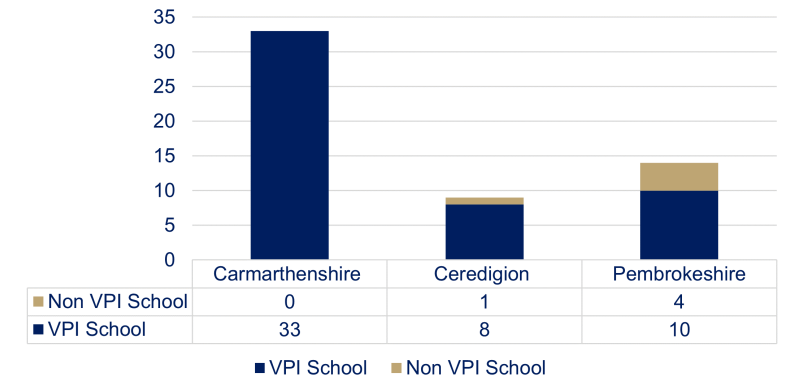
Diversity of Volunteers - Employment Status



Work Experience Placements Jul-Dec 24



School Sessions by County Jul-Dec 24

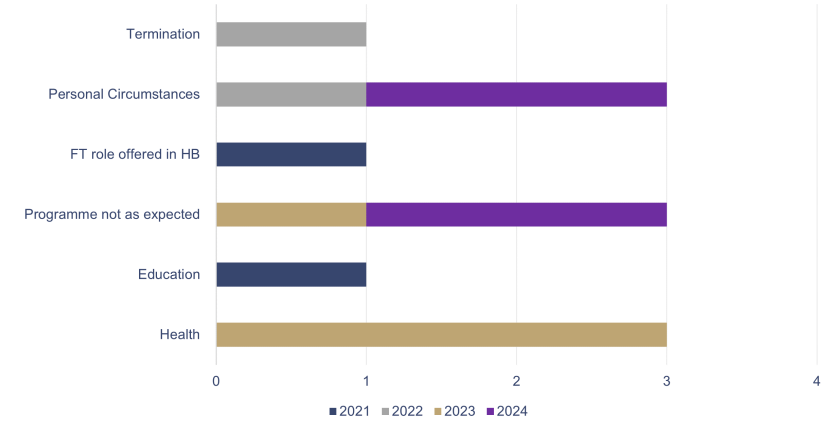


Period	Number of pupils engaged	Number of sessions	VPI schools	WBL number engaged	WBL number of events	Number engaged in Events (JBC+, careers fayres)	Welsh Delivery Sessions
July-Dec 23	4032	85	13	54	2	277	21%
Jan-June 24	4515	30	15	798	24	4161	34%
July-Dec 24	2127	56	22	1027	16	497	33%



2024 Health Care Apprentice Applications		
Total number applications	201	
	GGH	61
	PPH	59
	WGH	53
	BGH	28
Total no invited to interview:	83	
Places Offered	40	

Leavers between 1st July 2024 and 31st December 2024 by cohort year



Current Apprentice Placements and Intake Years								
Site	Apprentice Type	2019	2021	2022 (1st)	2022 (2nd)	2023	2024	Total
BGH	Engineering (Electrical)			1				1
	Engineering (Plumbing)		1					1
	HCA	1	7	4		5	8	25
GGH	Digital Services		0	1		3		4
	Engineering (Electrical)		1	0				1
	Engineering (Mechanical)		1					1
	HCA	9	10	12	4	7	11	53
	Patient Experience (Customer Service)							0
	Physiotherapy							0
Hafan Derwen	Finance						2	2
PPH	Engineering (Electrical)		1					1
	Engineering (Mechanical)		1					1
	HCA	2	5	10	3	5	9	34
WGH	Engineering (Electrical)			1				1
	Engineering (Mechanical)		1					1
	H&SCA							0
	HCA	5	5	12	3	4	8	37
	Patient Experience (Customer Service)							0
	Patient Experience (Digital)		1					1
Glien House	Business Administration							0
	Workforce Development		1					1
Grand Total								165

Cohort	Number started	Active	Moved into HB role mid-pathway	Completed	Overall Apprenticeship Retention Rate	Overall HB retention rate
Healthcare 2019	50	17	14		34%	62%
Physio Apprentice 2019	1			1	100%	100%
Healthcare 2021	55	27	3		51%	56%
Healthcare 2022	75	43	5		66%	73%
Healthcare 2023	34	21			74%	74%
Healthcare 2024	40	36			90%	90%
Health and Social Care Joint 202	10	5			*50%	50%
Patient Experience 2019	4	0		3	75%	75%
Patient Experience 2021	5	1		1	40%	40%
Workforce Development 2021	1	1			100%	100%
Digital Services 2021	2	0	1	1	50%	100%
Digital Services 2022	1	1			100%	100%
Digital Services 2023	3	3			100%	100%
Electrical Engineering 2021	3	2			66%	66%
Electrical Engineering 2022	3	2	1		100%	100%
Mechanical Engineering 2021	3	3			100%	100%
Plumbing 2021	1	1			100%	100%
Finance 2024	2	2			100%	100%
Corporate Governance 2021	2	0	1		50%	50%
Total Number	295	165	25	6	58%	66%

*2 moved to LA - still retained as per programme.

1 apprentice from Healthcare 2023 cohort is now a Welsh Language Ambassador for Pembrokeshire College

Learning & Development - Training for Managers in Bands 3-7 roles

The Learning and Development Department (L&D) provide information and signposting to a range of high-quality management development programmes, delivered internally and externally. To ensure a variety of individual learning needs are met, resources vary and include bitesize webinars, classroom sessions, accredited training, podcasts and videos.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

THE HYWEL DDA MANAGER

Managed by L&D, the Hywel Dda Manager is a 7-day development programme designed to empower managers, to become more effective, inclusive, resilient, and compassionate.

INFORM

Managed by L&D, INFORM is a suite of resources, providing managers with information and training to recruit, develop and retain a diverse workforce.

Change Ambassadors

CHANGE AMBASSADORS PROGRAMME

20 staff have accessed DHCW's programme developing a culture of embracing and supporting change through staff engagement and facilitating continuous improvement.

GWELLA

The leadership portal is managed HEIW, providing access to a range of compassionate leadership resources with ease. This platform is accessible to everyone regardless of their position or qualification.

ILM

So far this year, 85 staff have enrolled to attend ILM accredited training, provided by local further education providers.

L&D regularly review offerings and signposting information to ensure our staff have access to the latest opportunities.





257
Applications received



210
Approved



30
Applicants Completed to Date



61
Currently completing



Launched in April 2024, the 7-day programme over five months has been carefully designed to develop compassionate and inclusive management teams.

Course Objectives:

- Develop a deeper and clearer sense of who you are as a manager, your strengths and development areas
- Implement immediate positive and productive changes to your team
- Improve your personal impact, drive progress and inspire a culture of inclusivity
- Become a more resilient manager, who can adapt their communication style to improve outcomes and experiences

2025/26 will see the completion of a total of 11 Hywel Dda manager cohorts

Day 1	Day 2	Day 3	Day 4 & 5	Day 6	Day 7
Introduction & Overview <small>(Learning and Development)</small>	Self-awareness & communication styles <small>(Learning and Development)</small>	Psychological safety <small>(Organisational Relationship Managers)</small>	Leader as Coach Coaching V Mentoring	Team Wellbeing & wellbeing conversations <small>(Staff Psychological Wellbeing Service)</small>	Inclusive Recruitment <small>(Recruitment)</small>
Organisational Awareness – Values and Behaviours <small>(Culture & Workforce)</small>	Resilience & Well Being, Emotional literacy <small>(Staff Psychological Wellbeing Service)</small>	Being an inclusive manager <small>(Equality, Diversity & Inclusion)</small>	Coaching Model Performance conversations Management styles	Healthy Working Relationships <small>(Culture & Workforce)</small>	Developing Yourself and Others <small>(Learning and Development)</small>
Management Roles and Styles <small>(Learning and Development)</small>		Essential HR <small>(Workforce)</small>	Coaching through change Coaching Practice <small>(OD Leadership Development)</small>	Compassionate leadership <small>(OD Leadership Development)</small>	Personal Developing Planning <small>(Learning and Development)</small>



★★★★★
Average rating of trainers' delivery skills by participants

Really helpful in understanding the differences with how people respond, e.g. leaders, bridge builders and tradition holders. Fun interactive session.

Have now attended a number of Hywel Dda online courses and find them very interesting and helpful towards my current ILM Course.

I think it is really hard to be interactive on Teams, however I feel this session worked really well. I would perhaps add something in about Neurodiverse staff, as often an understanding of the people you are trying to "influence" is imperative to your delivery. Thank you I really enjoyed this session.

What did you enjoy most from the session?

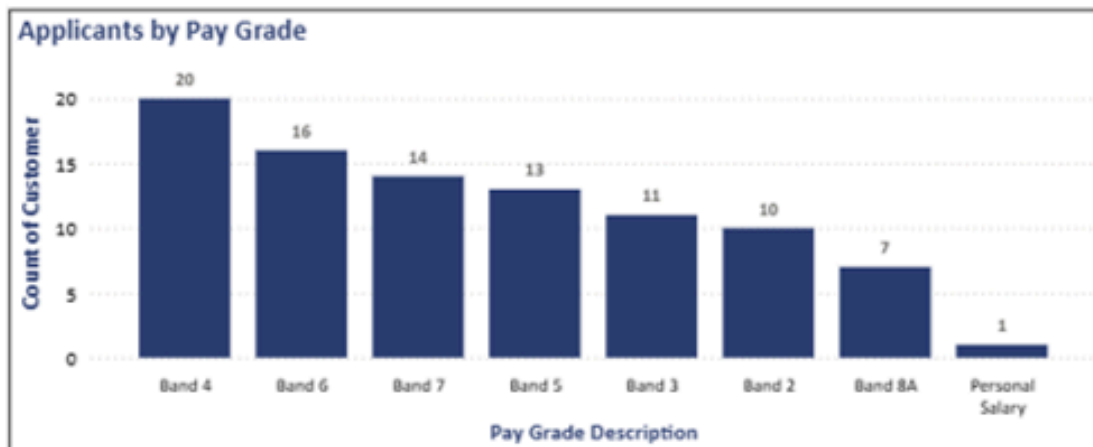
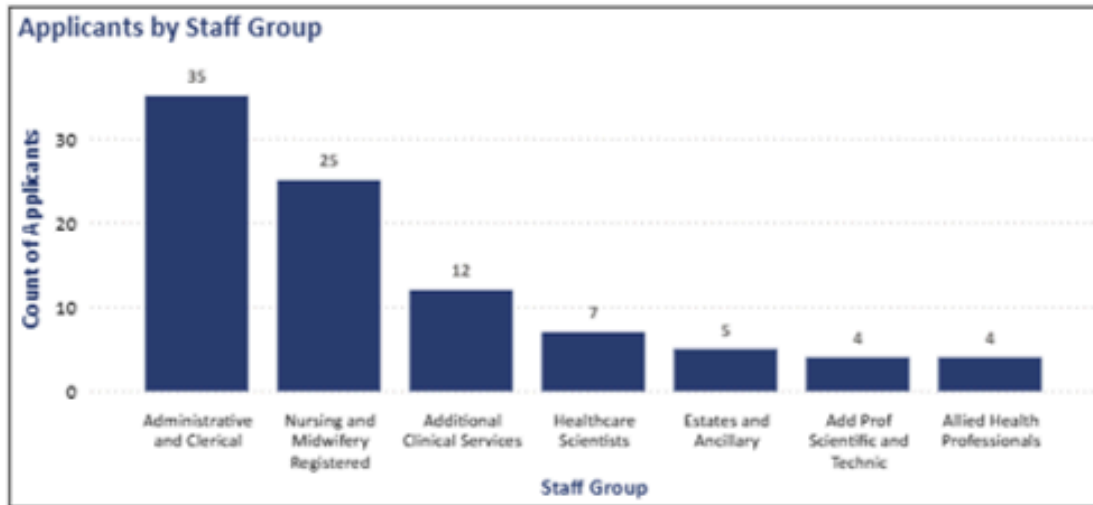


We value the feedback from our learners and feedback is used to improve our services and training programmes. L&D have undertaken some training to improve their awareness of the needs of neurodivergent learners and have also referred themselves to the Integrated Autism Service for further support.

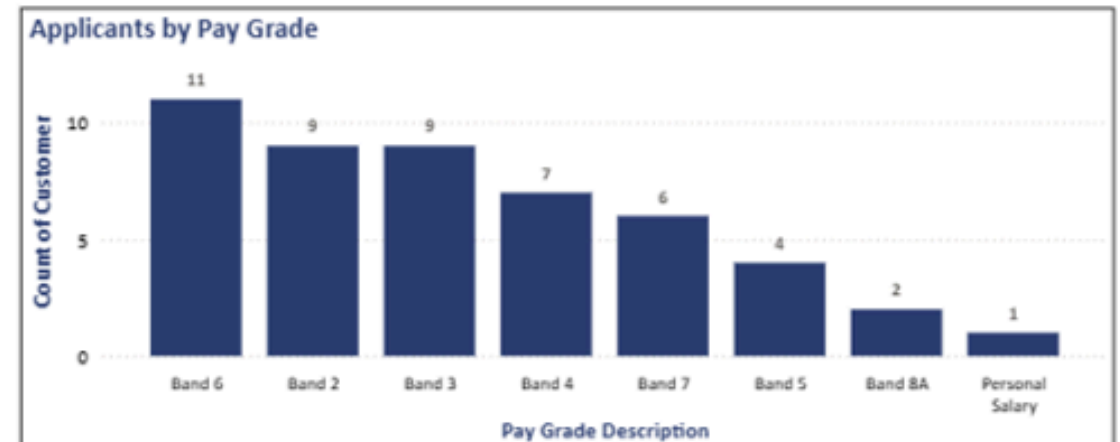
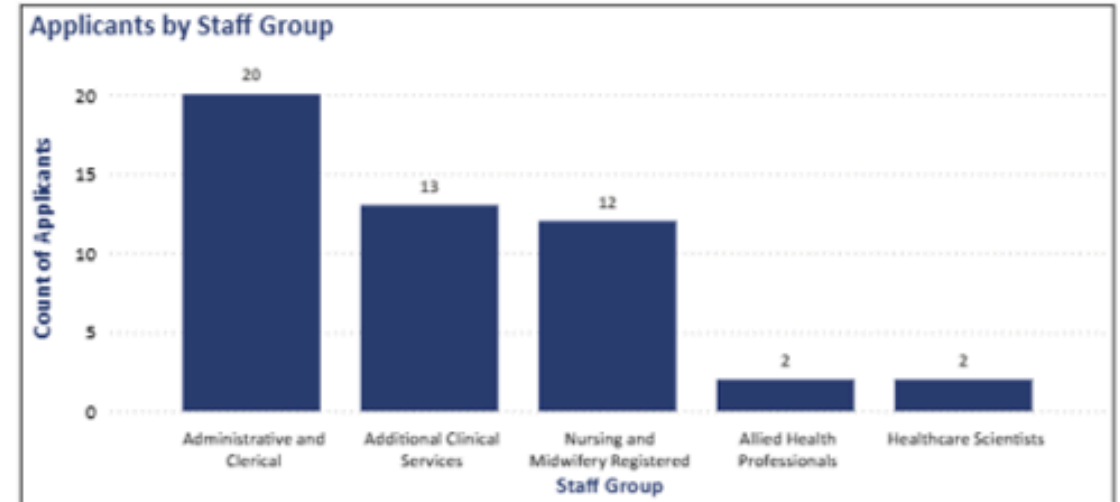
Course Title	Number of sessions	Number of attendees	Cumulative total number of attendees
Managing Change	2	22	116
Cultural Intelligence	1	16	16
Developing Yourself & Others	3	31	124
Effective communication	3	34	115
Presentation Skills	2	12	27
Unconscious Bias	3	26	121



Quarter 2 2023/24



Quarter 3 2024/25

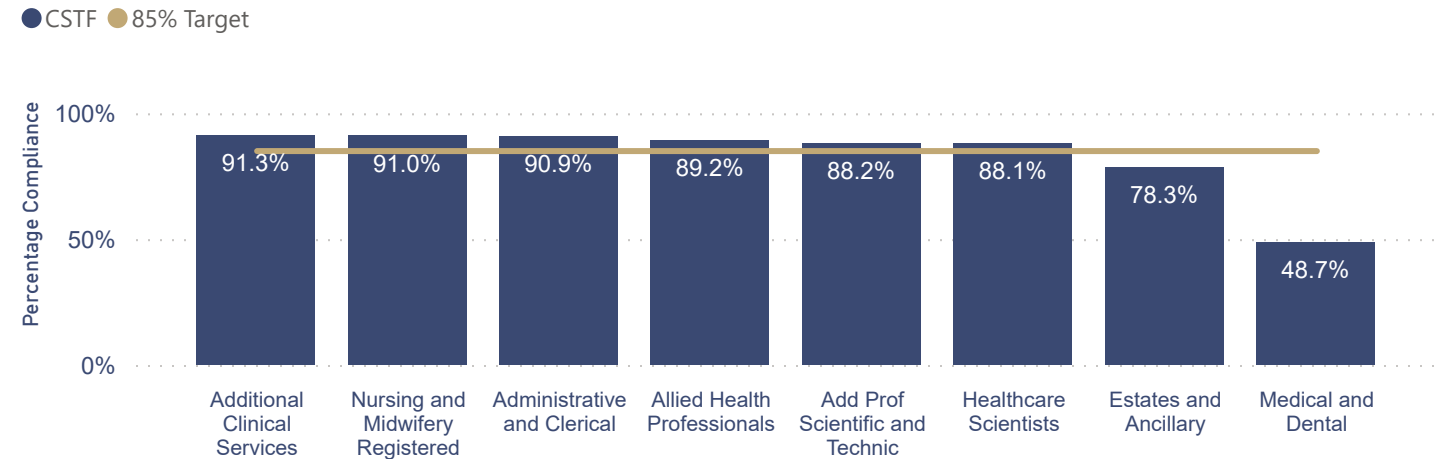


Core Skill Training Framework as at December 2024

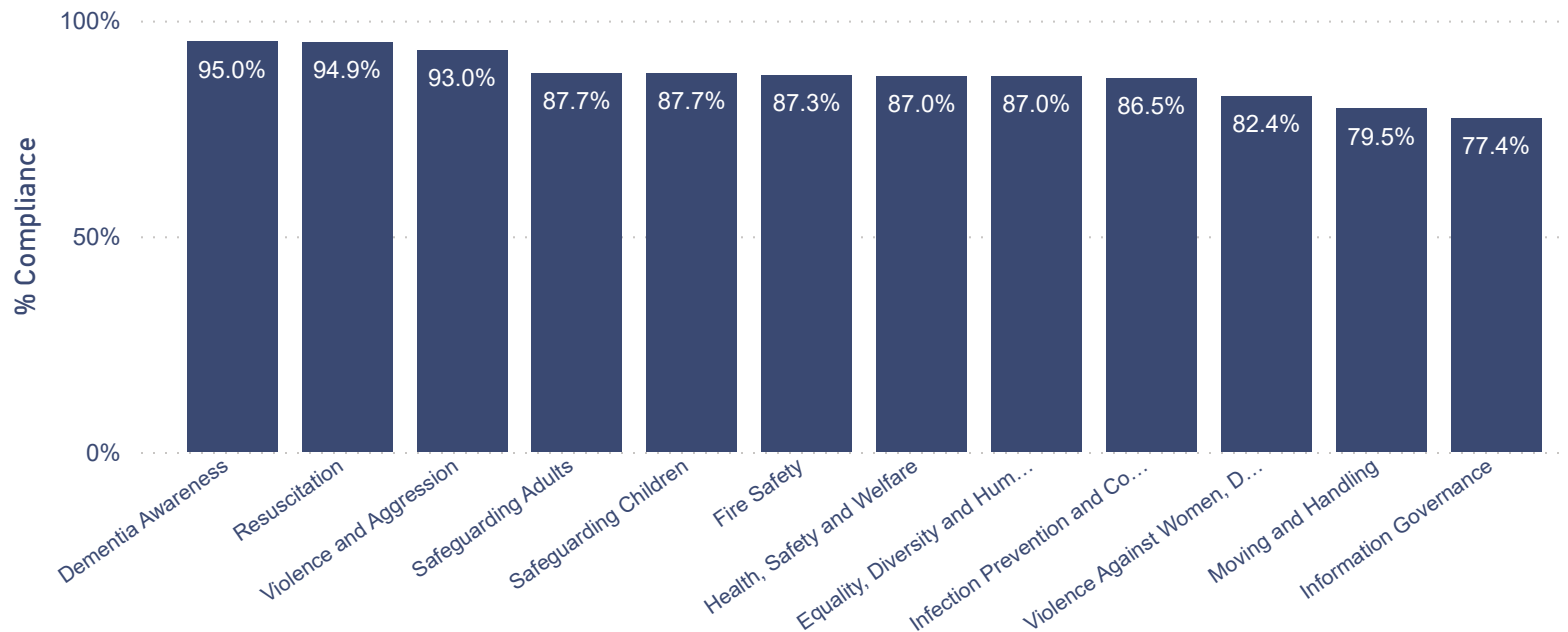
12 Core Skill Training Framework Competencies

Compliance Name	Oct-24	Nov-24	Dec-24
Dementia Awareness	94.9%	94.9%	95.0%
Equality, Diversity and Human Rights	85.9%	86.5%	87.0%
Fire Safety	87.0%	86.9%	87.3%
Health, Safety and Welfare	86.6%	86.8%	87.0%
Infection Prevention and Control	86.9%	86.5%	86.5%
Information Governance	76.9%	76.7%	77.4%
Moving and Handling	79.9%	79.5%	79.5%
Resuscitation	94.7%	94.8%	94.9%
Safeguarding Adults	87.5%	87.4%	87.7%
Safeguarding Children	87.4%	87.5%	87.7%
Violence Against Women, Domestic Abuse and Sexual Violence	81.5%	82.0%	82.4%
Violence and Aggression	93.3%	93.2%	93.0%
Total	86.9%	86.9%	87.1%

CSTF compliance by Staff Group compared to 85% Target



CSTF compliance by competency name



Directorate with < 85% Compliance for CSTF	Headcount	Compliance
ASST DIR OPS QUALITY & NURSING	24	77.5%
FACILITIES	1,028	78.7%
UNSCHEDULED CARE BRONGLAIS	461	82.4%
PLANNED CARE	1,391	82.6%

Core Skills Training benchmarking as at October 2024

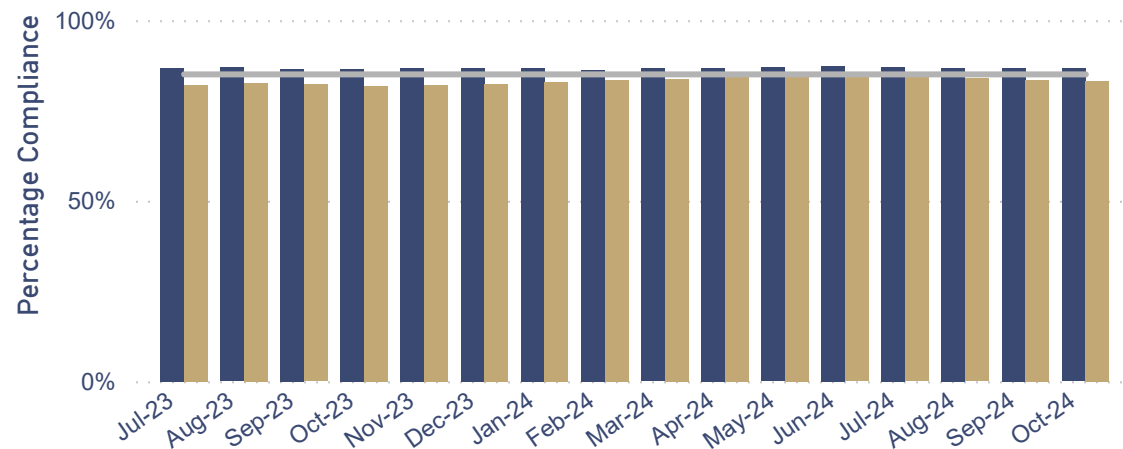
Please note that NHS Wales Benchmarking figures are currently only up to October 2024 as such the Hywel Dda figures on this page are also as at October 2024.

Competencies reported under Core Skills and Training Framework (CSTF) for benchmarking are:

- Equality, Diversity & Human Rights (Treat me Fairly)
- Fire Safety
- Health, Safety & Welfare
- Infection Prevention & Control
- Information Governance (Wales)
- Moving and Handling
- Resuscitation
- Safeguarding Adults
- Safeguarding Children
- Violence & Aggression (Wales)

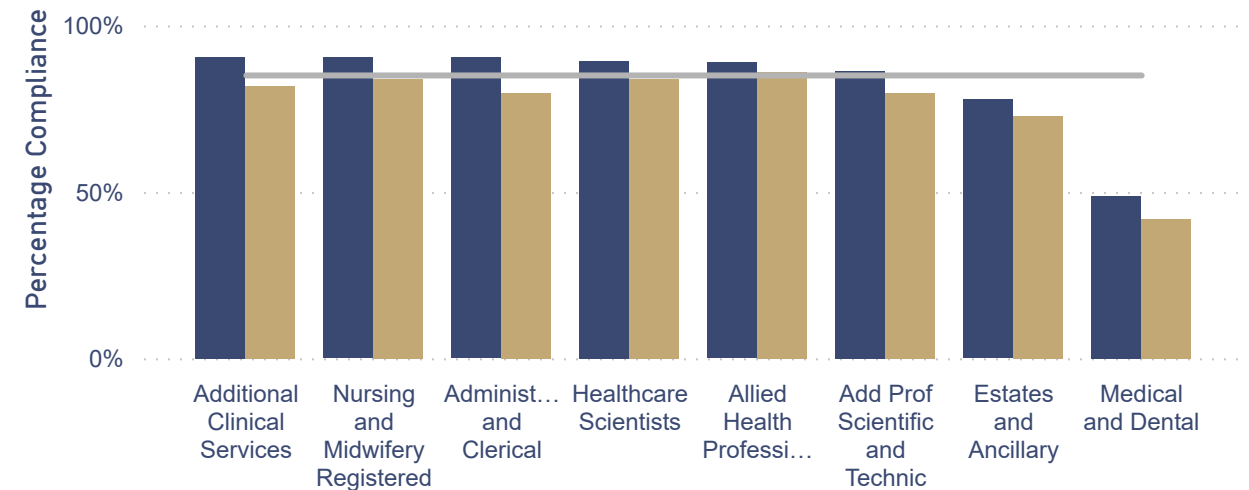
CSTF compliance month on month compared to NHS Wales and 85% Target

● Hywel Dda ● NHS Wales — 85% Target



CSTF compliance by Staff Group compared to NHS Wales and 85% Target

● Hywel Dda ● NHS Wales — 85% Target





Competencies Mandated to All Staff in the Health Board - 25
12 Are reported as part of Core Skills Training Framework.
10 of these 12 are also reported nationally to allow benchmarking across Wales.
86.6% Compliant over all 25 competencies.

Reported as Part of	Competency Assigned to All Staff	% Compliance	
☐	Anti Racism - 3 Years	43.1%	
	Autism Awareness - Level 1 - No Renewal	88.8%	
	Carer Awareness	84.6%	
	Foundations in Improvement (Wales) - No Specified Renewal	89.4%	
	Fraud Awareness - 3 Years	82.9%	
	Listening/Speaking Welsh	97.5%	
	Mental Capacity Act - 3 Years	82.8%	
	Paul Ridd Learning Disability Awareness - No Specified Renewal	90.9%	
	Reading Welsh	97.3%	
	Safeguarding Children - Level 2 - 3 Years	85.5%	
	Violence and Aggression (Wales) - Module B - No Specified Renewal	94.2%	
	Welsh Language Awareness - 3 Years	84.1%	
	Writing Welsh	97.1%	
☐ Benchmark 10 & CSTF 12	Equality, Diversity and Human Rights - 3 Years	87.0%	
	Fire Safety - 2 Years	87.3%	
	Health, Safety and Welfare - 3 Years	87.0%	
	Infection Prevention and Control - Level 1 - 3 Years	86.5%	
	Information Governance (Wales) - 2 Years	77.4%	
	Moving and Handling - Level 1 - 2 Years	79.5%	
	Resuscitation - Level 1 - No Specified Renewal	94.9%	
	Safeguarding Adults - Level 1 - 3 Years	87.7%	
	Safeguarding Children - Level 1 - 3 Years	87.7%	
	Violence and Aggression (Wales) - Module A - No Specified Renewal	93.0%	
	☐ CSTF 12	Dementia Awareness - No Renewal	95.0%
		Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	82.4%

Competencies Mandated to Staff based on:

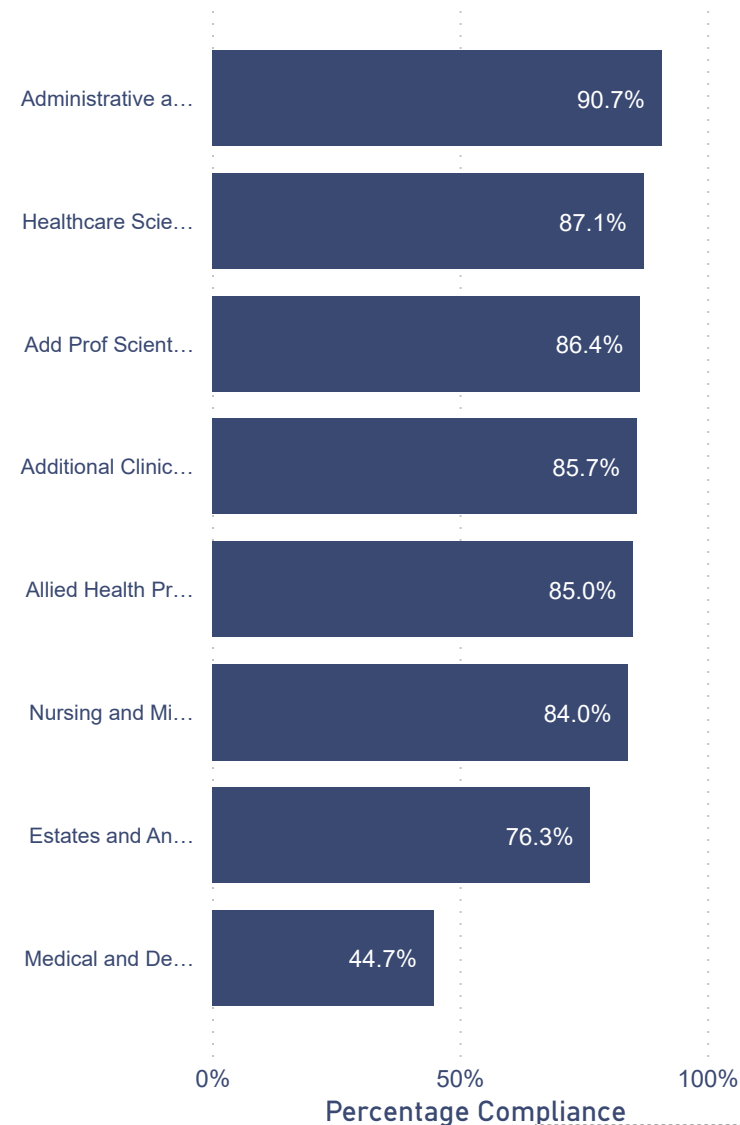
- Staff Group & Job Role
- Organisation (Cost Centre)
- Position

Competency Assigned via Other Routes	% Compliance	Number of Assignments Assigned to
All Wales Career Framework Compliance - Level 2	30.0%	1143
All Wales Career Framework Compliance - Level 3	37.6%	675
All Wales Career Framework Compliance - Level 4	18.8%	292
Aseptic Non Touch Technique - 3 Years	80.1%	6878
Ask and Act VAWDASV Group 2	47.1%	6229
Blood Transfusion - 3 Years	69.5%	1425
Consent - 3 Years	73.1%	7842
Display Screen Equipment - No Renewal	95.9%	2481
Fire Safety Level 2 - 1 Year	68.1%	5968
Fire Safety Level 3 - 1 Year	78.9%	142
Healthy Start (Wales) - 3 Years	59.5%	859
Infection Prevention and Control - Level 2 - 1 Year	73.3%	9357
Moving and Handling - Level 2 - 2 Years	60.5%	7540
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	48.7%	6928
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	63.6%	247
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	55.7%	436
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	34.2%	1741
Resuscitation - Level 3 - Newborn Immediate Life Support - 1 Year	67.2%	61
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	30.2%	441
Safeguarding Adults - Level 2 - 3 Years	85.2%	9473
Safeguarding Adults Level 3 - 3 Years	57.4%	3230
Safeguarding Children - Level 3 - 3 Years	70.6%	1481

Overall Compliance Rates

Directorate	Compliance
UNSCHEDULED CARE BRONGLAIS	75.1%
FACILITIES	76.5%
ASST DIR OPS QUALITY & NURSING	77.8%
PLANNED CARE	77.8%
UNSCHEDULED CARE GLANGWILI	77.9%
WOMEN & CHILDREN	80.4%
UNSCHEDULED CARE PRINCE PHILIP	81.4%
CARMARTHENSHIRE COUNTY	82.1%
UNSCHEDULED CARE WITHYBUSH	82.1%
RADIOLOGY	82.8%
PATHOLOGY	84.2%
CEREDIGION COUNTY	84.8%
MEDICINES MANAGEMENT	85.3%
CHIEF EXECUTIVE	86.1%
STRATEGIC PLANNING	86.6%
PUBLIC HEALTH	86.7%
MENTAL HEALTH & LEARNING DISABILITIES	86.7%
THERAPIES	87.3%
PEMBROKESHIRE COUNTY	87.6%
ONCOLOGY & CANCER SERVICES	88.1%
PRIMARY CARE	88.2%
MEDICAL	88.6%
NURSING	88.7%
OPERATIONS DIR MANAGEMENT	89.2%
LONG TERM CARE & CHRONIC CONDITIONS	89.2%
DIGITAL	92.3%
WORKFORCE & ORGANISATIONAL DEVELOPMENT	94.4%
FINANCE	96.2%
PERFORMANCE	100.0%

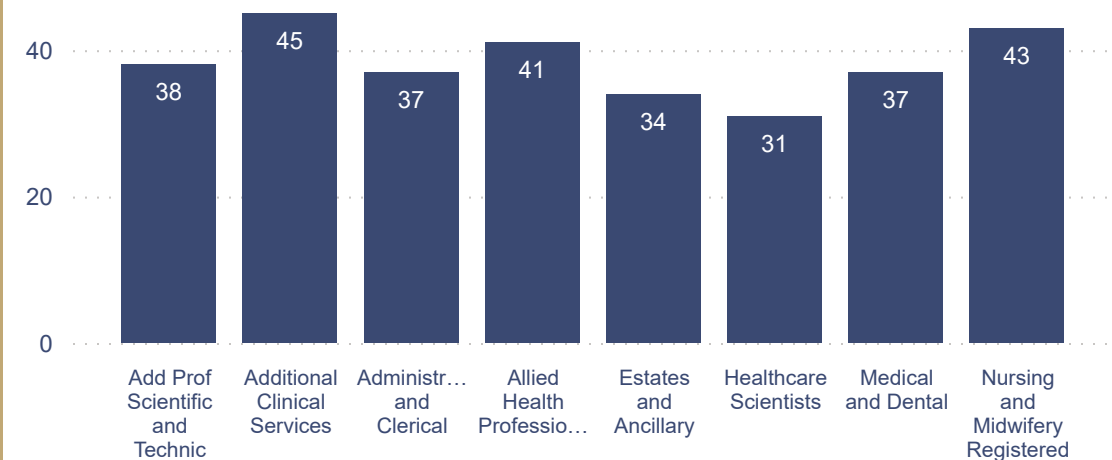
Mandatory Training compliance by Staff Group



Number of Competencies Mandated to Staff Groups

Staff Group	All Staff	Variable
Add Prof Scientific and Technic	25	13
Additional Clinical Services	25	20
Administrative and Clerical	25	12
Allied Health Professionals	25	16
Estates and Ancillary	25	9
Healthcare Scientists	25	6
Medical and Dental	25	12
Nursing and Midwifery Registered	25	18
Students	25	5

Number Of Competencies to Complete

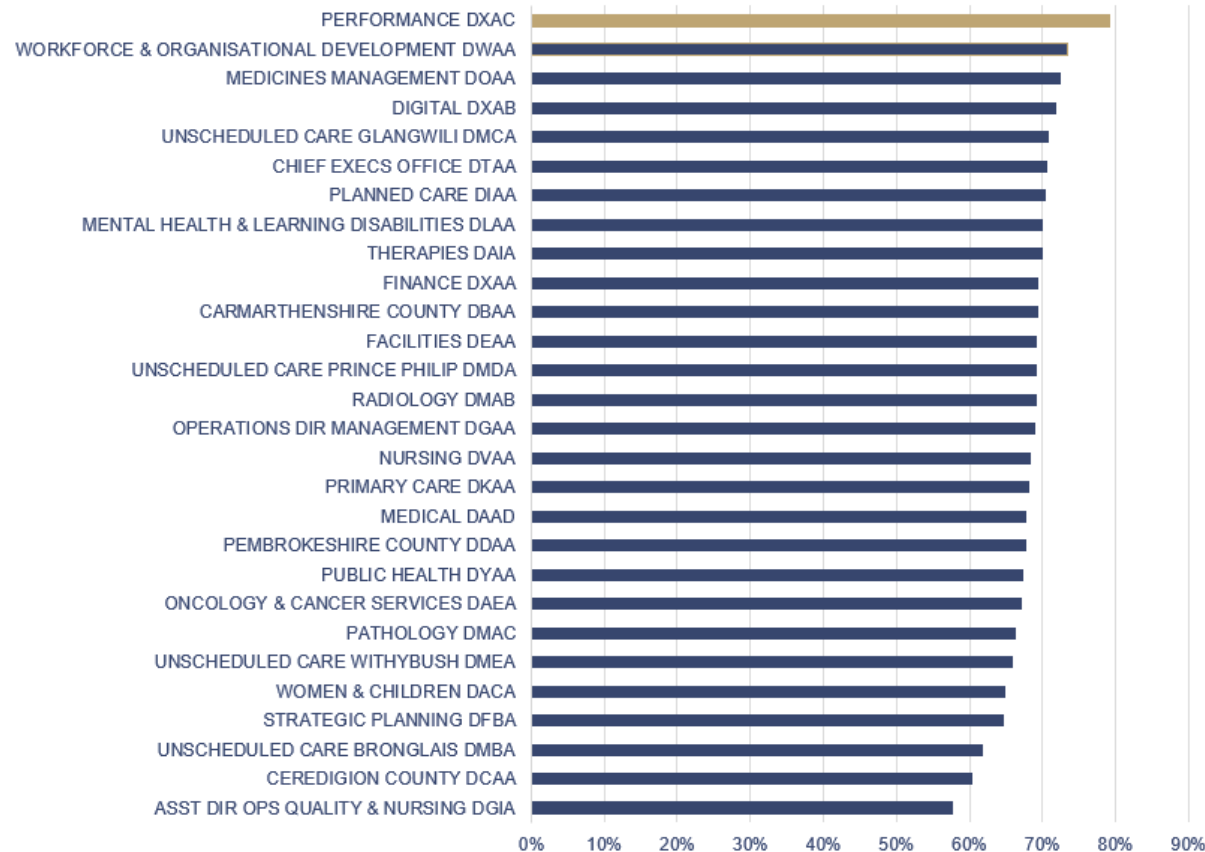


Annual Leave Balances as at 31st December 2024

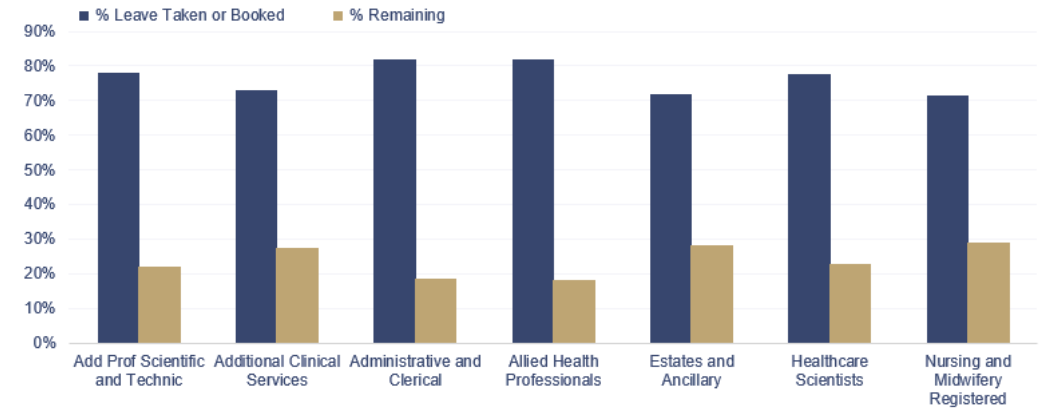
Percentage (%) of Annual leave Taken by Directorate.
Target 75% by end of December 2024 (Quarter 3)

Percentage (%) of Annual leave Taken or Booked on ESR by Staff
Group as at 31st December 2024 - Excluding Medical & Dental

% Annual Leave Taken recorded on ESR
Excluding Medical & Dental



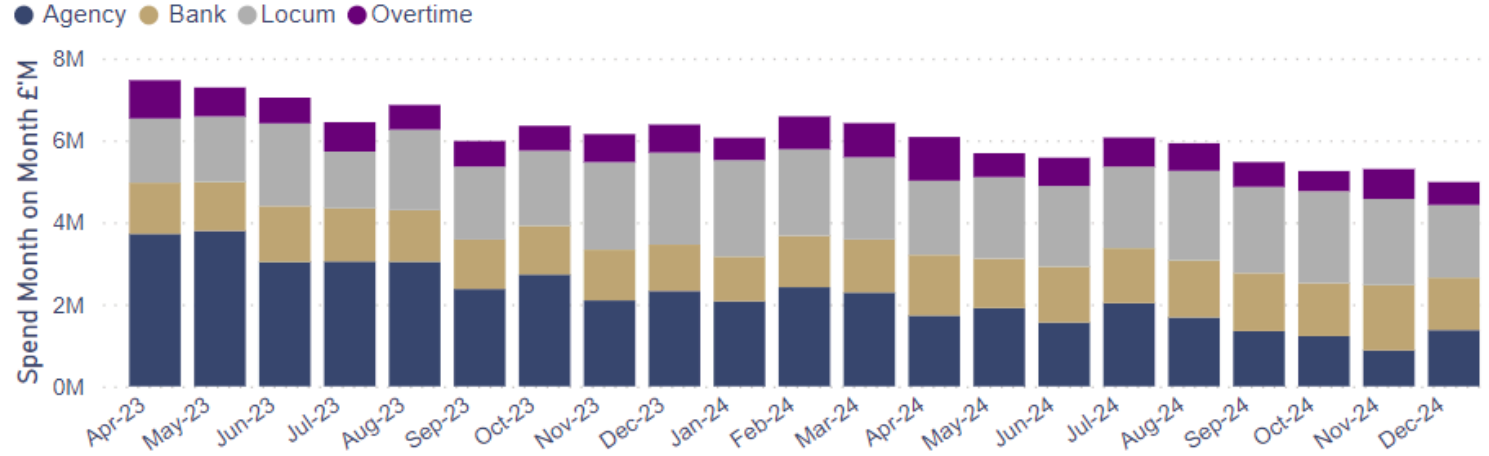
% Annual Leave Taken or Booked on ESR vs Remaining Balance



Staff Group	% Leave Taker	% Remaining
Add Prof Scientific and Technic	78%	22%
Additional Clinical Services	73%	27%
Administrative and Clerical	82%	18%
Allied Health Professionals	82%	18%
Estates and Ancillary	72%	28%
Healthcare Scientists	77%	23%
Nursing and Midwifery Registered	71%	29%

Temporary Workforce Usage & Spend Month on Month

Variable Pay Month on Month



Agency Spend as a percentage (%) of the total pay bill

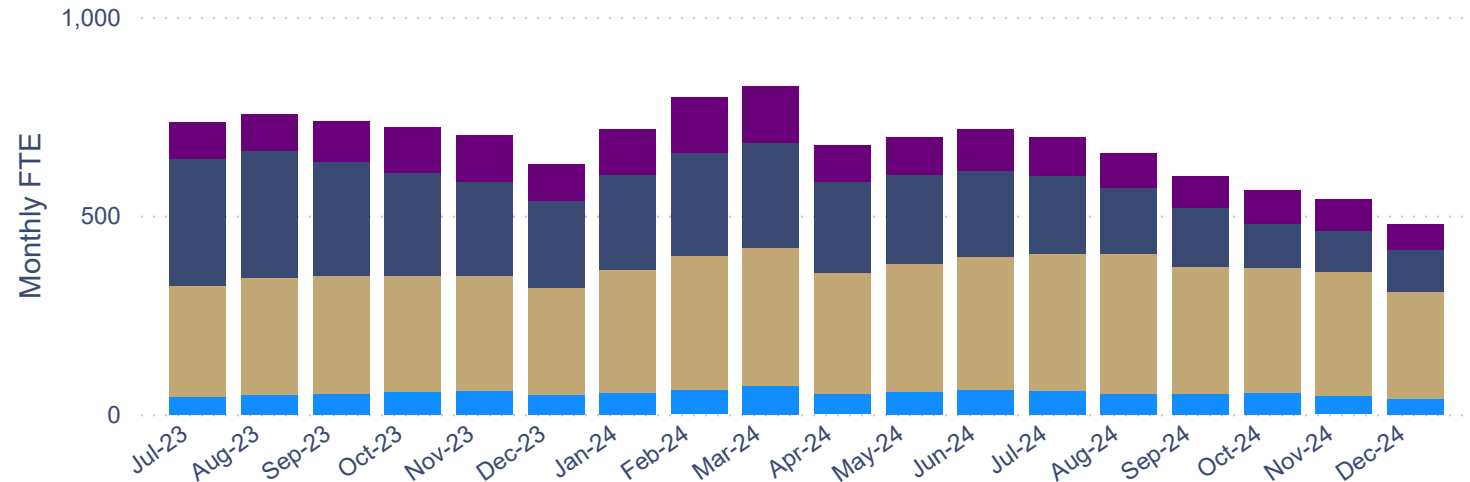
Month Name	2022/2023	2023/2024	2024/2025
April	6.46%	7.82%	3.40%
May	6.12%	7.62%	3.78%
June	6.94%	5.09%	3.08%
July	5.62%	5.62%	3.94%
August	6.46%	6.05%	3.29%
September	6.52%	4.81%	2.27%
October	6.94%	5.25%	2.41%
November	9.27%	4.19%	1.29%
December	6.23%	4.64%	2.57%
January	7.83%	4.04%	
February	6.89%	4.71%	
March	5.17%	3.05%	

In Month Nurse Agency Utilisation by Site

Level 4 Desc	31 October 2024	30 November 2024	31 December 2024
UNSCHEDULED CARE BRONGLAIS	51.09	50.26	47.23
UNSCHEDULED CARE WITHYBUSH	20.41	15.61	14.13
UNSCHEDULED CARE GLANGWILI	18.59	14.34	14.93
UNSCHEDULED CARE PRINCE PHILIP	14.21	13.58	11.21
PLANNED CARE	3.80	6.46	9.98
CARMARTHENSHIRE COUNTY	1.56	1.00	2.28
WOMEN & CHILDREN	0.81	0.21	1.10
MENTAL HEALTH & LEARNING DISABILITIES	0.07	0.45	0.50
Total	110.54	101.92	101.36

Temporary Workforce Utilisation - Allocate Areas

Utilisation Type: Additional (blue), Bank (gold), On Contract Agency (dark blue), Overtime (purple)



5.2

10 Mins

5.2 - Medical Workforce Mandatory Training
Compliance Update

*Carly Hill (Hywel Dda
UHB - Assistant
Director), Mark
Henwood (Hywel Dda
UHB - Interim
Medical Director)*

Attachments

[Paeds Life Support Update 18.02.25.docx](#)



**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:	Medical Directorate Statutory and Mandatory Training Update and Action Plan for 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood, Interim Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Carly Hill, Assistant Director, Medical Directorate

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

Paediatric Resuscitation

Following the report that was submitted to PODCC in December. Concerns were raised around paediatric resuscitation training compliance amongst the Paediatric Medical Team.

The records on ESR identified that 37 Doctors required this statutory training, however none were compliant according to their ESR records.

An urgent review of the data was conducted in December to get a clearer understanding of the position. A meeting was held in early January which brought together the key stakeholders to discuss the situation, analyse the results and then develop a plan to identify key responsibilities.

Through further investigation it was identified that staff are undertaking specialised courses with other Health Boards, Royal Colleges as well as recognised external providers.

It has since been established that there is no formal process for communicating with the doctors and receiving evidence of their qualifications and expiry dates outside of the courses recorded on ESR.

Cefndir / Background

The following courses are recognised and approved by the Resuscitation Council UK:

1. NLS (Newborn Life Support) Course
2. ARNI (Advanced Resuscitation of the Newborn Infant) Course
3. EPALS (European Paediatric Advanced Life Support) Course
4. PILS (Paediatric Immediate Life Support) Course
5. ePILS (Paediatric Immediate Life Support) Course
6. PILS Recertification (Paediatric Immediate Life Support) Course

And the following two instructor courses:

7. GIC (Generic Instructor Course)
8. ILSi (Immediate Life Support Instructor Course)

The Learning and Development Team have reviewed the wider compliance on ESR, and, although it does not provide assurance, it should also be noted that 769 wider clinical staff across the organisation have completed this training, providing the skills across directorates.

Asesiad / Assessment

During the week commencing 13 January 2025 an email was sent to the thirty-seven doctors identified as requiring paediatric resuscitation qualifications. The email asked them to provide the Health Board with an update on their qualifications and expiry dates.

So far, the results from responses received are as follows:

- **Twenty-nine out of thirty-seven (78%) are fully compliant and in date in line with their European Paediatric Advanced Life Support (EPALS) certificates (valid for four years) however the current Health Board mandatory training requirements state Paediatric Basic Life Support (PBLs) courses should be completed annually.**
- **Four staff are aware that their training has expired and are either seeking training or have dates agreed for refresher training.**
- **One staff member gave an inconclusive response which is being followed up**
- **Two staff members are currently on long term sick.**
- **One member of staff has not replied within a two-week period. This individual has also been contacted by the Service Manager and will receive a formal letter from the Interim Executive Medical Director if engagement is not made by the 31/01/25.**

A plan has been drawn up to mitigate the issues raised by the People and Organisational Development and Culture Committee, which are a part of the wider plans to centralise training data by the Workforce and Organisational Development Team, however relevant actions include:

Immediate Actions to be carried out linked to Paediatric concerns raised:

- Recognising the time scale to provide assurance, despite the Medical Education Team having had evidence of external course completion, certificates need to be provided to allow for ESR to be updated in line with organisational practices.
- Agreement through Subject Matter Experts needs to be agreed as to refresh date, recognising disparity between the EPALS and PBLs.

Proposal for the improvement of recording medical training data

- All competencies will be interrogated, and assurance provided to Strategic People Planning and Education Group (SPPEG) through the Mandatory Training Group. Data will be considered by directorate, profession and competency, highlighting any areas of concern.
- Work with the Medical Education Team to improve data transfer between MARS/Intrepid to ensure all competencies are recorded through ESR.
- People Development Team to continue to work with the Medical Directorate to drive compliance of Statutory and Mandatory training through the Mandatory Training

Group action plan which is reported at every SPPEG until Welsh Government benchmarks are met.

- Further develop Mandatory Training dashboards to allow for deeper interrogation and providing access to the relevant service users.
- People Development team to work closely with Medical Education to create Medical and Dental specific Mandatory Training hub within SharePoint for ease of access, support and guidance.

Proposals to improve compliance in 2025.

The Medical Directorate Leadership Teams' actions will include: -

- Implementation of a programme to ensure all managers review direct reports compliance with statutory and mandatory training.
- Provide monthly reports and requests for action needed from Service Delivery Managers and Clinical leads.
- A review of face-to-face training including delivery methods, duration, and content.
- Consider barriers to face to face delivery and consider appropriate venues for training events.
- Review induction and onboarding arrangements including options for scheduling employment start dates with corporate induction weeks.
- Develop process for approving training as mandatory.
- Review training accessibility arrangements.
- Review and evaluate risks associated with low levels of training compliance.
- Reinforce compliance requirements with communication from the Medical Director.

Action	Action owner	Lead	Timescale
Develop RAG rated compliance report and dissemination process for line managers to receive 2 weekly updates on training compliance and status against corporate improvement plan	Assistant Director Medical Directorate	Gordon Wragg Peter Tunstall	January 2025 onwards
Develop refreshed governance approach	Assistant Director Medical Directorate	Carly Hill	February 2025
Develop Improvement Plan Brief	Assistant Director Medical Directorate	Gordon Wragg	February 2025
Communicate and cascade Improvement Plan Brief through management structure	Assistant Director Medical Directorate	Carly Hill Gordon Wragg	February 2025
Establish regular reports for sharing with executive, senior and middle management teams	Medical Director	Peter Tunstall	February 2025
Review training facilities and develop proposals for increasing access to face-to-face training	Assistant Director	Helen Thomas	March 2025

The Medical Directorate Leadership Team will develop detailed plans and targets to support Workforce & OD to have an improvement in compliance towards achieving minimum Welsh Government targets of 85% in 2025.

Argymhelliad / Recommendation

The Committee is asked to:

- Note the work being undertaken to resolve mandatory training and establish a single point for record keeping to improve compliance across the Medical & Dental Workforce in 2025.
- Take Assurance that the paediatric staff listed are either compliant and in date or have arrangements in place to become compliant.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Mandatory & Statutory Training is one of several performance management tools that aim to ensure employees' performance contributes to business objectives and should be used as part of a holistic approach to managing performance. Positive staff experience, which includes compliance with Mandatory & Statutory Training, has a direct impact on the quality of services, the safety of services and overarching patient experience.
Rhestr Termiau: Glossary of Terms:	ARNI (Advanced Resuscitation of the Newborn Infant) Course EPALS (European Paediatric Advanced Life Support) Course ESR (Electronic Staff Records) GIC (Generic Instructor Course) ILSi (Immediate Life Support Instructor Course) NLS (Newborn Life Support) Course PILS (Paediatric Immediate Life Support) Course SPPEG (Strategic People Planning and Education Group)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Tîm Cyfarwyddwyr Parties / Committees consulted prior to Executive Team:	Previously discussed at PODCC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Completion of Mandatory and Statutory Training is core to the PADR/Appraisal process and linked with incremental pay progression
Ansawdd / Gofal Claf: Quality / Patient Care:	Mandatory and Statutory Training is one of several performance management tools that aim to ensure employees' performance contributes to business objectives and should be used as part of a holistic approach to managing performance. Positive staff experience, which includes compliance with Mandatory & Statutory Training, has a direct impact on the quality of services, the safety of services and overarching patient experience.
Gweithlu: Workforce:	If actions are agreed additional to what is already being supported – staffing implications would need to be reviewed.

Risg: Risk:	<p>Effective Mandatory and Statutory Training will support a highly effective workforce to deliver excellent patient outcomes. This will support the Well-being of Future Generations Act.</p>
Cyfreithiol: Legal:	<p>Mandatory and Statutory Training should consider individual members of staff needs. This should be considered within the discussion. As Mandatory & Statutory Training, become linked to pay progression EIA should be carried out locally to ensure that no one is disadvantaged due to a protected characteristic. It is important to note that the Welsh Specific Equality Duties require public organisations to report on staff development opportunities. This should be considered when discussing opportunities with staff.</p>
Enw Da: Reputational:	<p>Effective Mandatory and Statutory Training will support a highly effective workforce to deliver excellent patient outcomes. This will support the Well-being of Future Generations Act.</p>
Gyfrinachedd: Privacy	<p>Not Applicable at this stage</p>
Cydraddoldeb: Equality:	<p>Not Applicable at this stage</p>

6 - SUB-COMMITTEE UPDATE REPORTS

6.1

10 Mins

6.1 - Research and Innovation Sub Committee Update Report

Attachments

[6.1 RI Sub-Committee Update PODCC Feb 2025.docx](#)

RESEARCH AND INNOVATION SUB-COMMITTEE UPDATE REPORT

Date of last meeting: 9 December 2024

Quoracy: Met

Report by: Mark Henwood, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

The Research and Innovation Sub-Committee have no items of which to alert the People, Organisational Development and Culture Committee (PODCC) on.

Advise² (to monitor)

The Research and Innovation Sub-Committee wish to advise members of the PODCC of the ongoing regional oncology work with Swansea Bay University Health Board (SBUHB). Health and Care Research Wales (HCRW) have provided funding to pursue one of three options. The meeting scheduled for 6 January 2025 with SBUHB will decide the final way forward. The report was noted and accepted by R&ISC members.

The Research and Innovation Sub-Committee (R&ISC) wish to advise members of the PODCC on the positive progress being made with the Pentre Awel project, in light of the Board signing the lease agreement, and the intention to locate research and innovation activities at the scheme. However, the R&ISC noted that the Department does not have the funds to off-set the costs of the scheme, should it be asked to contribute to the lease costs.

Assure³ (to note)

The Research and Innovation Sub-Committee wish to assure members of the PODCC on:

- Research and Development (R&D) site activity performance, noting a challenging position, but a focussed approach to recovery.
- Progress on developing the next strategy (2025-2030) and an aim to publish this around April/May 2025.
- Activities of the Research Quality and Sponsorship Group (RQSG).
- An update on the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) scheme that is a five-year investment agreed by the Government, NHS England and the Association of the British Pharmaceutical Industry (ABPI). HCRW have opened stage 1 and 2 funding calls for costs

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.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

incurred to support the delivery of commercial pharmaceutical interventional research, the deadline of which is 31 January and 7 February 2025, respectively.

- University partnership activities. Representatives from University of Wales Trinity Saint David (UWTSD), and Aberystwyth University were unable to attend. A representative from Swansea University provided an update on activities, including the move to Pentre Awel which will be a positive step in developing collaborations with Hywel Dda University Health Board (HDUHB) colleagues. University partners will now report to R&ISC one at a time on an annual cycle. Swansea University will begin the first 12 months.
- The financial position of the TriTech and Innovation division.
- Progress against the Board approved TriTech Business Plan.
- National Innovation developments and increasing interest in understanding the wider potential of the TriTech model.
- Proposals to support the Health Board's capability and capacity to support social innovation.
- A partnership project with the National Botanic Gardens to create spaces for rest and recuperation across hospital sites. The project is now complete and an evaluation is taking place.
- Progress against the R&D Strategy (2021-2024). With the exception of two, all objectives have been met. Those outstanding are being monitored regularly through R&D Leadership Group and the R&ISC and will be rolled over to the next Strategy until completion.

Review of Risks

The R&ISC reviewed the three Research & Development risks (two service level, one directorate level) that are aligned to it. The outcome of the discussions is below:

- Risk 1036 – Research space in Withybush General Hospital (WGH): The team have now moved into the dedicated research space. As such, risk 1036 has now been closed
- Risk 1492 – Research Delivery Funding: The Organisational Change Process (OCP) continues to progress to mitigate this risk of reduced funding from that of 2023/24 and, as such, the risk score remains the same,
- Risk 1160 – Lack of research leads: The agreed engagement plan will be incorporated into the next R&I Strategy (2025-30) to develop support that can be offered to encourage staff to undertake research.

The R&ISC also reviewed the two TriTech and Innovation risks (service level) that are aligned to it. The outcome of the discussions is below:

- No changes to the scores for risk 1511 (regulatory climate) and risk 1508 (lack of clinical leadership).

R&ISC members took assurance from the reports and consequent discussions and decisions.

Sharing of learning

Not Applicable

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.

Agenda, papers and minutes are available on request.

6.2

10 Mins

6.2 - Research and Innovation Strategy Review

*Mark Henwood
(Hywel Dda UHB -
Interim Medical
Director), Leighton
Phillips (Hywel Dda
UHB - Director
Research, Innovation
and Value)*

| For discussion

Attachments

[PODCC SBAR RI Strategy 2025-30 Feb 2025.docx](#)

[6.2 Research and Innovation Strategy.pptx](#)



**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:	Research & Innovation Strategy 2025-2030
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Mark Henwood, Medical Director (Interim)
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Leighton Phillips, Director of Research, Innovation and Value

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper provides the final content for the next Research and Innovation Strategy (2025 – 2030), in advance of it being considered by the Board.

Cefndir / Background

The current Research and Innovation Strategy (2021-2024) concludes at the end of this financial year. Significant progress has been made, which has been summarised within Doc 1. While work continues to deliver the final actions associated with this strategy, the work to develop the next strategy is now approaching its conclusion.

A summary of this work includes:

- A systematic assessment of progress against the last strategy, undertaken in January 2024. Where possible, this has been based on objective indicators (e.g. trial performance, number of investigators, the development of new facilities). In some areas, a subjective assessment of level of progress made has been undertaken (e.g. maturity of university partnerships). The key themes from this assessment have been shared through the routine Research and Innovation Sub Committee Strategy updates throughout the year and subsequently reported to the PODCC.
- Holding an away day in February 2024, informed by the systematic assessment. In addition to working on key priorities for the future, team members identified various steps that could be taken to improve departmental working practices.
- The Head of R&D holding a Delivery Leadership Team (DLT) meeting to discuss and agree future priorities on 15 May 2024 and subsequently a strategy development session with all R&D staff on 11 December 2024.
- The Head of TriTech and Innovation holding a strategy development session with TriTech and Innovation staff on 2 December 2024. In addition, a peer review of TriTech

and Innovation has been commissioned and interim findings were shared on 13 January, with a final report being available in February. This will be shared with Executives, alongside a considered response, in due course.

- Extensive development work around supporting Social Innovation, including attending a *Working Together for a Better Wales* event on 19 September to engage with social enterprise and community organisations about how to support a broader research base in the context of the Social Model for Health and Wellbeing. This has culminated in the development of a Social Innovation Centre with the University of Wales Trinity Saint David.
- Workshops the three regionally based universities (Aberystwyth University on 5 September, UWTSU on 11 September, and Swansea University on 24 October 2024). A joint university session was also convened on 6 December to consider how best to manage university partnerships moving forward.
- Discussions with national research and innovation decision makers over the course of the Autumn. These have included:
 - o the Digital, Technology, Innovation and Value (DTIV) and economic development groups of the Welsh Government;
 - o Health and Care Research Wales;
 - o Life Science Hub Wales;
 - o Medi Wales; and
 - o NHS Wales Executive.
- Discussions with Swansea Bay UHB, including through the Joint Committee on 15 January, about how to improve regional collaborative Research and Innovation working practices.
- Senior team development sessions on 2 October (finalise engagement and set outline structure), 13 November (to review first cut of content), and 4 December (to finalise content).
- A session with research and innovation active staff from across the organisation, with a focus on key enablers to supporting them increase activity levels and impact.
- An analysis of the key strategies of those who govern and fund research and innovation activities across the UK.
- An ongoing dialogue with the Research and Innovation Sub Committee. Updates have been provided on:
 - o 11 March 2024 – Written update
 - o 12 July 2024 – Verbal update
 - o 11 October 2024 – Written update

The text of the final 'draft' strategy is attached at Doc 1 and was discussed at an extraordinary meeting of the R&ISC on 20 January. Please note that the final document will look different, as it is going through a design process, but the content – subject to further amendments through review - will remain the same.

The strategy has received strong support from the R&ISC. Feedback points included:

- recommendations that digital research and innovation and the social model for health and wellbeing were more prominent throughout the document. R&ISC agreed with this point. References have now been made, while trying to maintain the balance between giving the right coverage without making overly detailed;
- proposal to incorporate the research and innovation ambitions of the Joint Committee for south west Wales into the partnerships section of the plan. This has been actioned within Doc 1;
- the need to work through an engagement plan. R&ISC members appreciated the need for the strategy to relate to all professional and non-professional, staff but felt that an engagement plan would be essential to the delivery of the high level aims and actions contained within. This has been reflected through an additional point within the 'environment and culture section', committing to further work on strategy implementation with professional and specialist groups across the organisation;
- university partners asked for a final opportunity to reflect on the prominence and nature of their commitments within the partnership section. The current commitments have been amended, so that they are included as examples, allowing future flexibility to change over the life course of the document.

The draft strategy was reviewed and received assurance at the Business Executive team meeting 5 February 2025. Feedback included:

- An offer to strengthen the references to public health research and innovation, particularly in the 'environment and culture section'. This has now been addressed.
- Making greater provision for operational alignment, including identifying research and innovation needs of different business units across the organisation. This has been addressed within the 'access and impact' section.
- Ensuring the document is described as a strategic plan that sits under the health board's overall strategy. The document has been renamed.
- Developing an approach to measuring delivery against the strategy. A commitment to developing a measurement framework has been added and signalled within the 'Foreword' section and the 'Delivering the Strategy' section. The entire strategy has been based on a comprehensive process and research and engagement, which will ensure that developing the measurement framework is straight forward.
- Ensuring the strategy is sufficiently accommodating of regional working arrangements. There are references to regional working within the foreword, access and impact and partnerships sections and progress is already being made in areas including oncology.
- Signposting the opportunity that the Value Based Health Care programme brings, notably in respect of outcome and costing information. There are now references to this within the 'background' and the 'access and impact' sections.
- Demonstrating the contribution research and innovation can make to corporate areas within the organisation. A reference has been added within the 'access and impact' section.
- Ensuring that the opportunity for joint working with other public and community bodies is recognised in areas of complimentary interest. Additional information has been added to the 'partnerships' section.

The following steps will now be advanced to agree the document:

- Finalisation of University Partnership Commitments for 2025/26 during February 2025.
- Typesetting, proof reading, and formatting.
- Review and assurance at the People, Organisational Development and Culture Committee 18 February 2025.

- Review and assurance at the Board meeting 27 March 2025.

Following publication, a Board Development session to socialise the concepts contained within the strategy in the early part of 2025 would be very welcome. A communications and engagement plan, and measurement plan, will also be developed.

Asesiad / Assessment

The Strategy stands alone and covers all aspects that you would expect to see within an assessment section. In summary:

- The Background (pg.3) synthesises much of the background research and broader strategy, planning and delivery context, against which the strategy is set.
- The Vision and Aims (pg.4) are outlined and reflect a comprehensive mind mapping exercise and testing with teams and stakeholders.
- Each aim is unpacked in turn (pg.5-13), with a clear assessment of why it is important, the current state of play, and the big action areas we will progress over the next five years. We have adopted a dynamic strategy approach and have resisted the temptation to be overly prescriptive about the mechanism and actions we will deploy to achieve change. We concluded this was a shortcoming of the last strategy (2021-24), which quickly dated as the context shifted. Ultimately, this strategy (2025-30) will provide our North Star for the next five years.

The approach to enabling delivery (pg.14) sets out how we intend on refreshing our governance arrangements to track and enable progress, including the future approach to university partnerships. A thorough approach was taken to tracking progress against the last strategy. Delivery updates were owned by the Research and Development and TriTech and Innovation Divisions. Regular updates were provided to the R&ISC and the People, Organisational Development, and Culture Committee, including progress in advancing University Partnerships. With some small areas of strengthening, we will look to adopt a similar approach over the next five years. Any actions requiring regional overview will receive the same through the Joint Committee for south west Wales.

Argymhelliad / Recommendation

To discuss the content of the draft Research and Innovation Strategy.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.5 To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr 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)	4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are discussed and monitored regularly with finance colleagues and assessments made on the position are presented within the R&ISC Annual Report, for assurance. Individual commitments within the strategy will be subject to usual Health Board decision making processes.
Ansawdd / Gofal Claf: Quality / Patient Care:	No adverse impact to patient care; the strategic planning has patient care and experience at the core. Research and innovation active organisations are routinely found to deliver better quality services and patient care.

Gweithlu: Workforce:	Staff will be fully supported to deliver on the aims and objectives and no adverse existing or future staffing impact is expected through the agreement to this strategy.
Risg: Risk:	No associated risk on the R&D or T&I Risk Register. Potential risks will be discussed and plans made to mitigate these will be in place as we start the process of implementing the strategy.
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	The strategy offers to put the Health Board at the forefront of research and innovation developments in Wales. Dissemination of the Strategy document will be monitored and responses dealt with appropriately.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	No EqIA required.

RESEARCH AND INNOVATION STRATEGIC PLAN

2025-2030

FOREWORD

At Hywel Dda University Health board, our vision is to deliver high quality and impactful research and innovation, which improves services and health outcomes for our communities, patients, and staff. This strategy sets out the approach we will take to achieve this vision over the next five years in the context of the University Health Board's *A Healthier Mid and West Wales Strategy*.

The strategy builds upon substantial progress over the past four years, with research and innovation now enjoying a much higher profile throughout the University Health Board and with partners. We have designated research facilities in each of our counties, more clinical researchers than ever before, mature partnerships with universities and industry, and designated innovation and evaluative capabilities through our TriTech Institute. Nevertheless, now is the right time for a concerted push to ensure we build upon this progress and take advantage of a positive research and innovation policy and funding context at a Wales and UK level.

Through implementing this strategy, we will take firm steps to improving access to impactful research and innovation in areas including cancer care, respiratory disease, women's health, metabolic disease, primary care, digital and addressing the social determinants of health and wellbeing. We will ensure a culture of research and innovation enablement is advanced across the organisation, widening participation and ensuring all health and care staff, clinical and non-clinical, feel empowered to contribute. We believe that research active organisations not only attract the best staff but retain them through high levels of employee satisfaction.

We recognise that we cannot achieve this progress in the areas by acting alone, and will therefore revitalise our partnerships with universities, public bodies, community organisations, and industry. We will explicitly recognise that NHS organisations with high levels of research and innovation are not just beneficial for patients; they are also beneficial for the regional, Welsh and UK economy, by supporting the development and commercialisation of new innovations, job creation and economic growth.

Strategic plans will remain words without a strong approach to implementation. To prevent this, the strategy that follows results from a rigorous development process and will form the basis of our Research and Innovation Divisions' work plans for the next five years. A measurement framework will be developed as one of our first actions as we move into implementation. All proposals within this document are practical and deliverable. We will develop a robust and ongoing approach to engagement across clinical and professional groups to ensure effective implementation. The strategic plan will be subject to scrutiny by the new Digital, Data, and Innovation Committee.

Let's work together to make this ambitious plan a reality for the communities of south west Wales.

Mr Mark Henwood, Executive Medical Director

Dr Leighton Phillips, Director of Research, Innovation, and Value

BACKGROUND

Research and Innovation matters. It helps the NHS diagnose diseases more accurately and at an earlier point, supports the development of effective treatments, prevents people from developing conditions, improves the way in which care is delivered, and ultimately improves health outcomes and quality of life. The wider benefits of research and innovation to the NHS include improved workforce satisfaction and retention, better patient and carer experience, lower mortality, and improved financial performance.



Our last Research and Innovation Strategy (2021) was designed to bring about these benefits in the context of Hywel Dda UHB's wider Strategy - A Healthier Mid and West Wales. A great deal has been achieved in the period that followed, as will be evidenced throughout this strategy. However, significant developments have also happened in the time that has elapsed since the publication of our last strategy, including:

- The launch of the Health and Care Research Wales (HCRW) plan (2022), setting out how the Welsh Government will achieve its mission of promoting, supporting and providing collective oversight of health and social care research in Wales. The plan outlined four aims, associated activities, and the financial environment within which our research and development function operates. In a related document, published in 2023, HCRW published a new framework containing a set of expectations and standards for NHS organisations. More recently, the Welsh Government has refreshed its strategy – *A Healthier Wales* – with stronger Research and Development planning objectives and has developed focused plans relating to commercial research and cancer studies.
- Developments at a UK level, including the publication of the Lord O'Shaughnessy Review (2023) into Commercial Clinical Trials in the UK. This was followed in 2024 by the launch of the Voluntary Scheme for Branded Medicine Pricing, Access and Growth (VPAG) Investment Programme, which has unlocked substantial funding to overcome constraints to delivering a higher level of commercial trials activity across the UK. There have also been major steps to strengthen the innovation ecosystem in England. Building on recent reviews, including the Life Sciences Vision, Accelerated Access Review, and Lord Darzi's investigation, Roland Sinkler CBE, has recently set out the blueprint for an Innovation Ecosystem Programme (IEP).
- The publication of the National Innovation Strategy – Wales Innovates, Creating a Stronger, Fairer, Greener Wales and action plan (2023). This was followed by the Welsh Government's Health Department advancing enabling actions and establishing a new Digital, Data, Technology, Innovation, and Value Directorate within the NHS Executive, with an interest in supporting the adoption of an innovation.
- The health innovation system in Wales has been greatly assisted through several positive developments by the Life Sciences Hub for Wales serving to stimulate innovation and industry partnerships, including through a cancer mission. The Bevan Commission's groundbreaking work entitled *The Foundations for the Future Model of Health and Care in Wales* and related work in West Wales by the *Together for Change* are serving to broaden the definition of Innovation to encompass technical alongside social. Organisations including Medi Wales and ABPI Cymru have continued to play invaluable roles in convening, enabling and bridging between the latest health innovations and the NHS.
- Developments have been advanced at a regional level, including the establishment of the Joint Committee for Swansea Bay and Hywel Dda University Health Board and its early priority to strengthen research and innovation collaboration across the region.
- The intention of Hywel Dda UHB to refresh its strategy – A Healthier Mid and West Wales (2018). While it is not anticipated this refresh will alter the fundamental principles and vision of the strategy, which have stood the test of time, it will afford Hywel Dda UHB opportunity to: refresh its strategic objectives; focus on digital, population health, the social model for health and providing more care in the community; re-consider the infrastructure options, and sequencing, in support of this vision; assess the role of each of the acute sites and the configuration of services to provide resilient and high-quality services from within the existing hospital network; consider opportunities for regional working, and strengthen the relationship with the wider community to co-produce and co-deliver a future model of health care. The advancement of our Value Based Health Care programme has brought unique research and innovation assets, including routine patient reported outcome measurement and costing in many service delivery areas.

These drivers and opportunities, together with a candid assessment of our current position and considerable internal and external engagement over a 10-month period, have led to the development of this strategy. In the sections that follow, you will find our vision and the high-level outcome areas for which we will strive over the next five years, including an overview of why they are important and the initial actions we will advance in respect of each. The strategy concludes with a short section on what we will do to monitor delivery and hold ourselves and others to account in the delivery of an ambitious vision and direction that has been set.

VISION & AIMS

We will deliver high quality and impactful research and innovation, improving services and health outcomes for our communities, patients and staff.

We will realise our vision by:

- Improving access to high quality research and innovation that improves services, health and wellbeing;
- Creating an environment and culture that develops and enables competent and empowered researchers and innovators to flourish; and
- Developing and sustaining partnerships that maximise and accelerate research and innovation access and impact.

These areas will be unpacked in the sections that follow. In respect of each area, our strategic plan will:

- Outline why the area is important, including providing an account of the current situation and what needs to be improved over the next five years; and
- Include high level priorities for making the improvements described.

The final section will set out our approach to delivering the strategy, including our internal governance arrangements and the way in which we will manage partnerships with external organisations.

ACCESS AND IMPACT

- Improve access to high quality research and innovation that improves services, health and wellbeing

ACCESS AND IMPACT

Why this is an area of focus:

We believe that high quality research and innovation can improve health services, health outcomes, change lives and enhance livelihoods. The key purpose of our department is to ensure those working in Hywel Dda UHB and/or receiving our services can develop and access high quality research and innovation. Over the past four years, we have made substantial progress in supporting research and innovation in areas including women's health, respiratory, orthopaedics, stroke, cardiovascular, ophthalmology, and through our TriTech initiative, service and technology evaluation. The Department has frequently met and exceeded its performance targets, and its progress and awards have reflected positively on Hywel Dda UHB and even led to it undertaking work on behalf of the Welsh NHS Executive.

However, several challenges remain. We are too reliant on a limited number of researchers and innovators, who do not always enjoy the wider organisational support and succession planning that would ensure sustainability. The quest for operational alignment will underpin every aspect of this strategy and our intentions for the next period, including taking more time to prioritise the research and innovation that can have greatest impact on wider organisational plans. We continue to see disparities in the clinical trials we offer, relative to other organisations with an equivalent population size and comparable disease burden, in areas including cancer and metabolic disease. There is a clear and well evidenced need to increase our commercial trial activity and the level of research and innovation carried out in primary care and community settings. The latter being of particular importance in view of Hywel Dda UHB's intended move to a Social Model for Health and Wellbeing and firm commitments around tackling the wider determinants of health and wellbeing and guided by the biopsychosocial model of health. There is an opportunity to position our organisation at the forefront of a rapidly advancing digital research and innovation movement.

ENVIRONMENT AND CULTURE

- Create an environment and culture that develops and enables competent and empowered researchers and innovators to flourish

ENVIRONMENT AND CULTURE

Improving access to impactful research and innovation requires competent, energised, and empowered individuals and teams. Our department plays a key role by creating an environment that enables teams to conduct high quality research and innovation. Our support includes study and project design and set up, recruitment, evaluation and analysis, training, contracting and quality management. We provide high quality facilities and advice for colleagues and help secure investments and grants to overcome barriers to the effective conduct of research and innovation. These grants often enable staff to secure time for research and innovation alongside their day jobs. Our department has doubled in size over the past four years and has gained a reputation for a positive ‘can do’ culture that is welcomed by clinical teams across the organisation. Over the same period, there has been a fourfold increase in clinicians with dedicated time for research and innovation. We now have a dedicated research presence and facilities at each of our hospital sites.

However, some challenges remain. We must improve the visibility of our functions across the organisation. We must demonstrate the contribution research and innovation can make to long standing organisational issues, including recruitment and retention and the delivery of sustainable services. Our department is heavily reliant on external investment and is therefore sensitive to the priorities of these external parties and fluctuations in funding. The latter presents an ongoing tension in balancing team capacity with demand and ensuring we can maximise our impact in support of Hywel Dda UHB. Also, when benchmarked against other organisations, our overall level of research and innovation investment does not appear commensurate with our population size or disease burden. Looking to the future, this strategy will ensure Hywel Dda UHB is ideally poised to address these challenges, including identifying opportunities associated with a refreshed clinical strategy, VPAG investment programme, and innovation developments associated with the NHS Executive clinical networks.

ENVIRONMENT AND CULTURE

We will improve our research and innovation environment by:

- Developing our dynamic, forward-thinking, and enabling department. This will include:
 - Strengthening the way that we communicate and engage with individuals and teams across the organisation and raising awareness through a Research and Innovation conference and events to celebrate achievements.
 - Enhancing our researcher development capabilities and developing our departmental staff to become research and innovation leaders, with specialist areas of interest and appropriate education and support.
 - Increasing the use of research and innovation facilities and taking advantage of our new facility at the Pentre Awel scheme.
 - Ensuring improved and consistent performance against both national and University Health Board key performance targets, where these are within our control.
 - Implementing a new business plan for the TriTech Institute and maximising its contribution to Hywel Dda UHB's clinical strategy.
 - Diversifying income sources, including developing improved financial capacity to take on internally commissioned research and innovation, accessing more funding from Health and Care Research Wales programmes and schemes, increasing commercial research activity, and securing longer term grant income and partnerships with commercial organisations and NHS Wales National Executive.
 - Playing an active part in identifying and resolving the barriers to increasing research and innovation activity, including those associated with enabling services (e.g. digital, information governance, pharmacy, pathology, radiology).
 - Develop a Hywel Dda UHB approach to innovation adoption where there is strong evidence to do so, working closely with financial and procurement colleagues.
 - Developing meaningful capacity to support research and innovation activities relating to the wider social determinants of health and wellbeing.
 - Strengthen innovation commercialisation expertise.
- Developing the next generation of research and innovation leaders, including:
 - Increasing the number of professionals with a dedicated and ongoing time commitment to lead research and innovation. This will include clinical academics operating under the performance management arrangements of universities and professionals managed by Hywel Dda UHB with dedicated time to lead research and innovation, including those with links to university partners. We will identify opportunities that:
 - align to the interests and priorities of our research and innovation groups;
 - support service delivery areas improve the attractiveness of key clinical positions;
 - contribute to regional service models where we know patient access to research and innovation is currently limited;
 - Widening the range of professionals (e.g. public health) with allocated time for advancing research and innovation projects and programmes.
 - Increasing the proportion of staff with time within their working week to enable research and innovation.
- Embedding research and innovation into planning, performance, and governance arrangements throughout the organisation. This will include:
 - Incorporating Research and Innovation performance measures into wider organisational plans and governance arrangements and enabling the delivery of the same through the resources and support that the Department can offer.
 - Securing a clearer link between Research and Innovation and the recruitment and retention plans of Hywel Dda UHB.
 - Developing a richer programme of researcher development opportunities, with clear alignment to organisational development programmes within Hywel Dda UHB.
 - Developing on ongoing process of engagement with different professional, clinical and non-clinical groups across the organisation, focused on what more can be done to advance the aims of this strategy.

PARTNERSHIPS

- Develop and sustain partnerships that maximise and accelerate research and innovation access and impact.

PARTNERSHIPS

Meaningful partnerships with other public services, communities, universities, and industry matter. Partnerships bring resources, momentum, understanding and knowhow to the process of research and innovation. They maximise its potential to have a positive impact on our employees, the services we provide, and the outcomes delivered with our communities.

We have invested significantly in partnerships over the past four years. We have strong university partnerships that have increased and accelerated joint working projects, established new joint and honorary appointments, and developed bespoke educational programmes. We have an effective approach to joint working with industry that has led to many collaborative projects with large medical technology and biopharmaceutical companies. Our regional working practices have matured through impactful collaborative projects being advanced with Swansea Bay University Health Board. We have supported Hywel Dda UHB's ambition for a Social Model for Health and Wellbeing by implementing a work programme leading to the establishment of a Social Innovation Institute. We have led projects on behalf of the Welsh NHS Executive and the European Union, in areas including respiratory health, social prescribing, and public health.

Regardless of this progress, now is the right time to revitalise current partnerships in view of the priorities for the next five years. There is also considerable potential to establish new collaborative partnerships focused on our goals of widening research and innovation access and impact.

PARTNERSHIPS

We will strengthen our partnership to deliver access and impact by:

- Improving the alignment and reciprocity between **university partners** and our research and innovation plans. This will involve:
 - Refreshing our collaboration agreements with each university partner and developing an improved way of managing our bi-lateral and multi-lateral partnerships. We will agree a maximum of three long term research and innovation goals with each university partner, strongly aligned to their plans. Our goals with:
 - Swansea University will include working trilaterally with Swansea Bay UHB to improve research and innovation in service areas that are delivered on a regional footprint and supporting the National Network for Innovation in Sport and Health (NNISH).
 - University of Wales Trinity St Davids, will include sustaining our technical innovation partnership and developing a new Social Innovation Institute.
 - Aberystwyth University will include developing our relationship with the Institute of Biological, Environmental and Rural Sciences (IBERs) and harnessing our shared interest in Community Based Development and research catalysed by the Local Policy Innovation Partnership for Local Growth (LPIP).
 - Identifying new university partners and plans in areas of aligned interest.
 - Increasing the number of co-funded posts aligned to Hywel Dda UHB and University priorities.
 - Proactively expanding research partnerships relating to our public health research missions.
- Evolving our **industry partnership** arrangements through:
 - Entering agreements with the City Region Growth Deal schemes and developing a systematic way of supporting the life science sector in South West Wales.
 - Developing long term joint working partnerships with industry in areas of aligned interest.
 - Establishing a new wave of joint clinical fellowships with industry.
 - Working with national and industry partners to create an innovation skills development programme that helps NHS staff to work with industry partners.
- Strengthen **public and community partnership** arrangements, including regional developments. This will include:
 - Shaping and contributing to the delivery of the south west Wales Joint Committee agenda and related research and innovation initiatives.
 - Shaping and contributing to the delivery of the Mid Wales Joint Committee for Health and Care and related research and innovation initiatives.
 - Collaborating with the NHS Wales Executive as a delivery partner for research and innovation projects associated with the national clinical networks.
 - Working with other public bodies (Delta Wellbeing) and community organisations and missions (Together for Change) on joint research and innovation projects and programmes aligning to Hywel Dda UHB's refreshed strategy and this strategic plan.

DELIVERING THE STRATEGIC PLAN



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- The delivery of the strategy will be embedded in the day-to-day activities of our department, ensuring it remains central to how we plan, manage and deliver high quality and impactful research and innovation. We believe strategies are delivered in dynamic and ever-changing contexts. While staying true to our high-level aims, our delivery approach will enable an agile response to the associated shifting demands and flexibility in decision-making.
- In practical terms, this means key implementation decisions and monitoring will take place through the Research and Delivery Leadership Group and TriTech and Innovation Management Group. The operational teams beneath each of these groups will ensure practical implementation of strategic actions. Hywel Dda UHB's assurance of strategy delivery will be through the Digital Data and Innovation Committee (DDIC), which will delegate responsibility to the Research and Innovation Sub Committee. A Research Quality and Sponsorship group will continue to ensure the research activities advanced by Hywel Dda UHB are safe, high quality and impactful.
- Partnerships are a key feature of this strategy and will be governed in the following ways:
 - Where appropriate, regional partnerships will report into the Joint Committee for Swansea Bay UHB and Hywel Dda UHB and the Mid Wales Joint Committee for Health and Care.
 - University partnerships will be routinely governed through DDIC, but to ensure adequate consideration of all aspects of collaborative work (i.e., research and development, enterprise and innovation, and learning, teaching and workforce) a new University Partnerships Forum will be convened.
- Figure 1 provides an overview of how we will manage and govern the delivery of the strategy. A delivery framework will be prepared following strategy launch, setting out clear measures and delivery deadline in all appropriate areas.

DELIVERING THE STRATEGIC PLAN

Hywel Dda University Health Board

Digital, Data, and Innovation Committee

Research and Innovation Sub Committee

People, Organisational Development and Culture Committee

Strategic People Planning and Education Group

Research Quality and Sponsorship Group

Research and Development Leadership Group

TriTech and Innovation Group

University Partnership Forum

University Partnership Institutional Bi-laterals

Figure 1 – Governance for strategy delivery

6.3

6.3 - Strategic People Planning and Education Group (SPPEG) Update

Amanda Glanville
(Hywel Dda UHB -
Assistant Director of
People Development)

No meeting held since the last PODCC Update report

| For assurance

7

0 Mins

7 - FOR APPROVAL

7.1

5 Mins

7.1 - Outcome of Advisory Appointments
Committee (AAC)

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

| For approval

Attachments

[7.1 AAC PODCC - Feb 2025.docx](#)

**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:	Advisory Appointments Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Director of Workforce & OD (Organisational Development) and Interim 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 26th November 2024 and 17th January 2025, and to seek approval for these appointments on behalf of the Board.

Cefndir / Background

The following appointments were made at recent AAC meetings, and require PODCC's approval on behalf of the Board:

- Consultant in Anaesthetics Obstetrics x 2
- Consultant Community Paediatrician
- Consultant in Rheumatology
- Consultant Radiologist with a special interest in MSK
- Consultant Urologist - special interest in Laparoscopic Upper Trac

Asesiad / Assessment

Information (as requested previously) regarding candidate withdrawals during the reporting period:

Consultant Physician in General Medicine with an interest in Gastroenterology

The AAC, comprising of Delyth Raynsford, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Lee Davies, representing Chief Executive Officer; Dr Subhamay Ghosh, Associate Medical Director representing the Medical Director; Dr Eduardas Subkovas, representing the Royal College and Dr Angela Puffett and Dr Faiz Ali representing the department were due to meet on 26th November

2024 to interview one candidate for the role of Consultant Physician in General Medicine with an interest in Gastroenterology.

The internal applicant withdrew her application the day before the AAC was due to take place due to being offered a position elsewhere. She is now covering ad hoc shifts on the Medical Bank. The vacancy has not yet been re-advertised by the service as they are considering options moving forward.

Appointments made between 26th November 2024 – 17th January 2025

Consultant in Anaesthetics Obstetrics

The AAC, comprising of Delyth Raynsford, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, Chief Executive Officer; Dr Subhamay Ghosh, Associate Medical Director representing the Medical Director; Dr Sarah Harries, representing the Royal College and Dr Rhodri Evans representing the department met on 9th December 2024 to interview two candidates for the role of Consultant in Anaesthetics Obstetrics.

- Dr Neil Mackie was appointed to the post of Consultant in Anaesthetics Obstetrics. Anticipated start date of 24th February 2025.
- Dr Dany Ziade was appointed to the post of Consultant in Anaesthetics Obstetrics. Start date to be confirmed (internal candidate).

Consultant Community Paediatrician

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 Subhamay Ghosh, Associate Medical Director representing the Medical Director; Dr Zedekiah Sibanda, representing the Royal College and Dr Prem Pitchaikani and Dr Menaka Gunarathna representing the department met on 16th December 2024 to interview one candidate for the role of Consultant Community Paediatrician.

- Dr Rasna Singh was appointed to the post of Consultant Community Paediatrician. Start date to be confirmed (internal candidate).

Consultant in Rheumatology

The AAC, comprising of Chantal Patel, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, the Chief Executive Officer; Dr Catherine Burrell, Associate Medical Director representing the Medical Director; Dr Elizabeth Price, representing the Royal College and Dr Jayne Evans and Dr Manivannan Prathapsingh representing the department met on 19th December 2024 to interview one candidate for the role of Consultant in Rheumatology.

- Dr Abdollah Abdelaleem was appointed to the post of Consultant in Rheumatology. Start date within 6 months of interview following their CCT (internal candidate).

Consultant Radiologist with a special interest in Musculoskeletal (MSK) conditions

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); Lisa Gostling, the Deputy Chief Executive Officer

representing the Chief Executive Officer; Dr Catherine Burrell, Associate Medical Director representing the Medical Director; Dr Ashim Lahiri, representing the Royal College and Dr Liaquat Khan and Dr Rory McNair representing the department met on 14th January 2025 to interview one candidate for the role of Consultant Radiologist with a special interest in MSK.

- Dr Ahmed Dabbas was appointed to the post of Consultant Radiologist with a special interest in MSK. ASAP start date (internal candidate).

Consultant Urologist - special interest in Laparoscopic Upper Trac

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, the Chief Executive Officer; Dr June Picton, Associate Medical Director representing the Medical Director; Dr Anna Mainwaring, representing the Royal College and Mr Ngiaw Saw representing the department met on 16th January 2025 to interview two candidates for the role of Consultant Urologist - special interest in Laparoscopic Upper Trac.

- Mr David Lau was appointed to the post of Consultant Urologist - special interest in Laparoscopic Upper Trac. Start date to be confirmed (internal candidate).

Argymhelliad / Recommendation

The PODCC is requested to:

- Approve the appointments on behalf of the Board.
- Note candidate withdrawal detailed within the report as requested.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Approve Appointments made by the Advisory Appointments Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Trac Recruitment System
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	AAC – Advisory Appointments Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	These appointments are within the overall service financial allocation. The appointee will have detailed job plan when in post in order to ensure that value for money is achieved.
Ansawdd / Gofal Claf: Quality / Patient Care:	Non-appointment to these posts would have posed significant risk to the HDdUHB in terms of patient/client care.
Gweithlu: Workforce:	The appointments will provide services to enhance patient/client outcomes within HDdUHB.
Risg: Risk:	Non-appointments would have posed risk to the HDdUHB in terms of financial consequences of providing locum cover.

Cyfreithiol: Legal:	Appointments are in accordance with statutory obligations in relation to substantive recruitment.
Enw Da: Reputational:	Appointments will provide services to enhance patient outcomes.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No adverse impact

7.2

5 Mins

7.2 - Corporate / Workforce Policies for Approval

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

| For approval

Attachments

[7.2 PODCC SBAR revised policies - Feb 25.docx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce and Organisational Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (OD) and Deputy Chief Executive
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

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to note or approve the recommendations in relation to the documents listed below.

In so doing, 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 and that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Details of any policies and, in this case, the Charter are outlined in the next section.

1. All Wales Charter for approval

Committee is asked to adopt the following All Wales Charter :-

- All Wales Specialist, Associate Specialist and Specialty Doctor (SAS) Charter

2. All Wales Policy updates

Not available at this time as we have not received an updated All Wales policy schedule during the period, however the Committee is asked to re-consider an earlier decision in relation to extant policy dates.

3. Policies yet to be presented for consideration

The Committee has requested an update at each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of three local policies together with rationale can be found in the next section.

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 brought to this Committee for consideration/assurance.

1. All Wales Policy for adoption

All Wales SAS Charter (new)

- This charter was issued by NHS Employers on 13 January 2025 and was discussed at the Local Negotiation Committee (LNC) on 31 January 2025. At this meeting, it was agreed to present the charter to the People Committee as part of our own internal governance process prior to commencing the work to assess our progress and develop an action plan in partnership with our LNC to fully implement its requirements.
- The charter includes good practice around contracts, job planning, support and recruitment. In essence, it is an evaluation tool.
- Once adopted, work will commence with the LNC to map, and updates will be presented quarterly to the LNC for discussion.
- The LNC will work towards reaching a joint agreement on the proposed implementation status and any necessary actions required.
- Each September, the employer's Fatigue and Facilities Charter lead will prepare an annual report for the LNC outlining the organisation's overall compliance with the charter and steps required to achieve full compliance.
- The final report, including the LNC's feedback, will be submitted to People Committee and will also be sent to the Medical and Dental Business Group (MDBG) who provide oversight on compliance across Wales.
- The organisational annual reports will finally be compiled into a national report every December. This report will allow the British Medical Association (BMA), Welsh Government, and NHS Wales Employers to monitor implementation and compliance across Wales.

2. All Wales Policy updates

We have not received an updated policy schedule during the period. As Committee will be aware, we were advised by NHS Employers on 8 June 2023, that the Welsh Partnership Forum Business Committee, agreed to a revised approach to the review of All Wales policies and procedure i.e. key prompts for review and an option for a transactional review where changes/updates to an existing policy are more administrative than material.

The Welsh Partnership Forum Business Committee also confirmed that All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum. However, when People Committee considered the removal of policy review dates on All Wales Policies it made the decision not to approve their removal. The action as noted in Committee's meeting on 17 August 2023 is as follows:-

The removal of all review dates in our All-Wales policies and in future receive a quarterly schedule of All-Wales Policies to their current position, was NOT APPROVED.

This is therefore a further recommendation to review this decision in light of the value of listing All Wales policies due for review for future Committee's – where this is no longer a review date associated with them at an All Wales level – in effect we would need to add a national date in future (merely aligned to our own internal governance process) which will bear no reality to subsequent policy reviews.

3. Policies yet to be presented for consideration

Listed below are three policies that are outstanding in terms of our three-year timetable for review, together with rationale and proposed new review date.

Recruitment with All Wales Policy Review Group	121 - Relocation Expenses	We are still waiting for the approved version of the All-Wales policy following the consultation on the final draft. It is therefore more prudent to extend rather than review our local policy at this time.	31/06/25
Strategic Partnerships	133 – Equality, Diversity & Inclusion Policy	Staff Partnership Forum was cancelled, revised policy therefore awaiting progress to this final stage prior to submission to Committee for approval.	31/05/25
Medicines Management	558 - Medication Errors	Policy has been to Quality, Safety and Experience Committee (QSEC) and to the local and Health Board Staff Partnership Forums and LNC. It also required approval by the Medicines Management Operational Group (MMOG) prior to submission to People Committee. MMOG requested some further actions be taken at its last meeting and is due to re-consider this policy at its March meeting.	31/05/25

From 1 April 2025, we will commence on the next three-year cycle review period.

Asesiad / Assessment

The new All Wales SAS Charter has been shared with the Local Negotiating Committee (LNC) and is scheduled to become a standing agenda item for its subsequent meetings.

A screening Equality Impact Assessment (EqIA) was not submitted with this Charter as it is designed to be an evaluation tool.

Following approval of the recommendation below, the Charter will be uploaded as a toolkit on the Health Board's internal 'SharePoint' site and work will commence to evaluate our current standing.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Adopt the All-Wales SAS Charter and receive a copy of the annual report for the MDBG for information and/or assurance in October 2025.
- Remove policy review dates for All Wales policies, noting their extant position.

- Extend the review date of the three policies outlined above.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred 2. Timely 3. Effective 4. Efficient
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
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: Workforce:	The charter applies to SAS Doctors.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard. The charter will support the implementation of the Fatigue and Facilities Charter that is already ongoing (including its links to working time).
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

8 - FOR INFORMATION

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

- PODCC Workplan

| For information

9

5 Mins

9 - MATTERS AND RISKS FOR ESCALATION TO BOARD *Chantal Patel (Hywel Dda UHB - Independent Board Member)*

| For discussion

10

5 Mins

10 - ANY OTHER BUSINESS

All

| For discussion

11

0 Mins

11 - DATE OF NEXT MEETING:

| For information

11.1

0 Mins

11.1 - Date of Future Meetings

27th May 2025

| For information